Kentucky Antimicrobial Stewardship Innovation Consortium

Educational Pearl

Urinary Tract Infection: Are Men Really that Complicated?

Urinary tract infections (UTIs) are one of the most commonly diagnosed bacterial infections and affect women more frequently than men. Lower rates of UTIs in men is thought to be due to a protective effect from a longer urethra. Similarly, when men do develop a UTI, it has historically been thought that the UTI was more complicated and required longer durations of treatment. However, are men really that complicated and do they need longer durations of antibiotics?

What do guidelines recommend?

Hot off the presses, the 2025 Infectious Diseases Society of America (IDSA) complicated urinary tract infection (cUTI) guideline provides updated definitions intended to guide management. A key update is the inclusion of afebrile men in the classification for uncomplicated UTI, where the infection is confined to the bladder and no systemic signs of infection are present. The IDSA cUTI guideline notes that specific antibiotic choice and duration of therapy may still differ between men and women with uncomplicated UTI (uUTI) and that these will be addressed in the forthcoming uUTI guideline.[1]

The 2024 UTI WikiGuideline suggest standard recommended antibiotics and durations for cystitis, pyelonephritis, and febrile UTI, irrespective of biological sex.[2]

What is the evidence?

Evidence is limited in cystitis and uncomplicated UTI as many trials excluded men. However in a recent double-blind, randomized controlled trial in afebrile men with UTI, 7 days of ciprofloxacin or trimethoprim-sulfamethoxazole was found to be non-inferior to 14 days for resolution of UTI symptoms (93.1% vs 90.2%) and recurrence (9.9% vs 12.9%).[3]

For pyelonephritis and complicated UTI, men made up 39.1% of patients in a randomized controlled trial that found 5 days of levofloxacin to be non-inferior to 10 days of ciprofloxacin.[4] Additionally, in studies demonstrating non-inferiority of 7 days to 14 days for uncomplicated gram-negative bacteremia, men comprised approximately 50% of patients included and urinary source was the majority source (~50-70%).[5-7]

Key Takeaway: Male sex alone does not make a urinary tract infection complicated and longer durations of treatment are not routinely needed.

References:

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