

Therapeutic Guidelines:

support for therapeutic decisions



Mary Hemming, CEO, Therapeutic Guidelines Ltd.



Characteristics of Therapeutic Guidelines

- clinically orientated
 - arranged according to clinical problem
 - clear, practical & succinct advice
- comprehensive
 - cover all common areas of care
- authoritative and credible
 - expert & independent interpretation of evidence
- national
 - national input
 - endorsed by peak professional bodies
- up-to-dated regularly in iterative cycles allowing
 - response to feedback, criticism
 - shift in accordance with evidence

Therapeutic Guidelines: content

Urinary tract infections

A high fluid intake and complete bladder emptying assist antimicrobial therapy of urinary tract infections (UTI).

Acute cystitis

Escherichia coli and *Staphylococcus saprophyticus* are the commonest causative organisms, although other members of the Enterobacteriaceae may be responsible. Some patients require investigation to exclude an underlying abnormality when cystitis is confirmed by a positive urine culture. These patients are males of any age, females under 5 years and premenarcheal females with recurrent UTI.

Nonpregnant women

Any of the following regimens can be expected to cure the majority of acute uncomplicated lower UTI in nonpregnant women. Single-dose therapy is not as reliable as multiple dose therapy in preventing relapse. However, in remote communities treatment with nitrofurantoin 200 mg orally as 1 dose has been found useful. Amoxicillin is only recommended if susceptibility of the organism is proven.

- 1 trimethoprim 300 mg orally, daily for 3 days
OR
- 2 cephalexin 500 mg orally, 12-hourly for 5 days
OR
- 3 amoxicillin+clavulanate 500+125 mg orally, 12-hourly for 5 days
OR
- 4 nitrofurantoin 50 mg orally, 6-hourly for 5 days.

Fluoroquinolones should not be used as first-line drugs as they are the only orally active drugs available for infections due to *Pseudomonas aeruginosa* and other multiresistant bacteria.

If resistance to all the above drugs is proven, a suitable alternative is
norfloxacin 400 mg orally, 12-hourly for 3 days.

condition

non-drug advice

general information

advice for standard case

drug recommendations

special case

Urinary tract infections

From print to electronic

≈2500 topics in 10 printed titles



a single integrated searchable electronic product

Online version: eTG complete

eTG complete - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address I:\eTG complete\Output\tgc.htm

Contents Index Search

Type in the keyword to find & press enter:
acne

acne

- aggravating factors
- antibacterials
- antibiotic resistance
- antibiotics
- cyproterone acetate
- diet
- emotional issues
- endocrine factors
- hormones
- isotretinoin
- keratolytics
- lesion types (table)
- neonatal
- occupational
- oral contraception
- oral contraceptives
- pathogenesis
- patient advice
- pregnancy
- retinoids
- scarring
- spirinolactone
- sun protection
- treatment
 - laser and light therapy
 - maintenance & follow-up
 - mild
 - moderate
 - moderate to severe
 - systemic therapy
 - therapeutic groups (table)
 - topical therapy
- acquired brain damage
- acquired immunodeficiency syndrome (AIDS)
- adverse reactions of antiretroviral drugs
- anorexia
- changing antiretroviral therapy

General advice for patients with acne

Seen this?
[Acne: introduction](#)

Advise patients not to squeeze whiteheads and papules: Squeezing whiteheads and papules can increase depth and severity of pilosebaceous inflammation, visibly worsening acne and increasing risk of **permanent scars**.

Dispel myths: Clarification and correction of incorrect beliefs or myths, such as blackheads being due to dirt, can help patients with acne focus on useful treatment strategies.

Dietary advice: Several older studies with many limitations did not find dietary factors (including chocolate) to be important. It remains reasonable, however, for individuals to avoid specific foods they have linked with flares.

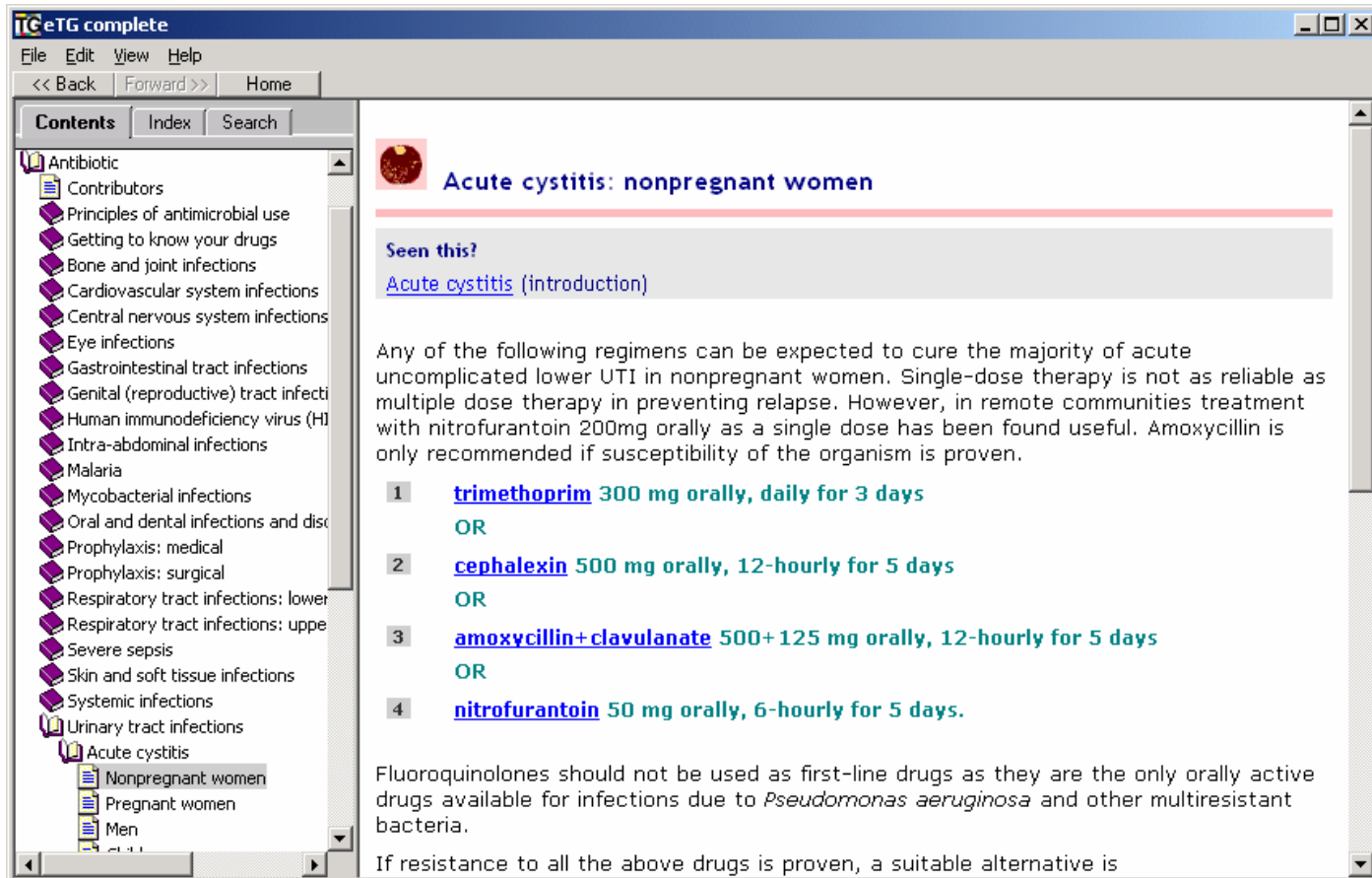
Sun protection: Ultraviolet light, either natural or in solariums, should not be used to treat acne. Although a third of patients report improvement in summer, the benefits of ultraviolet light are at best small; conversely, ultraviolet light does cause photoageing and immunosuppression, and increases risk of skin cancer. Many acne treatments also make the skin more prone to sunburn. Sun protection should include use of noncomedogenic SPF30+ broad-spectrum [sunscreens](#).

Related topics:
[Types of acne lesions \(Table 4.13\)](#)
[Pathogenesis](#)
[Specific considerations](#)
[Treatment](#)

Key references for this chapter

Local intranet

Online version: eTG complete



The screenshot displays the 'eTG complete' web application. The interface includes a menu bar with 'File', 'Edit', 'View', and 'Help'. Below the menu bar are navigation buttons for '<< Back', 'Forward >>', and 'Home'. A 'Contents' sidebar on the left lists various infection categories, with 'Urinary tract infections' and 'Acute cystitis' expanded to show 'Nonpregnant women', 'Pregnant women', and 'Men'. The main content area features a red circular icon and the title 'Acute cystitis: nonpregnant women'. A 'Seen this?' section contains a link to 'Acute cystitis (introduction)'. The main text discusses treatment regimens for acute uncomplicated lower UTI in nonpregnant women, listing four options: 1. trimethoprim 300 mg orally, daily for 3 days; 2. cephalexin 500 mg orally, 12-hourly for 5 days; 3. amoxicillin+clavulanate 500+125 mg orally, 12-hourly for 5 days; 4. nitrofurantoin 50 mg orally, 6-hourly for 5 days. A note states that fluoroquinolones should not be used as first-line drugs. The text is partially cut off at the bottom.

Acute cystitis: nonpregnant women

Seen this?
[Acute cystitis \(introduction\)](#)

Any of the following regimens can be expected to cure the majority of acute uncomplicated lower UTI in nonpregnant women. Single-dose therapy is not as reliable as multiple dose therapy in preventing relapse. However, in remote communities treatment with nitrofurantoin 200mg orally as a single dose has been found useful. Amoxicillin is only recommended if susceptibility of the organism is proven.

- 1 [trimethoprim 300 mg orally, daily for 3 days](#)
OR
- 2 [cephalexin 500 mg orally, 12-hourly for 5 days](#)
OR
- 3 [amoxicillin+clavulanate 500+125 mg orally, 12-hourly for 5 days](#)
OR
- 4 [nitrofurantoin 50 mg orally, 6-hourly for 5 days.](#)

Fluoroquinolones should not be used as first-line drugs as they are the only orally active drugs available for infections due to *Pseudomonas aeruginosa* and other multiresistant bacteria.

If resistance to all the above drugs is proven, a suitable alternative is

Online version: eTG complete

eTG complete – Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address I:\eTG complete\Output\tgc.htm Go Links

Contents Index Search

- eTG complete, July 2004
- Analgesic
- Antibiotic
- Cardiovascular
- Dermatology
- Endocrinology
- Gastrointestinal
- Neurology
- Palliative Care
- Psychotropic
- Respiratory
- Drug use in pregnancy and breastfeeding
 - General information on drug use in pregnancy
 - General information on drug use in breastfeeding
 - Definitions of categories
 - Drugs and their categories in pregnancy and breastfeeding

Drugs and their categories in pregnancy and breastfeeding

Select drug from list below to display pregnancy category and breastfeeding compatibility for that drug. Alternatively, press 'show all' to display whole table. (Note: these options may not display on some browsers.)

Drug

Drug	Pregnancy category	Compatibility with breastfeeding
aciclovir	B3	compatible
famciclovir	B1	caution, insufficient data
ganciclovir	D	insufficient data, consider possibility of HIV or CMV transmission [Note 1]

[Note 1]: In Australia, breastfeeding is not recommended for HIV-positive women because of the possibility of HIV transmission.

[Note 2]: human data are inadequate and the safety of these medications in pregnancy is uncertain

[Note 3]: antiandrogens have the potential to feminise the male fetus, avoid in pregnancy

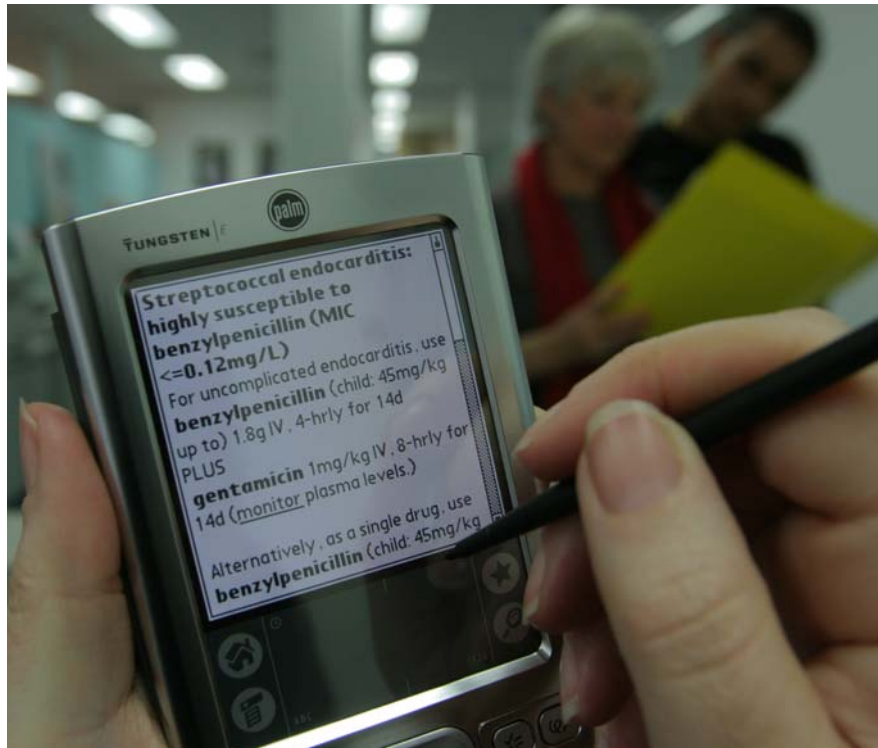
[Note 4]: tetracyclines are safe for use during the first 18 weeks of pregnancy (16 weeks post conception) after which they cause discolouration of the baby's teeth

[Note 5]: lindane penetrates skin and has been reported to cause signs of CNS irritation

[Note 6]: Tricyclic antidepressants have been taken by a large number of pregnant women without any proven increase in the frequency of fetal malformation. In full-term neonates, reversible adverse effects have occasionally been observed, but very rarely cause significant problems.

Local intranet

Handheld computer version: miniTG



- useful for mobile clinicians
- access to information at the bedside
- low resolution, small screen
- several screens needed for each PC screen of information