Cranberry Products Reduce Symptomatic UTIs

BY JONATHAN GARDNER
Contributing Writer

Cranberry extracts—frequently used as a home remedy to treat and prevent urinary tract infection—have been shown in a meta-analysis to reduce significantly the incidence of symptomatic urinary tract infections in women.

An analysis of four randomized controlled trials, comprising 665 participants, showed that cranberry products—such as juice, tablets, or capsules—significantly reduced the incidence of symptomatic UTI at 12 months, compared with a placebo (relative risk 0.65).

Within these studies, cranberry products were most effective in women with recurrent UTIs, investigators reported in a review published Jan. 23 in the Cochrane Library.

The investigators, led by Ruth Jepson, senior research fellow at the University of Stirling, Scotland, searched medical databases to identify studies that used cranberry juice or tablets to prevent recurrences of UTI.

Ten studies, comprising 1,049 patients, met the data-quality standards set by the reviewers (Cochrane Database Syst. Rev. 2008 Jan. 23 [doi:10.1002/14651858.CD001321.pub4]).

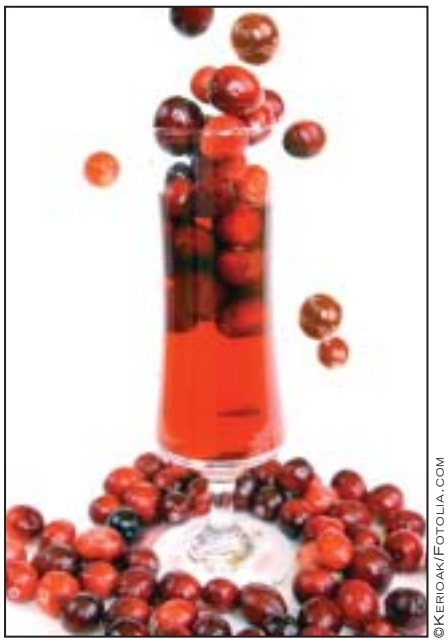
The evidence was "inconclusive" regarding whether cranberry products are effective in older men and women, the investigators wrote.

In one Scottish study that focused on 376 men and women aged 60 years or older, there was no significant difference in the number of symptomatic UTIs between patients drinking 300 mL/day of cranberry juice and those drinking a placebo beverage.

In a second study of 192 elderly women in the United States randomized to a group drinking 300 mL/day of cranberry juice or a placebo, those in the intervention group were at a reduced risk of asymptomatic infections indicated by bacteriuria with pyuria (odds ratio 0.42).

The authors added, however, that asymptomatic infections are "a condition which does not normally need treating in certain populations."

Of two randomized controlled trials that focused on women with symptomatic recurrent lower UTI or with a current UTI, subjects in the intervention arm were at a reduced risk of subsequent infections than were those in the placebo group (RR 0.61).



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In four trials, cranberry products such as juice, tablets, or capsules reduced the incidence of UTI.

With catheterized patients, no statistical difference was found between patients in intervention groups or placebo arms either for symptomatic or asymptomatic infections.

In a Canadian study of 40 children who had been intermittently catheterized, 89% (17 of 19) of the subjects in the intervention group drinking 15 mL/kg per day of a cranberry beverage dropped out, 9 of whom cited taste as a factor.

In addition, the researchers said, "the large number of dropouts/withdrawals from some of the studies indicates that cranberry juice may not be acceptable over long periods of time."

The investigators noted that their analysis provided no clear evidence as to the amount and concentration of cranberry juice that needs to be consumed to be most effective in preventing UTIs. ■

Nonhormonal Therapy Cuts Hot Flashes in 26-Week Trial

BY FRAN LOWRY
Orlando Bureau

Treatment with desvenlafaxine succinate, an experimental nonhormonal therapy, continues to reduce the frequency and severity of moderate to severe hot flashes out to 26 weeks.

The drug, a selective serotonin norepinephrine reuptake inhibitor (SNRI), has already been shown to be effective in relieving this bothersome menopausal symptom in a 12-week trial, which was reported last year.

The current findings, from an extension of that trial, show that desvenlafaxine continues to be effective for more than 6 months, said Dr. Risa Kagan, professor of obstetrics, gynecology, and reproductive sciences at the University of California, San Francisco, and a consultant for Wyeth, which developed the drug.

"This is good news for the many women who are bothered [by hot flashes] and who are looking for alternatives to estrogen or hormone replacement therapy," she said in an interview.

In the continuation of the multicenter, randomized, double-blind, placebo-controlled trial, 541 women who had at least 50 moderate to severe hot flashes per week and who received 150 mg/day of desvenlafaxine maintained the significant reduction in the number of hot flashes they had achieved by week 12 of the trial (from 10 per day to 2 per day) for the duration of the 26-week study, she said at the annual meeting of the North American Menopause Society.

The improvement in hot flash frequency and severity was dose dependent. The 118 women who were randomized to desvenlafaxine 100 mg/day had a less robust decrease in hot flash frequency, and went from an average of 10 to 4 hot flashes per day by week 26. The 138 women who were randomized to placebo also saw a reduction in their hot flashes from baseline, from an average of 10 to 6 per day.

The women recorded their hot flash episodes in diaries and were assessed weekly for the first 12 months, and then every 3 weeks thereafter.

The reductions from baseline in the frequency of moderate to severe hot flashes "were significantly greater, compared with placebo, at all time points with desvenlafaxine 150 mg and at most time points with desvenlafaxine 100 mg throughout the 26 weeks of the study," Dr. Kagan said.

The most common adverse event was nausea, which was mild to moderate and improved with time. "Nausea is not unique to this agent, and is something that is associated with many of this category of drugs. However, it was responsible for about 12.7% of the desvenlafaxine subjects' withdrawing from the study," she said.

Fluctuations and the eventual decline in estrogen levels during menopause may cause alterations in brain serotonin and norepinephrine transmitter levels, which may in turn produce instability in thermoregulatory function and, as a result, hot flashes, Dr. Kagan explained. "The hope is that drugs like desvenlafaxine, which act on these transmitters, may provide nonhormonal relief of menopausal vasomotor symptoms." ■

Metronidazole Gel Called Best Option for Recurrent BV, for Now

BY BETSY BATES
Los Angeles Bureau

SAN DIEGO — Long-term use of metronidazole gel remains the mainstay of treatment for women with recurrent bacterial vaginosis, said Dr. Jeanne Marrazzo of the division of allergy and infectious disease at the University of Washington, Seattle.

Patients are instructed to use intravaginal metronidazole gel 0.75% at bedtime for 10-14 days, then biweekly—Monday and Thursday, for example—for approximately 6 months before retesting, Dr. Marrazzo said at Perspectives in Women's Health, a conference sponsored by FAMILY PRACTICE NEWS, OB.GYN. NEWS, and INTERNAL MEDICINE NEWS.

As of today, there are no good alternatives to metronidazole gel for these patients; over-the-counter lactobacillus remedies and yogurt are not good options.

"The problem is cost," she said. Generic products exist in the gel formulation, but they offer little cost advantage over the branded products.

The mechanism of action in this regimen remains uncertain, although it may suppress overall anaerobic overgrowth for so long that the patient's lactobacillus population can recover. Suppression of an unknown pathogen may also be at work, she said.

Dr. Marrazzo said research suggests benefit from condom use during intercourse in the initial and suppression treatment regimens, again, for reasons that are not fully understood. "Condom use … in my mind, should be part of the counseling of patients with recurrent BV," she said.

As of today, there are no good alternatives to metronidazole gel for these patients, she explained. Over-the-counter lactobacillus remedies and yogurt are not good options.

"You don't want to use bovine lactobacilli in the human vagina. It's really not a very good thing," she stressed. "These [remedies] really aren't going to work, although some people will say anecdotally that they do."

Early trials assessing the efficacy of intravaginal capsules containing the probiotic *Lactobacillus crispatus* have proven "very disappointing," she said. The organism nonetheless remains under evaluation as a potentially useful agent for repletion of normal vaginal lactobacilli, since it is one of the three most common lactic-acid–producing bacteria in the healthy vagina.

Research demonstrates that it adheres well to vaginal epithelial cells; in 2006, Dr. Marrazzo and her associates reported a high rate of satisfaction among 232 women who were "very willing" to use an intravaginal capsule containing lactobacillus (J. Womens Health 2006;15:1053-60).

Women in Dr. Marrazzo's study said they were willing to use the product again, regardless of the clinical response they received.

Dr. Marrazzo stated that she had no financial disclosures.

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