It's time to stop using cranberry products for UTI prevention

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Clinical question
Should I recommend that my female patients use cranberry products to prevent urinary tract infection (UTI)?

Recommendations
Cranberry products (i.e., capsules, powder, or juice) should not be recommended as a medical intervention for the prevention of UTI or bacteriuria in women of any age.

How could this change my practice?
As we strive to limit the use of antibiotics, there has been a search for other methods of preventing UTI. Cranberry products (proanthocyanidins) are a commonly used non-antibiotic method for UTI prevention, but current evidence does not support their efficacy.

Another non-antibiotic treatment, estriol vaginal cream, has been shown to have a clinical impact on preventing bacteriuria and UTI in menopausal female patients. Estriol or estradiol vaginal cream should be the medication of choice for UTI prevention in women.

Why did we choose this topic?
In older women, the hypoestrogenic state can lead to frequent urinary tract infections. UTI is the most commonly diagnosed infection in older female patients, including those who live in nursing homes.

Cranberry products should not be consumed by patients taking blood-thinning medications such as warfarin, Jantoven, or aspirin, or medications that affect the liver.

Evidence summary
A 2012 Cochrane review of 24 studies concluded that cranberry products did not statistically prevent urinary tract infections and should not be used for this purpose (Jepson 2012).

In a recent randomized clinical trial of 185 female nursing home residents, after adjusting for missing data and covariates there was no statistically significant difference in the presence of bacteriuria plus pyuria between the treatment (29.1%) and control (29.0%) groups over 1 year. Among older women living in nursing homes, cranberry capsules, compared with placebo, did not have a significant effect on the presence of bacteriuria plus pyuria over 1 year (Juthani-Mehta 2016).

References/further reading

