

Antibiotics versus ibuprofen for uncomplicated lower urinary tract infections: a randomised controlled double-blind clinical trial in German general practices

Submission date 10/08/2007	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 04/10/2007	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 25/02/2021	Condition category Urological and Genital Diseases	<input type="checkbox"/> Individual participant data

Plain English Summary

Background and study aims

Lower urinary tract infections (UTIs) are infections of the bladder or urethra (the tube that carries urine out of the body). They are usually treated with antibiotics. However, there is little evidence for alternative treatment options. The aim of this study is to find out whether the drug ibuprofen is as effective as the antibiotic ciprofloxacin for UTIs.

Who can participate?

Women aged 18 to 85 with at least one of the main UTI symptoms (painful/difficult or frequent urination)

What does the study involve?

Participants are randomly allocated to be treated with either ibuprofen or ciprofloxacin, both for three days. The intensity of their symptoms like painful/difficult or frequent urination and low abdominal pain are recorded at the start of the study and after 4, 7 and 28 days, scoring each symptom from 0 (none) to 4 (very strong).

What are the possible benefits and risks of participating?

Not provided at time of registration

Where is the study run from?

29 German general practices

When is the study starting and how long is it expected to run for?

July 2007 to April 2008

Who is funding the study?

German Federal Ministry of Education and Research (Germany)

Who is the main contact?

Prof. Michael M. Kochen

mkochen@gwdg.de

Contact information

Type(s)

Scientific

Contact name

Prof Michael M. Kochen

Contact details

Humboldtallee 38

Gottingen

Germany

37075

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mkochen@gwdg.de

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HWI-01

Study information

Scientific Title

Antibiotics versus ibuprofen for uncomplicated lower urinary tract infections: a randomised controlled double-blind clinical trial in German general practices

Study hypothesis

1. The study demonstrates the feasibility of a randomised controlled double-blind clinical trial in German general practices
2. The results of the ibuprofen group allow the conduction of a larger trial in which the equivalence of ibuprofen and ciprofloxacin in Urinary Tract Infections (UTI) will be tested

Ethics approval required

Old ethics approval format

Ethics approval(s)

Local ethics committee (Ethikkommission der Universitaetsmedizin Goettingen), 13/06/2007, ref: 8/4/07

Study design

Randomised controlled double-blind clinical trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

GP practice

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

Condition

Uncomplicated lower urinary tract infection

Interventions

There are two intervention arms:

1. Ciprofloxacin 2 x 250 mg for three days (and one placebo per day)
2. Ibuprofen 3 x 400 mg for three days

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Ciprofloxacin, ibuprofen

Primary outcome measure

1. Symptom score on day 4 (symptom score for dysuria, frequency and pain is measured on days 0, 4 and 7 by questionnaire and interviews)
2. Feasibility: descriptive measure, this will be determined by describing the results of:
 - 2.1. Recruitment of General Practitioners (GPs)
 - 2.2. Recruitment of patients
 - 2.3. Number of complete/incomplete data setsThe feasibility will be assessed after the patient recruitment is finished.

Secondary outcome measures

1. Improvement of symptoms at days 4 and 7
2. Adverse events
3. Number of relapses

The trial duration for each patient is 28 days. The adverse effects and relapses within these 28

days will be concerned. We plan to find out about this by an interview on day 28, and by data collection from GPs data at monitoring visits.

Overall study start date

25/07/2007

Overall study end date

15/04/2008

Eligibility

Participant inclusion criteria

Women with typical symptoms of uncomplicated lower urinary tract infection (dysuria, frequency, lower abdominal pain)

Participant type(s)

Patient

Age group

Adult

Sex

Female

Target number of participants

150

Total final enrolment

79

Participant exclusion criteria

1. Fever, low back pain
2. Urinary tract infection during the last two weeks
3. Current treatment with antibiotics/Non-Steroidal Anti-Rheumatics (NSAR)
4. Pregnant/breastfeeding women
5. Diabetes
6. Renal diseases
7. Allergy/intolerance to ibuprofen/ciprofloxacin
8. Contraindications for trial medication
9. Severe co-morbidities

Recruitment start date

25/07/2007

Recruitment end date

15/04/2008

Locations

Countries of recruitment

Germany

Study participating centre
Georg-August University of Gottingen
Gottingen
Germany
37075

Sponsor information

Organisation
Georg-August University of Gottingen (Georg-August-Universitat Gottingen,
Universitatsmedizin) (Germany)

Sponsor details
c/o Professor M. M. Kochen
Humboldtallee 38
Gottingen
Germany
37075

Sponsor type
Hospital/treatment centre

Website
<http://www.uni-goettingen.de/en/sh/1.html>

ROR
<https://ror.org/01y9bpm73>

Funder(s)

Funder type
Government

Funder Name
Bundesministerium für Bildung und Forschung

Alternative Name(s)
Federal Ministry of Education and Research, BMBF

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Germany

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	01/04/2011		Yes	No
Results article	results	26/05/2010	25/02/2021	Yes	No