## AMPICILLIN, CARBENICILLIN INDANYL AND NIFURATEL COMPARED IN UTI

Little difference in effectiveness was apparent for ampicillin, carbenicillin indanyl ester and 2 formulations of nifuratel (with and without sugar coating) in the treatment of urinary tract infections in out-patients. Side-effects were more frequent during therapy with the penicillins than during nifuratel therapy.

'It is concluded that the new oral preparation of carbenicillin is a useful addition to the list of antimicrobial agents which are effective in the treatment of urinary infections in domiciliary patients. Furthermore, nifuratel has been confirmed as a highly active non-toxic drug which is valuable in the treatment of urinary infections'.

The subject population was made up of 2 groups. There were 67 patients (65 non-pregnant females) who had received at least 1 previous course of therapy and had been referred to a urinary infection clinic. The other group was composed of 53 pregnant women who had been referred from antenatal clinic with bacteriuria. On a random basis, the patients were assigned to receive a 7-day course of ampicillin 2g/d, carbenicillin 2g/d, or 1 of the nifuratel preparations in a dose of 1,200mg/d. Patients failing on one drug, received one of the others. Criterion for cure was eradication of the original infecting organism at 2 and 6 weeks after starting therapy. Treatment was considered successful if a different organism than the original one was found, indicating reinfection. Reinfection occurred in 18% of nonpregnant patients and 11% of pregnant patients.

INPHARMA 6th September, 1975 p.9

No statistically significant difference was found in effectiveness of the 4 treatments. For the 67 nonpregnant patients, 91 courses of therapy were given, and success rates were: ampicillin 77%, carbenicillin 72%, coated nifuratel 84%, uncoated nifuratel 88%. The 53 pregnant patients received 72 courses of therapy, for which success rates with the individual agents were: 68, 77, 65 and 83%, respectively.

Davies, B.I. et al.: British Journal of Urology 47: 335 (Jun 1975)