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# **TOPICAL ISSUES OF NEW DRUGS DEVELOPMENT**

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## **MODERN PHARMACOTHERAPY OF URINARY TRACT INFECTION**

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The incidence of urinary tract infections (UTI) is much higher in females during adolescence and childbearing years than in males. The incidence of UTI in men approaches that of women only in males older than 60 years; in men aged 65 years or older, 10% have been found to have bacteriuria, as compared with 20% of women in this age group.

UTI can be divided into upper tract infections, which involve the kidneys (pyelonephritis), and lower tract infections, which involve the bladder (cystitis), urethra (urethritis), and prostate (prostatitis). However, in practice, and particularly in children, differentiating between the sites may be difficult or impossible. Moreover, infection often spreads from one area to the other. Although urethritis and prostatitis are infections that involve the urinary tract, the term UTI usually refers to pyelonephritis and cystitis.

Most cystitis and pyelonephritis are caused by bacteria. The most common nonbacterial pathogens are fungi (usually candidal species), and, less commonly, mycobacteria, viruses, and parasites. Nonbacterial pathogens usually affect patients who are immunocompromised; have diabetes, obstruction, or structural urinary tract abnormalities; or have had recent urinary tract instrumentation. Other than adenoviruses (implicated in hemorrhagic cystitis), viruses have no major contribution to UTI in immunocompetent patients.

All forms of bacterial UTI require antibiotics. Choice of antibiotic should be based on the patient's allergy and adherence history, local resistance patterns (if known), antibiotic availability and cost, and patient and provider tolerance for risk of treatment failure. Propensity for inducing antibiotic resistance should also be considered.

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