

Shorter is Smarter: Reducing Duration of Antibiotic Treatment for Common Infections in Long-Term Care

Cystitis



≤ 7 days

Key Points^{1,2,3}

- For uncomplicated cystitis, evidence supports 3 days of TMP-SMX (Septra, Bactrim) or ciprofloxacin, or 5 days of nitrofurantoin.
- For complicated cystitis, evidence supports 7 days of treatment. This includes males with cystitis, catheterized residents and urological abnormalities.
- For pyelonephritis, longer courses of 7 to 14 days is appropriate.
- Asymptomatic bacteriuria should NOT be treated in long-term care.

For more information see [Duration of Antibiotic Treatment for Uncomplicated Urinary Tract Infection in Long-Term care](#).

Cellulitis



5-7 days

Key Points⁴

- Treatment for 5 to 7 days is appropriate as long as there has been some improvement in erythema, warmth, tenderness, or edema.
- Longer courses may be required for severe infections or infections without source control (e.g. requiring debridement).
- Diabetes alone is not an indication for a longer course.

For more information see [Duration of Antibiotic Treatment for Uncomplicated Cellulitis in Long-Term Care](#).

Pneumonia



5-7 days

Key Points^{5,6}

- Treatment for 5 to 7 days is appropriate in residents with pneumonia who are clinically stable and afebrile for 48-72 hours.
- Residents with extra-pulmonary infections or those with documented infections caused by *Pseudomonas* or *Staphylococcus* may require longer courses of treatment.

For more information see [Duration of Antibiotic Treatment for Pneumonia in Long-Term Care](#).

Shorter courses of antibiotics, when indicated, are as effective as longer courses with less risk of harm (antibiotic resistance, adverse effects, *C. difficile* infection).

1. Lutters M, Vogt-Ferrier NB. Antibiotic duration for treating uncomplicated, symptomatic lower urinary tract infections in elderly women. Cochrane Database Syst Rev. 2008;(3):CD001535.

2. Drekonja DM, Rector TS, Cutting A, Johnson JR. Urinary tract infection in male veterans: treatment patterns and outcomes. JAMA Intern Med. 2013;173(1):62-8.

3. Hooton TM, Bradley SF, Cardenas DD, Colgan R, Geerlings SE, Rice JC, et al. Diagnosis, prevention, and treatment of catheter-associated urinary tract infection in adults: 2009 International Clinical Practice Guidelines from the Infectious Diseases Society of America. Clin Infect Dis. 2010;50(5):625-63.

4. Hepburn MJ, Dooley DP, Skidmore PJ, Ellis MW, Starnes WF, Hasewinkle WC. Comparison of short-course (5 days) and standard (10 days) treatment for uncomplicated cellulitis. Arch Intern Med. 2004;164(15):1669-74.

5. Uranga A, España PP, Bilbao A, Quintana JM, Arriaga I, Intxausti M, et al. Duration of antibiotic treatment in community-acquired pneumonia: a multicenter randomized clinical trial. JAMA Intern Med. 2016;176(9):1257-65.

6. Chastre J, Wolff M, Fagon JY, Chevret S, Thomas F, Wermert D, et al. Comparison of 8 vs 15 days of antibiotic therapy for ventilator-associated pneumonia in adults: a randomized trial. JAMA. 2003;290(19):2588-98.