



## HEALTHCARE PROVIDERS TURN FOCUS TO NON-ANTIBIOTIC INTERVENTION FOR THE MANAGEMENT OF UTIs, PUTTING PREVENTION INTO PRACTICE

Urinary tract infections (UTIs) account for more than 10 million office visits per year in the U.S., and recurrence is common, affecting up to 50 percent of women within one year of initial infection.<sup>1</sup> The highest rates of recurrent UTIs are in post-menopausal women, extending at times for months and even years. This scenario poses significant clinical challenges for healthcare providers, who face a frustrating “revolving door” of UTI treatment, primarily centered on antimicrobial use.<sup>1</sup>

Until recently, providers have had limited options for managing UTIs, mostly relying on antibiotics for treatment, and relying on education about self-care and lifestyle changes in hopes of preventing recurrent infections. With minimal success from the latter and under pressure from patients to provide a solution to stop their UTIs, healthcare providers are often left to use prophylactic antibiotics to reduce recurrence.

Meanwhile, global health agencies are urging healthcare providers to implement interventions that promote responsible use of antibiotics, as these medications

contribute to overuse, resistance and severe side effects.<sup>2</sup> Further aggravating the antimicrobial resistance problem is the use of antibiotics in patients with a history of asymptomatic bacteriuria (AB), especially among elderly women, a vulnerable patient population that should not be exposed to

more antibiotics than absolutely necessary. Plus, studies show that using antibiotics for treatment of AB does not confer any long-term UTI prevention benefits.<sup>3</sup>

With UTIs being a primary driver of resistance, and resistance rates in *E. coli* (the most common UTI-associated pathogen) rapidly rising,<sup>2</sup> it is essential to revisit how UTIs are managed and shift thinking to focus on alternative inter-

ventions. Responsible antimicrobial use starts with actions to prevent and reduce UTIs altogether.

To help patients break the cycle of UTIs, healthcare providers are increasingly recommending a clinically proven, medical-grade supplement called ellura® as an alternative to antibiotics for UTI prevention.

*“I want to empower patients and give them a comprehensive plan to avoid clinically symptomatic UTIs. ellura is something patients can take every day and something I can feel comfortable recommending because it’s a dependable, powerful product.”*

- Seth A. Cohen, M.D.,  
Urologist

Urologist Seth Cohen agrees that UTIs are over-treated, and the key to reducing them is focusing more on prevention.

“When recurrent UTI patients come to see us, we’re looking for a plan that’s going to give them the opportunity to avoid ongoing use of antibiotics and the adverse effects and resistance often associated with them,” emphasized Dr. Cohen. “I want to empower patients and give them a comprehensive plan to avoid clinically symptomatic UTIs. ellura is something patients can take every day and something I can feel comfortable recommending because it’s a dependable, powerful product.”

Backed by a strong portfolio of scientific research, ellura is a once daily supplement that incorporates proanthocyanidins (PAC), the bioactive ingredient from the pure juice concentrate of cranberry. ellura contains the clinically proven, effective minimum dose of 36 mg of PAC,<sup>4</sup> which works by interfering with the adhering structures on *E. coli* and other UTI-causing bacteria, preventing them from attaching to the bladder wall.<sup>5</sup> Not only unique in its PAC content, ellura has been shown in studies to have the highest level of anti-adhesion activity found in a supplement,<sup>6</sup> making it a powerful bioactive formulation to prevent UTIs without the use of antibiotics. Most traditional cranberry supplements have less than 5 mg of this ingredient and little bioactivity.

A proven alternative to low-dose antibiotics (its formulation studied against trimethoprim), ellura can be recommended to reduce peri-coital and post-menopausal UTIs. ellura contains virtually no sugar, removes most oxalates – which may cause or aggravate kidney stones – and removes most vitamin K to avoid potential interference with blood-thinning medications.



“ellura is an opportunity to use a product that is natural and is going to prevent a UTI without the use of antibiotics and all the side effects and expense that goes along with them,” observed Dr. Charles Butrick, a urogynecologist.

In addition to optimal patient care, healthcare providers who recommend ellura can save significant time and frustration by putting their patients on a solid UTI prevention protocol. Fewer UTIs means more time for providers to focus on surgical procedures, reproductive health and wellness.

Urologist Sophie Fletcher of Sutter Medical Group in California, who researched numerous

supplements and non-prescription products, discovered the data supporting ellura and successfully integrated it into her UTI management protocol.

“Our patients are experiencing fewer UTIs, calling our office less and asking us for antibiotics less,” explained Dr. Fletcher.

With a convenient once daily or on-demand peri-coital dosing, ellura can be easily incorporated into practice, starting by replacing prophylactic antibiotics or traditional unproven cranberry interventions and then incorporating it into a broader strategy focused on optimal antibiotic stewardship and prescribing protocols.

To get your patients started on ellura, request a Patient Starter Kit at [ellurakit.com](http://ellurakit.com).

#### References:

1. Treatment of Urinary Tract Infections in Nonpregnant Women. ACOG. <https://www.acog.org/-/media/Practice-Bulletins/Committee-on-Practice-Bulletins---Gynecology/Public/pb091.pdf?dmc=1&ts=20160815T0012076542>. Published 2008.
2. Antimicrobial resistance. World Health Organization. <https://www.who.int/en/news-room/fact-sheets/detail/antimicrobial-resistance>. Published 2018.
3. Nicolle L. Asymptomatic bacteriuria: review and discussion of the IDSA guidelines. *Int J Antimicrob Agents*. 2006;28, Supplement 1. doi:10.1016/j.ijantimicag.2006.05.010
4. Haesaerts, G. The quantitation of cranberry proanthocyanidins in food supplements: challenge and recent developments. *Phytothérapie*. 2010;8:218-22.
5. Howell A, Vorsa N, Marderosian A, Foo L. Inhibition of the Adherence of P-Fimbriated *Escherichia coli* to Uroepithelial-Cell Surfaces by Proanthocyanidin Extracts from Cranberries. *New England Journal of Medicine*. 1998;339(15):1085-1086. doi:10.1056/nejm199810083391516
6. Chughtai B, Thomas D, Howell A. Variability of commercial cranberry dietary supplements for the prevention of uropathogenic bacterial adhesion. *Am J Obstet Gynecol*. 2016;215(1):122-123. doi:10.1016/j.ajog.2016.03.046