DST 903 Care and Treatment Plan:
Recurrent Urethritis

Definition

Persistence of urethral symptoms when the onset of treatment for urethritis was at least two weeks prior, treatment was taken as directed, there has been no re-exposure or new exposure to infection through sexual contact (e.g., new sexual contact or untreated contact), and test results for chlamydia and gonorrhea were negative. Urethritis refers to inflammation of the urethra that is caused by any etiology that manifests as urethral discharge, dysuria, urethral itching, or meatal erythema. For those clients who present with urethral symptoms, but do not fit the definition for recurrent urethritis use *DST 902: Care and Treatment Plan: Urethritis.*

Registered Nurses with **Reproductive Health – Sexually Transmitted Infections** Certified Practice designation (RN(C)) are authorized to manage, diagnose, and treat individuals with recurrent urethritis.

Potential Causes

Bacterial:

- Neisseria gonorrhoea (GC)
- Chlamydia trachomatis (CT)
- Mycoplasma genitalium
- Ureaplasma urealyticum

Viral:

- Adenovirus
- Herpes simplex virus (HSV)

Protozoan:

- Trichomonas vaginalis (TV)

Non-STI:

- Secondary to catheterization or other instrumentation, or trauma of the urethra
- In association with other factors that contribute to urinary tract infection (e.g., prostate or cystitis unrelated to STI)

- Underlying anatomical issue (e.g., urethral stricture, fistulae, post-operative complications)

Predisposing Risk Factors

- Sexual contact with a new partner
- Sexual contact with an untreated partner
- Intervention or manipulations that may cause urethral irritation such as, catheterization or inserting foreign objects into the urethra
- Incomplete or inappropriate treatment for previous urethritis diagnosis
- Organisms resistant to previous antibiotic treatment choice

Typical Findings

Sexual History

- Recent history of treatment of urethritis
- Persistent urethral symptoms
    - Dysuria, urethral discharge, urethral itching/irritation, or meatal erythema, and
        - All medication has been taken as directed
        - Onset of treatment was ≥ 2 weeks prior
        - No re-exposure to untreated sexual contact
        - No exposure to new sexual contact
        - Test results were negative for gonorrhea and chlamydia

Note: If above criteria are not met, then refer to *DST 902: Care and Treatment Plan: Urethritis*

Physical Assessment

- Urethral discharge
- Urethral itch, irritation, or awareness
- Painful urination (dysuria)
- Meatal erythema

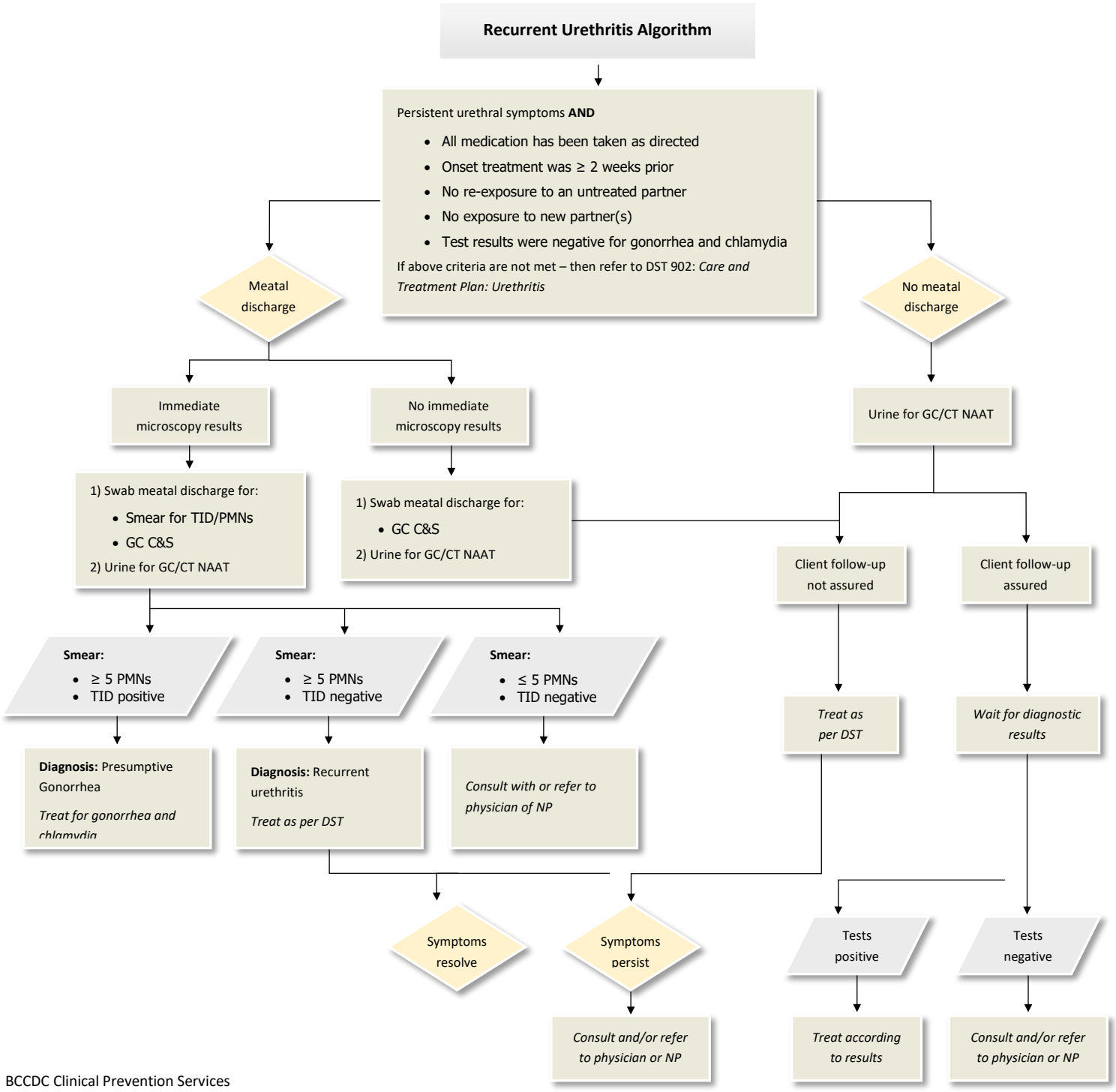
Diagnostic Tests

- Repeat urethral swab if discharge is present for:
    - Smear for typical intracellular diplococci (TID) and polymorphonuclear leukocytes (PMNs) (if available) and
    - GC culture & sensitivity (C&S)

Note: Collect the discharge from the meatal opening without inserting the swab directly into the urethra, and:

- Urine specimen for GC/CT NAAT (ideally the client should not have voided in the previous 1-2 hours; collect first 10-20ml)

Clinical Evaluation/Judgement



Management and Interventions

Goals and Treatment

- Alleviate symptoms
- Prevent complications

Treatment of Choice

Treatment Choice for Recurrent Urethritis	
Treatment	**Notes**
First Choice Doxycycline 100mg PO BID for 7 days OR Azithromycin 1gm PO in a single dose	**General:** 1. If treatment for recent urethritis included azithromycin, then choose doxycycline 100mg PO BID or 7 days as the first-choice treatment for recurrent urethritis. If treatment for recent urethritis included doxycycline then choose azithromycin 1gm PO as the first-choice treatment for recurrent urethritis. 2. Retreatment is indicated if the client has missed 2 consecutive doses of doxycycline or has not completed a full 5 days of treatment. 3. See BCCDC *STI Medication Handouts* for further medication reconciliation and client information. 4. See Monitoring and Follow-up section for test-of-cure (TOC) requirements. **Allergy and Administration:** 1. DO NOT USE azithromycin if history of allergy to macrolides. 2. DO NOT USE doxycycline if pregnant and/or allergic to tetracycline. 3. If an azithromycin or doxycycline allergy or contraindication exists consult with or refer to a physician or NP. 4. Azithromycin and doxycycline are sometimes associated with gastrointestinal adverse effects. Taking medication with food and plenty of water may minimize adverse effects. 5. Recent data has emerged regarding azithromycin and QT prolongation. Although rare, it is more significant in older populations, those with pre-existing heart conditions, arrhythmias, or electrolyte disturbances. It is unclear how significant these findings are in young to mid-age healthy

Treatment Choice for Recurrent Urethritis	

	adults consuming a one-time dose of azithromycin; however, please use the following precautions:
	Consult with or refer to an NP or physician if the client:
	• Has a history of congenital or documented QT prolongation.
	• Has a history of electrolyte disturbance in particular hypokalemia, hypomagnesaemia.
	• Has clinically relevant bradycardia, cardiac arrhythmia, or cardiac insufficiency.
	• Is on any of the following medications:
	  ○ Antipsychotics: pimozide (Orap®), ziprasidone (Zeldox®)
	  ○ Cardiac: dronedarone (Multaq®)
	Migraine: dihydroergotamine (Migranal®), ergotamine (Cafergot®)

Monitoring and Follow-up

Consult with or refer to a physician or NP if tests are negative and symptoms persist.

Potential Complications

- Epididymitis
- Sexually-acquired reactive arthritis
- Stricture (rare)
- Prostatitis (rare)

Client Education

Counsel client regarding:

- The appropriate use of medications (dosage, side effects, and need for re-treatment if dosage not completed, or symptoms do not resolve).
- Harm reduction (condom use significantly reduces the risk of transmission).
- The importance of revisiting clinic if symptoms persist after treatment has been completed for one week.
- Sexual contacts of clients with recurrent urethritis do not require treatment.

Consultation and/or Referral

Consult with or refer to a physician or NP in the following situations:

- If symptoms persist or recur after completed therapy for recurrent urethritis, and all test results are negative.
- For allergies or contraindications related to the treatment outlined in this DST.

Documentation

- Recurrent urethritis is not reportable
- As per agency policy

References

More recent editions of any of the items in the reference list may have been published since the DST was published. If you have a newer version, please use it.

British Columbia Centre for Disease Control (BCCDC). (2014). *British Columbia treatment guidelines: Sexually transmitted infections in adolescent and adults*.

Bradshaw, C.S., Chen, M.Y., et al. (2008). Persistence of *Mycoplasma genitalium* following azithromycin therapy. *PLoS One,* 3(11), p.e3618.

Holmes, K., Sparling, P., Stamm, W., Piot, P., Wasserheit, J., Corey, L., Cohen, M. & Watts, H. (2008). *Sexually transmitted disease* (4th ed). Toronto, ON: McGraw Hill Medical.

Pattman, R., Snow, M., Handy, P., Sankar, K.N. & Elawad, B. (2005). *Oxford Handbook of Genitourinary Medicine, HIV, and AIDS*, 1st Edition, Copyright (c) 2005 Oxford University Press.

Public Health Agency of Canada. (PHAC). (2010). Section 4 – Management and treatment of specific syndromes: Urethritis. In: *Canadian guidelines on sexually transmitted infections*.

PHAC. (2017). 2016 Updates Summary. In*: Canadian guidelines on sexually transmitted infections*.

University of Washington. (2013). *The Practitioner's handbook for the management of sexually transmitted diseases*.