Appendix Management strategies and self help advice [posted as supplied by author]

The five management strategies represent common approaches:

1) Empiric antibiotic treatment (immediate antibiotics). This is the most common strategy in practice and was used as the control group. Patients were prescribed an antibiotic (trimethoprim 200mg twice daily for 3 days). If patients were allergic to trimethoprim they were offered an alternative (cefaclor or cephalexin) since this was not a trial of antibiotics *per se* but a trial of management/advice strategies.

2) Empiric delayed antibiotic management (delayed antibiotics). All patients were advised to drink plenty, and offered a delayed antibiotic prescription to be used if symptoms are did not start to improve after 48 hours (doctors were asked to leave a prescription at the front desk for patients to collect as necessary, or could negotiate with the patient if they wanted to take the prescription away). The rationale for this group is that 40% of patients with suspected UTI do not have infection, and even in those with laboratory diagnosed infections, the illness is likely to be self limiting. [17 19]

3) Symptom score[3]. Patients who had two or more of the following four features (urine cloudy on examination, offensive smelling urine on examination, patient report of moderately severe dysuria, patient report of moderately severe nocturia), were offered immediate antibiotics i.e. symptomatic treatment only. From the previous study[3] we estimated the sensitivity of this symptom score approach as 68%, so patients without 2 or more features were also offered a delayed antibiotic prescription to use if their symptoms were not settling after 48 hours.

4) Dipstick. Patients who had either nitrites, OR leucocytes and a trace of blood, were offered antibiotics immediately. Patients not fulfilling the above criteria (which we had

estimated had a sensitivity of 71%[3]) were offered a delayed antibiotic prescription to use if their symptoms were not settling after a 2 days

5) Treatment guided by MSU result. This was the only group in which an MSU was done routinely. Patients were offered symptomatic treatment until the results of the MSU were known. This is the 'reference' method of diagnosing infection, and of targeting antibiotic use.

Self help advice. Randomisation in a factorial design was used to control the use of a patient information. Factors used in randomisation were: the use of a leaflet (leaflet vs no leaflet); advice to use over the counter herbal remedies (advice versus no advice); bicarbonate solution (advice to use bicarb vs no advice); and type of juice (advice to use water vs advice to include orange juice vs advice to include cranberry juice). The block size to account for all combinations was large (block size 120) which made prediction of group virtually impossible for any clinician (in addition clinicians were not informed of the blocked nature of randomisation). Analysis controlled for the self help factors.