

Cymalon in the management of urinary tract symptoms

Women with urinary tract symptoms frequently present to sexually transmitted diseases (STD) clinics for assessment and treatment. Sometimes dysuria may be a component of a symptom-complex suggestive of genital tract infection, in which case the diagnosis may be suspected from the history or microscopy of genital tract secretions, and treatment may then be started at the first visit. In many cases, however, symptoms are often restricted to the urinary tract and such patients are often treated presumptively with antimicrobial agents while awaiting the results of urine culture.

It has long been recognised that at least 50% of such women do not have bacterial infection and logically, therefore, should not require antimicrobial therapy. Furthermore, blind prescribing has been criticised as unscientific, expensive and sometimes inappropriate if the wrong agent is selected. Patients, however, do expect therapy directed at their symptoms and therefore alkalinisation of the urine with potassium citrate mixture is widely used as a "holding exercise" until the result of urine culture is available. Since potassium citrate mixture is so unpalatable, a preparation of sodium citrate granules was developed as an over-the-counter preparation for the initial management of cystitis. We have evaluated this product, "Cymalon", in women presenting to an STD clinic with symptoms of cystitis.

Women with symptoms of cystitis who agreed to participate were evaluated. The study was approved by the ethics committee. All women had full screening tests for gonorrhoea, trichomoniasis, candidiasis and

chlamydial cervical infection where appropriate and were excluded if a genital tract pathogen was identified. No attempt was made to identify chlamydial infection of the urethra although a few patients subsequently participated in a study of the urethral syndrome when samples from the urethra were tested for a number of presumptive pathogens. A mid-stream specimen of urine was cultured and the patient was prescribed a 48 hour course of Cymalon, one sachet, eight hourly. The patient was asked to attend or to telephone after 48 hours and antimicrobial therapy was prescribed if the symptoms persisted or if a significant growth ($\geq 10^5$ organisms/ml) was detected.

Seventy nine women were entered into the study and 64 evaluated after approximately 48 hours. When a variety of symptoms were considered, symptomatic improvement occurred in approximately 70% (range 68–75%) and deterioration in approximately 12% (range 5–18%) (table). Overall, 80% of women who answered the question, had relief of symptoms by 48 hours and the treatment was acceptable to 91.8%.

There was more variation in response to treatment amongst those 19 patients who had proven bacterial urinary tract infections with urethral pain (7 of 10) and dysuria (13 of 18) improving in more patients than frequency (9 of 17) and urgency (6 of 13). In a previous study¹ failure to respond to Cymalon was associated with a bacterial urinary tract infection, but in neither study was the response to treatment a sufficiently strong indicator of the presence of a urinary tract pathogen to obviate the need for an initial urine culture. However, if resources are limited, urine cultures could be restricted to those women

who fail to respond to Cymalon and to those whose history is suggestive of a high risk of bacterial cystitis. Further evaluation of this product in a variety of settings is warranted.

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1 Spooner JB. Alkalinisation in the Management of Cystitis. *J Int Med Res* 1984;12:30–34.

Longer incubation of an amplified enzyme immunoassay for the detection of *Chlamydia trachomatis*

The amplified monoclonal antibody enzyme immunoassay marketed by Novo Nordisk Diagnostics Ltd for the detection of *Chlamydia trachomatis* (IDEIA) has been available since 1985. Its rapidity and suitability for the processing of large numbers of specimens have led to it becoming the routine method in many laboratories. The IDEIA enzyme immunoassay procedure has seven different steps and takes approximately four hours to perform. It therefore usually takes a full working day before results are available and because of this, samples cannot usually be processed until the day after receipt. If the preliminary incubation of two hours could be increased to an overnight procedure, the test procedure could be started on the day of receipt. The remaining steps could then be completed on the following morning and earlier results obtained. To assess this we have compared the performance of an overnight versus a two hour IDEIA preliminary incubation step, using the same specimen, against a second specimen using conventional McCoy cell tissue culture.

Paired endocervical samples for tissue culture and IDEIA were collected in random order from 205 consecutive females who attended the Department of Genitourinary Medicine in Birmingham. Six were excluded from analysis because of transport delay of

Table Prevalence of various symptoms of urinary tract infection before and after treatment with Cymalon

	Number (%) stating improvement of indicated symptom after treatment with Cymalon		
	MSU infected*	MSU not infected	All patients
Frequency	9/17 (53)	31/39 (79)	40/56 (71)
Dysuria	13/18 (72)	25/34 (74)	38/52 (73)
Urethral pain	7/10 (70)	17/24 (71)	24/34 (71)
Suprapubic pain	9/14 (64)	21/26 (81)	30/40 (75)
Nausea	2/4 (50)	12/16 (75)	14/20 (70)
Urgency	6/13 (46)	26/34 (76)	32/47 (68)
Nocturia	5/8 (63)	16/21 (76)	21/29 (72)

* $\geq 10^5$ organisms/ml in a mid-stream urine specimen.