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**Cranberries for preventing urinary tract infections.**

*Jepson RG*, Williams G, Crag JC

**Abstract**

**BACKGROUND:** Cranberries have been used widely for several decades for the prevention and treatment of urinary tract infections (UTIs). This is the third update of our review first published in 1998 and updated in 2004 and 2008.

**OBJECTIVES:** To assess the effectiveness of cranberry products in preventing UTIs in susceptible populations.

**SEARCH METHODS:** We searched MEDIATE, EMBASE, the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library and the Internet. We contacted authors involved with the promotion and distribution of cranberry products and we checked the reference lists of review articles and relevant studies. Date of search: July 2012.

**SELECTION CRITERIA:** All randomized controlled trials (RCTs) or quasi-RCTs of cranberry products for the prevention of UTIs.

**DATA COLLECTION AND ANALYSIS:** Two authors independently assessed and extracted data. Information was collected on methods, participants, interventions and outcomes (incidence of symptomatic UTIs, positive culture results, side effects, adherence to therapy). Risk ratios (RR) were calculated where appropriate, otherwise a narrative synthesis was undertaken. Quality was assessed using the Cochrane risk of bias assessment tool.

**MAIN RESULTS:** This updated review includes a total of 24 studies (six cross-over studies, 11 parallel group studies with two arms, five with three arms, and two studies with a factorial design) with a total of 4473 participants. Ten studies were included in the 2000 update, and 14 studies have been added to this update. Thirteen studies (2380 participants) evaluated only cranberry juice/concentrate; nine studies (1032 participants) evaluated only cranberry tablets/capsules; one study compared cranberry juice and tablets; and one study compared cranberry capsules and tablets. The comparison/control arms were placebo, no treatment, water, methenamine hippurate, antibiotics, or lactobacillus.

Eleven studies were not included in the meta-analyses because either the design was a cross-over study and data were not reported separately for the first phase, or there was a lack of relevantness of data. Data included in the meta-analyses showed that, compared with placebo, water or no treatment, cranberry products did not significantly reduce the occurrence of symptomatic UTI overall (RR 0.86, 95% CI 0.71 to 1.04) or for any of the subgroups: women with recurrent UTIs (RR 0.74, 95% CI 0.42 to 1.31); older people (RR 0.75, 95% CI 0.39 to 1.44); pregnant women (RR 1.04, 95% CI 0.67 to 1.7); children with recurrent UTI (RR 0.48, 95% CI 0.19 to 1.22); cancer patients (RR 1.15 95% CI 0.75 to 1.77) or people with neuropathic bladder or spinal injury (RR 0.95, 95% CI 0.75 to 1.20). Overall heterogeneity was moderate (I² = 55%). The effectiveness of cranberry was not significantly different to antibiotics for women (RR 1.31, 95% CI 0.85, 2.02) and children (RR 0.69 95% CI 0.32 to 1.51). There was no significant difference between gastrointestinal adverse effects from cranberry product compared to those of placebo/no treatment (RR 0.93, 95% CI 0.31 to 2.27). Many studies reported low compliance and high withdrawal/dropout problems which attributed to palatability/acceptability of the products, primarily the cranberry juice. Most studies of other cranberry products (tablets...
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