

Table S1. Comparison of prostatitis treatment guidelines

ISKRA [1]		NICE [2]		AFP [3]		ATGAR [4]		SSID [5]		IIUS [6]	
Acute bacterial prostatitis											
First choice	3rd generation cephalosporins ± aminoglycosides or Aminopenicillins + beta-lactamase inhibitors or Ureidopenicillins + beta-lactamase inhibitors or Fluoroquinolones (ciprofloxacin, levofloxacin), Parenteral 7 – 10 days, followed by oral fluoroquinolones for further 2 – 4 weeks	First-choice oral antibiotics (guided by susceptibilities when available)	Ciprofloxacin oral 2 x 500 mg, 2 weeks Ofloxacin 2 x 200 mg, 2 weeks	Mild or moderate disease while awaiting culture	Trimethoprim oral 1 x 300 mg 2 weeks, or Cephalexin oral 2 x 500 mg, 2 weeks or Amoxicillin and clavulanic acid 2 x 500 mg + 125 mg oral, 2 weeks	First choice	Ciprofloxacin oral 2 x 500 mg, 4 weeks Levofloxacin oral 1 x 500 mg, 4 weeks Cefixime oral 1 x 400 mg, 4 weeks These antibiotics can be combined with an aminoglycoside	Ciprofloxacin 400 mg/12 h i. v. or oral 2 x 500 mg, 2 – 4 weeks Levofloxacin 500 mg/24 h i. v. a or oral 1 x 500 mg, 2 – 4 weeks Trimethoprim-sulfamethoxazole oral 2 x 160/800 mg, 2 – 4 weeks Gentamicin 5 mg/kg a day with or without ampicillin 2 g/6 h i. v.	Empirical treatment	Levofloxacin oral 1-2 x 500 mg, 2 – 4 weeks Trimethoprim-sulfamethoxazole oral 2 x 160/800 mg, 2 – 4 weeks	
		Alternative first-choice oral antibiotic if a fluoroquinolone antibiotic is not appropriate (seek specialist advice; guided by susceptibilities when available)	Trimethoprim oral 2 x 200 mg, 2 weeks			Alternative	Trimethoprim-sulfamethoxazole oral 2 x 160/800 mg, 4 weeks		if allergic to a fluoroquinolone	Amoxicillin and clavulanic acid oral 3 x 1 g, 2 – 4 weeks	
		First-choice intravenous antibiotics (if unable to take oral antibiotics or severely unwell; guided by susceptibilities when available). Antibiotics may be combined if sepsis a concern	Ciprofloxacin 400 mg twice or three times a day Levofloxacin 500 mg once a day Cefuroxime: 1.5 g three or four times a day Ceftriaxone: 2 g once a day Gentamicin: Initially 5 mg/kg to 7 mg/kg once a day, subsequent doses adjusted according to serum gentamicin concentration. Amikacin: Initially 15 mg/kg once a day (maximum per dose 1.5 g once a day), subsequent doses adjusted according to serum amikacin concentration (maximum 15 g per course).			Appears septic or unable to tolerate oral therapy	Admit to hospital, offer parenteral therapy with ampicillin and gentamycin or ceftriaxone as per severe pyelonephritis treatment		Appears septic	Hospital referral for initial intravenous treatment	Appears septic
Second choice	Carbapenems, Parenteral 7 – 10	Second-choice oral antibiotics	Levofloxacin oral 1 x 500 mg, 2 weeks then review								

	days, followed by oral fluoroquinolones for further 2 – 4 weeks or Trimethoprim-sulfamethoxazole, Parenteral/Oral 2 – 3 weeks	(after discussion with specialist)	Trimethoprim-sulfamethoxazole oral 2 x 160/800 mg, 2 weeks then review Trimethoprim-sulfamethoxazole should only be considered when there is bacteriological evidence of sensitivity and good reasons to prefer this combination to a single antibiotic							
		Second-choice intravenous antibiotics	Consult a local microbiologist							
Chronic bacterial prostatitis										
First choice	Fluoroquinolones (ciprofloxacin, levofloxacin, ofloxacin) or Trimethoprim-sulfamethoxazole, Oral, 4 – 6 weeks			First choice	Norfloxacin oral 2 x 400 mg, 4 weeks, or Trimethoprim oral 1 x 300, 4 weeks	First choice	Ciprofloxacin oral 2 x 500 mg, 4-6 Weeks or Levofloxacin oral 1 x 500 mg, 4 weeks	Ciprofloxacin oral 2 x 500 mg, 6 – 12 weeks Levofloxacin oral 1 x 500 mg, 6 – 12 weeks Trimethoprim-sulfamethoxazole oral 2 x 960 mg, 4 – 6 weeks		Levofloxacin oral 1-2 x 500 mg, 4 – 6 weeks Ciprofloxacin oral 2 x 750 mg, 4 – 6 weeks
Alternative	Macrolides, Oral, 4 – 6 weeks. Possible and useful administration in combination with fluoroquinolones azithromycin 500 mg daily, only for the first three days of each treatment week or 3rd generation oral cephalosporins ± parenteral aminoglycosides, 7 – 10 days then switch to oral			If chlamydia or ureaplasma noted	Doxycycline oral 2 x 100 mg 2-4 weeks	Alternative	Trimethoprim sulfamethoxazole Oral 2 x 160/800 mg, 4 weeks		If chlamydia or micoplasma noted	Azithromycin oral 1 x 500 mg Doxycycline oral 2 x 100 mg 2 weeks

	fluoroquinolones or trimethoprim- sulfamethoxazole for 2 – 4 weeks									
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The numbers in the brackets represent literature.

Table S2. AGREE analysis of the included guidelines (available from: <https://www.agreetrust.org/resource-centre/agree-reporting-checklist/>)

	ISKRA [1]	NICE [2]	AFP [3]	ATGAR [4]	SSID [5]	IUS [6]
DOMAIN 1: SCOPE AND PURPOSE	79.6%	90.7%	42.5%	83.3%	40.7%	53.7%
DOMAIN 2: STAKEHOLDER INVOLVEMENT	72.2%	83.3%	38.8%	79.6%	42.5%	51.8%
DOMAIN 3: RIGOUR OF DEVELOPMENT	70.8%	86.8%	19.4%	71.5%	17.3%	63.5%
DOMAIN 4: CLARITY OF PRESENTATION	81.0%	92.5%	74.1%	64.8%	55.5%	53.7%
DOMAIN 5: APPLICABILITY	34.7%	65.2%	19.4%	36.1%	22.2%	27.7%
DOMAIN 6: EDITORIAL INDEPENDENCE	44.4%	30.5%	5.5%	38.8%	2.7%	2.7%

The numbers in the brackets represent literature.

Table S3. Accordance of oral antibiotics in the ISKRA¹ treatment guidelines for prostatitis with drug packs available in selected countries [1].

ISKRA ¹ recommendation [1]	Summary of recommendation	Croatia [7]	United Kingdom [8]	Australia [9]	Slovenia [10]	Italy [11]	Spain [12]
Treatment of acute bacterial prostatitis							
Oral Fluoroquinolones, 2 – 4 weeks after parenteral treatment	Ciprofloxacin 2 x 500 – 750 mg 2 – 4 weeks	3 – 6 packs of 10 500 mg ± 3 – 6 packs of 10 250 mg, excess 2 or 4 units (1 or 2 days); single dose 750 mg not registered	1 – 2 packs of 28 500 mg units or 2 – 4 packs of 14 750 mg units, matched	1 – 2 packs of 28 500 or 750 mg units, matched	3 – 6 packs of 10 units 500 or 750 mg, excess 2 or 4 units (1 or 2 days)	1 – 2 packs of 28 units 500 or 750 mg, matched	2 – 4 packs of 14 units of 500 or 750 mg, matched
	Levofloxacin 1 x 500 mg 2 – 4 weeks	1 – 2 packs of 14 units, matched	2 – 4 packs of 7 units, matched	Only bulk, not applicable	2 – 3 packs of 10 units, excess 6 or 2 units (6 or 2 days)	1 pack of 14 or 28 units, matched	1 – 2 packs of 14 units, matched
	Norfloxacin 2 x 400 mg 2 – 4 weeks	2 – 3 packs of 20 units, excess 12 or 4 units (6 or 2 days)	Not registered	1 – 2 packs of 14 units, matched	2 – 3 packs of 20 units, excess 12 or 4 units (6 or 2 days)	2 – 4 packs of 14 units, matched	2 – 4 packs of 14 units, matched
Trimethoprim / sulfamethoxazole, oral 2 – 3 weeks	Trimethoprim / sulfamethoxazole 2 x 160/800 mg 2 – 3 weeks	2 – 3 packs of 20 units, excess 12 or 18 units (6 or 9 days)	2 – 3 packs of 14 units, matched	3 – 5 packs of 10, excess 2 or 8 units (1 or 4 days)	3 – 5 packs of 20 80/400 mg units, excess 4 or 16 half dose units (1 or 4 days)	2 – 3 packs of 16 units, excess 4 or 6 units (2 or 3 days)	2 – 3 packs of 20 units, excess 12 or 18 units (6 or 9 days)
Treatment of chronic bacterial prostatitis							
Fluoroquinolones (ciprofloxacin, levofloxacin, ofloxacin), oral 4 – 6 weeks	Ciprofloxacin 2 x 500 – 750 mg 4 – 6 weeks	6 – 9 packs of 10 500 mg ± 6 – 9 packs of 10 250 mg, excess 4 or 6 units (2 or 3 days); single dose 750 mg not registered	2 – 3 packs of 28 500 mg units or 4 – 6 packs of 14 750 mg units, matched	2 – 3 packs of 28 500 or 750 mg units, matched	6 – 9 packs of 10 500 or 750 mg, excess 4 or 6 units (2 or 3 days)	2 – 3 packs of 28 units 500 or 750 mg, matched	4 – 6 packs of 14 units of 500 or 750 mg, matched
	Levofloxacin 1 x 500 mg 4 – 6 weeks	2 – 3 packs of 14 units, matched	4 – 6 packs of 7 units, matched	Only bulk, not applicable	3 – 5 packs of 10 units, excess 2 or 8 units (2 or 8 days)	1 pack of 28 units – 1 pack of 28 and 1 pack of 14 units, matched	2 – 3 packs of 14 units, matched
	Ofloxacin 2 x 200 mg 4 – 6 weeks	Not registered (only eye drops)	4 – 6 packs of 14 units, matched	Not registered (only eye drops)	Not marketed	Not marketed	4 – 6 packs of 14 units, matched
Trimethoprim / sulfamethoxazole, oral 4 – 6 weeks	Trimethoprim / sulfamethoxazole 2 x 160/800 mg 4 – 6 weeks	3 – 5 packs of 20 units, excess 4 or 16 units (2 or 8 days)	4 – 6 packs of 14 units, matched	6 – 9 packs of 10, excess 4 or 6 units (2 or 3 days)	6 – 9 packs of 20 80/400 mg units, excess 8 or 12 half dose units (2 or 3 days)	4 – 6 packs of 16 units, excess 8 or 12 units (4 or 6 days)	3 – 5 packs of 20 units, excess 4 or 16 units (2 or 8 days)
Macrolides, oral 4 – 6 weeks. Possible and useful administration in combination	Azithromycin 1 x 500 mg 3 times a week, 4 – 6 weeks	4 – 6 packs of 3 units, matched	1 pack of 12 units – 1 pack of 12 and 1 pack of 6 units, matched	4 – 6 packs of 3 units, matched	4 – 6 packs of 3 units, matched	4 – 6 packs of 3 units, matched	4 – 6 packs of 3 units, matched

with fluoroquinolones, azithromycin 500 mg daily, only for the first three days of each treatment week							
3rd generation oral cephalosporins ± parenteral aminoglycosides 7 – 10 days then switch to oral fluoroquinolones or trimethoprim / sulfamethoxazole for 2 – 4 weeks	Cefixime 1 x 400 mg or 2 x 200 mg 7 – 10 days	1 pack of 10 400 mg units, excess 3 units (3 days) or matched if treated for 10 days	1 pack of 14 200 mg units – 10 packs of 2 200 mg units, matched	Not registered	1 pack of 10 400 mg units, excess 3 units (3 days) or matched if treated for 10 days	1 pack of 7 or 10 units, matched	1 pack of 10 400 mg units, excess 3 units (3 days) or matched if treated for 10 days
oral fluoroquinolones or trimethoprim / sulfamethoxazole for 2 – 4 weeks	Fluoroquinolones – as for Treatment of acute bacterial prostatitis above						
	Trimethoprim/sulfamethoxazole 2 x 160/800 mg 2 – 4 weeks – as above						
Treatment of prostatitis caused by <i>C. trachomatis</i> , <i>U. urealyticum</i> and <i>M. genitalium</i>							
Azithromycin in a total dose of 4.5 g orally, for 3 weeks administered as PULSED THERAPY –	Azithromycin 1 x 500 mg 3 times a week, 3 weeks	3 packs of 3 units, matched	3 packs of 3 units or 1 pack of 6 and 1 pack of 3 units, matched	3 packs of 3 units, matched	3 packs of 3 units, matched	3 packs of 3 units, matched	3 packs of 3 units, matched
Levofloxacin 500 mg orally every day for 2 – 4 weeks	Levofloxacin 1 x 500 mg 2 – 4 weeks	As Treatment of acute bacterial prostatitis					
Ofloxacin 2 x 300 mg up to 2 x 400 mg orally during 2 to 4 weeks	Ofloxacin 2 x 300 mg up to 2 x 400 mg 2 to 4 weeks	Not registered	300 mg not registered, 2 – 4 14 400 mg unit packs, matched	Not registered	Not marketed	Not marketed	4 – 8 14 units 200 mg packs, matched
Doxycycline 2 x 100 mg orally per day for 3 – 4 weeks	Doxycycline 2 x 100 mg 3 – 4 weeks	2 – 3 packs of 25 units, excess 8 or 44 units (4 or 22 days)	3 packs of 7 units – 1 pack of 56 units, matched	2 packs of 21 units – 8 packs of 7 units, matched	6 – 7 packs of 8 units, excess 6 units (3 days) or matched if treated for 4 weeks	6 – 7 packs of 8 units, excess 6 units (3 days) or matched if treated for 4 weeks	2 packs of 21 units – 4 packs of 14 units, matched
Treatment of inflammatory chronic pelvic pain/nonbacterial prostatitis							
Empirical antimicrobial therapy (fluoroquinolones, trimethoprim / sulfamethoxazole, doxycycline) orally/2 weeks, In case of clinical improvement prolong to 4 weeks	Doxycycline 2 x 100 mg 2 – 4 weeks	2 – 3 packs of 25 units, excess 22 or 44 units (11 or 22 days)	1 pack of 28 – 1 pack of 56 units, matched	4 – 8 packs of 7 units, matched	4 – 7 packs of 8 units, excess 4 units (2 days) or matched if treated for 4 weeks	1 pack of 20 and one pack of 10 units – 7 packs of 8 units, excess 2 units (1 day) or matched if treated for 4 weeks	2 – 4 packs of 14 units, matched
	Other – as above						

¹ The Intersectoral Coordination Mechanism for the Control of Antimicrobial Resistance; The numbers in the brackets represent literature.

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Figure S1. Flowchart of selection of guidelines

