

Should multiple sclerosis patients be treated for symptomatic bacteriuria (urinary tract infection)?

- ✓ It is recommended to treat symptomatic bacteriuria (urinary tract infection) in MS patients in the case of a neurologic bladder or not and whatever the voiding mode (voluntary/catheterization) (Level A). Treatment of symptomatic bacteriuria follows the recommendations for the general population (Level A)
- ✓ Prevention of recurrent urinary tract infections with alternative complementary medicine has not been established (Level B)
- ✓ The interest of treating urinary tract infection in spinal cord injury with weekly oral cycling antibiotics has been established (Level C). By analogy, this approach can be considered for patients with multiple sclerosis in the case of recurrent urinary tract infections after obtaining specialist advice (expert recommendation)

Should multiple sclerosis patients be treated for asymptomatic bacteriuria (colonization)?

- ✓ Screening and systematic treatment of asymptomatic bacteriuria (colonization) in patients with multiple sclerosis are not recommended, with the exception of situations recommended for the general population (pregnancy, invasive urological procedure) (Level C)

Should asymptomatic bacteriuria (colonization) in multiple sclerosis patients be treated before treatment with immunosuppressors?

- ✓ Screening or systematic treatment of asymptomatic bacteriuria (colonization) before treatment with immunosuppressors of patients with multiple sclerosis is not recommended except in the case of hypogammaglobinemia (expert recommendation)

Should asymptomatic bacteriuria (colonization) be treated before urodynamic evaluation in MS patients?

- ✓ Screening and treatment of asymptomatic bacteriuria (colonization) before urodynamic evaluation in absence of known urinary tract infection risk factors are not recommended in patients with multiple sclerosis (Level C)
- ✓ Screening and treatment of asymptomatic bacteriuria (colonization) before urodynamic evaluation in the presence of known urinary tract infection risk factors (recurrent urinary tract infection, vesico-ureteral reflux, high detrusor pressure >40 cmH₂O) are recommended in patients with multiple sclerosis (Level C)

Should asymptomatic bacteriuria (colonization) in catheterized (intermittent / indwelling catheterization) MS patients be treated?

- ✓ Screening and systematic treatment of asymptomatic bacteriuria (colonization) of patients with multiple sclerosis with intermittent or indwelling catheters are not recommended with the exception of situations recommended in the general population (pregnancy, invasive urological surgery) (Level C, expert recommendation)