To the Editor—We applaud Dr Barbosa-Cesnik and her colleagues for their excellent contribution to the literature on cranberry juice for the prevention of urinary tract infections (UTIs) [1]. In a population of college women with recent acute UTIs, their clinical trial found no significant difference between the use of cranberry juice and placebo to prevent recurrence of infection.

Although Barbosa-Cesnik et al [1] conclude that daily use of cranberry juice did not result in a decrease in the 6-month incidence of a recurrent UTI, we favor a more conservative interpretation, since the study was underpowered to
detect a difference between cranberry juice and placebo. In the Methods, the authors state that their sample size calculations were based on an anticipated UTI recurrence rate of 30%. However, the actual observed rate in the placebo arm was only 14%. Therefore, adequate power would have required enrollment of 656 participants, which we realize is a challenging task.

Other populations of women may benefit from daily cranberry juice or pills. Barbosa-Cesnik et al [1] present interesting data suggesting no benefit to cranberry juice in patients with a history of ≥2 UTIs. These findings conflict with other trials that have shown beneficial effects with cranberry juice for women with ≥2 UTIs, including a Cochrane review, which showed significant reduction in the number of recurrent UTIs with daily cranberry use in select patient populations [2]—findings that were driven by clinical trials of women who have a history of ≥3 UTIs in the past year [3–5]. Effective prevention strategies for recurrent UTIs may only work in populations of women at higher risk for recurrence.

**Acknowledgments**

*Potential conflicts of interest.* All authors: no conflicts.

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Clinical Infectious Diseases 2011;52(11):1393–1394 © The Author 2011. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com. 1058-4838/2011/52(11)2011-0024 $14.00 DOI: 10.1093/cid/cir190