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Key Points

- Vulvovaginal candidiasis ('thrush') is a common infection and recurrent symptoms impair quality of life
- Many different treatments are available to suit individual needs
- Many women self-manage symptoms for convenience or to avoid embarrassment
- Self-treating with creams alone may alleviate soreness and itching but will not treat internal infection



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Quick Guide

Thrush Part 2: Individualized treatment



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Thrush: Individualized treatment

Vulvovaginal candidiasis, or vaginal thrush, is a common yeast infection, experienced by 3 out of 4 women at some point in their lives. Candidiasis is most common in women aged 20–30 years and during pregnancy when hormone production is increased (Faculty of Family Planning and Reproductive Healthcare (FFPRHC), 2006).

Women who experience recurrent symptoms of thrush often resort to buying products over the counter without seeking professional help. Owing to embarrassment many choose to self-manage symptoms and try alternative treatments. Recurrent thrush significantly impairs quality of life.

Background

Candida albicans is present in 80% of the population under normal circumstances and has no ill-effects, but it is responsible for 80–95% of cases of reported thrush (Sobel, 2007). One in ten women have continuous symptoms.

Thrush is rare in premenstrual women and less common in post-menopausal women.

Recurrent thrush

As many women buy over-the-counter treatments and seek no advice or investigation of recurrent infections, it is probable that other strains of *Candida* remain undiagnosed. Many women buyazole drugs that are effective in treating 8 out of 10 infections, which leaves some infections untreated, resulting in persistent

symptoms. In particular, women with diabetes respond poorly to single doses of fluconazole 150 mg but this could be the result of inappropriate medication or inappropriate self-management (Goswami et al, 2006).

Self-diagnosis and management of recurrent symptoms may put women at risk of further complications as about 10% of cases are due to an infection other than *C. albicans* (Sobel, 2007).

Further testing may also be required to correctly diagnose allergic reactions, dermatitis, cystitis or atrophic vaginitis.

Quality of life and management

Recurrent 'thrush' impairs quality of life. It makes women feel dirty, itchy, embarrassed, miserable, and reluctant to have sex. Some women with recurrent symptoms and recurrent episodes of infection feel stigmatized. Nyirjesy et al (2006) report that thrush has a negative impact on work and social life. Embarrassment often becomes a significant barrier to treatment and leads to self-management and a reluctance to seek advice from a health professional.

To avoid embarrassment and for convenience, some women prefer to buy over-the-counter treatments, which may be more costly than prescribed treatments and less effective. Unfortunately, cost can also be a barrier to treatment.

Pharmacies are often more accessible than general practice, as it can take time to get an appointment, and some women feel that pharmacists (particularly females) are





Quick Guide 2

A variety of treatments are available for thrush to suit individual needs. Oral treatments should not be used in pregnancy.

more approachable than GPs. However, some pharmacists express difficulty with discussing sexual dysfunction and vaginal discharges due to embarrassment.

Women want help with long-term management rather than a short-term cure (Chapple, 2000). Some women feel that the benefit of quick access and self-management reduces the risk of spread to partners. However, they need to be educated that treatment for partners is not required for uncomplicated infections. Some women will use cream only to alleviate symptoms of soreness and itching; however, they should be made aware that this will not treat internal infection and could result in recurrence.

Consultation

Discussion with the female should involve sensitive history taking. Give them time to explain their symptoms and the effects that they have on quality of life. Such intimate discussion requires a 'sympathetic ear' and effective rapport building skills from the practitioner. Assessment and diagnosis should be followed by a management/treatment strategy agreed between the patient and practitioner to promote compliance. Women need reassurance that 'thrush' is a common condition that can be treated if managed appropriately (Hassell et al, 2000). They should be advised on treatment options, how to use the products, side effects, prevention of further infection and the need for investigation should their symptoms persist.



Treatment

Topical and oral azole therapies give a clinical and mycological cure rate of >80% in non-pregnant women (British Association for Sexual Health and HIV (BASHH), 2007). Treatment is considered to have failed if symptoms do not resolve within 7–14 days in uncomplicated acute vulvovaginal candidiasis.

A variety of topical, oral and combined treatments are available to suit individual needs, symptoms and preferences. There is flexibility for treatment of both internal and external symptoms with combination or single products that cause minimal side effects (Table 1).



Table 1. Treatments for vulvovaginal candidiasis

Preparation	Ingredient	Trade name	Dose
Single preparations			
External cream	Clotrimazole 1%	Generic, Canesten	2–3 times daily
	Clotrimazole 2%	Canesten	2–3 times daily
	Ketoconazole 2%	Nizoral	1–2 times daily
Internal cream	Clotrimazole 10%	Canesten 10% VC	5 g at night, once; repeat once if necessary
	Miconazole 2%	Gyno-Daktarin	5 g once daily for 5–14 days or twice daily for 7 days
Internal and external cream	Econazole 1%	Gyno-Pevaryl	5 g internally and apply externally for 14 nights
Pessary	Clotrimazole 100 mg	Canesten	200 mg for 3 nights or 100 mg for 6 nights
	Clotrimazole 200 mg	Canesten	200 mg for 3 nights or 100 mg for 6 nights
	Clotrimazole 500 mg	Generic, Canesten	1 insertion at night, once
	Econazole 150 mg	Gyno-Pevaryl or Gyno-Pevaryl 1	1 insertion daily for 3 nights or 1 insertion at night, once
Vaginal ovule	Miconazole 2%	Gyno-Daktarin 1	1 insertion at night, once
Oral capsule	Fluconazole 150 mg	Generic, Canesten, Diflucan	Single dose
Examples of combined preparations			
Oral capsule/ external cream	Fluconazole 150 mg/ clotrimazole 2%	Canesten Duo	Capsule: single dose Cream: 2–3 times daily
Pessary/external cream	Clotrimazole 500 mg/ clotrimazole 2%	Canesten Combi	Pessary: 1 insertion at night Cream: 2–3 times daily
Internal cream/ external cream	Clotrimazole 10%/ clotrimazole 2%	Canesten Cream Combi	Internal: 5 g at night, once External: 2–3 times daily
Note: Non-oral products damage condoms and diaphragms. From: Joint Formulary Committee, 2010: 5.2; 7.2.2			



Quick Guide 2

Combined treatments

Capsule and internal cream

An oral capsule and 2% cream (an example is Canesten Duo) clears internal infection and relieves symptoms of itching and soreness. This product is suitable for women who need instant relief of external symptoms and an easy-to-use treatment that complements their lifestyle. However, oral treatments should not be used in pregnancy, suspected pregnancy and women who are breastfeeding.

Internal and external cream

A combination of an internal and external cream (such as Canesten Cream Combi) is an effective treatment which is suitable for patients who require instant relief from external symptoms. This approach may be suitable for younger women who are unused to using a pessary. It is ideal for women who would have difficulty inserting a pessary into their vagina or those who may be experiencing vaginal dryness.

Pessary and cream

A pessary with a cream is an effective combination of an internal and external treatment for women who are confident in using a pessary to relieve symptoms. An example is Canesten Combi. If the woman is pregnant she should be advised that care must be taken when inserting the pessary to avoid damaging her cervix.

Women experiencing recurrent episodes of thrush need further investigation to rule out *Candida glabrata* because its presence demonstrates reduced susceptibility to azole drugs. However, *C. glabrata* is vulnerable to nystatin (a polyene antifungal drug) or boric acid vaginal suppositories (Goswami et al, 2006).

Side effects

Side effects vary depending on whether the preparation is an oral or topical treatment.

Oral treatments may have the following side effects:

- Nausea
- Abdominal pain
- Diarrhoea and flatulence
- Rash
- Headache

If the woman prefers to use a topical cream preparation she should be made aware that she may experience burning or irritation on initial application. Up to 15% of women experience this side effect.

Internal creams can damage latex contraceptives and the patient should be advised on additional precautions. The cream (e.g. 2% Thrush Cream) is a suitable treatment for men with symptoms of thrush (balanitis). An oral capsule can also be used by men for the treatment of balanitis.

Alternative remedies

Despite a variety of products being available on prescription or over the counter some women prefer to manage their symptoms using alternative remedies. Minimal evidence is available to support the following remedies used to treat or relieve thrush symptoms:

- Eating natural yoghurt containing *Lactobacillus acidophilus* ('friendly' bacteria) or topical application into the vagina
- Eating a yeast-free, sugar-free diet
- Insertion of a tampon soaked in diluted tea tree oil into the vagina (tea tree can cause irritation)
- Garlic has antibacterial and anti-fungal properties but can cause irritation and is not thought to be powerful enough to clear chronic symptoms





- Calendula, available in pessary, gel and cream forms has soothing and antifungal properties. However, the gel and cream should not be used internally
- Acupuncture may rebalance internal 'energies' to help prevent or avoid recurrence of the thrush infection but will not actively treat the condition.

Conclusions

Vulvovaginal candidiasis is a common condition and many women choose to self-manage their symptoms using over-the-counter treatments. Those who experience recurrent infections may require further investigation to ensure that they are using products appropriate to their individual needs and to exclude further complications. Using a cream alone may alleviate external symptoms but will not treat an underlying infection or prevent a recurrence.

The range of treatments available offers flexibility to suit individual choice and preference without causing extreme side effects. Many women may benefit from education and information from a health professional such as a nurse in general

practice, who can discuss treatment choice and provide care for those experiencing recurrent symptoms and complications.

- British Association for Sexual Health and HIV (2007) United Kingdom National Guideline on the Management of Vulvovaginal Candidiasis. www.bashh.org/guidelines (accessed 22 July 2010)
- Chapple A, Hassell K, Nicolson M, Cantrill J (2000) 'You don't really feel you can function normally': women's perceptions and personal management of vaginal thrush. *J Reprod Infant Psychol* **18**(4): 309-19
- Faculty of Family Planning and Reproductive Healthcare (2006) The management of women of reproductive age attending non-genitourinary medicine settings complaining of vaginal discharge. FFPRHC and BASHH Guidance (January 2006). <http://tinyurl.com/2dug3xz> (accessed 27 July 2010)
- Goswami D, Goswami R, Banerjee U et al (2006) Pattern of Candida species isolated from patients with diabetes mellitus and vulvovaginal candidiasis and their response to single dose oral fluconazole therapy. *J Infect* **52**: 111-17
- Hassell K, Rogers A, Noyce P (2000) Community pharmacy as a primary health and self-care resource: a framework for understanding pharmacy utilization. *Health and Social Care in the Community* **8**(1): 40-49
- Nyirjesy P, Peyton C, Weitz MV, Mathew L, Culhane JF (2006) Causes of chronic vaginitis: analysis of a prospective database of affected women. *Obstet Gynecol* **108**(5): 1185-91
- Sobel JD (2007) Vulvovaginal candidosis. *Lancet* **369**(9577): 1961-71

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