

GENITAL CANDIDIASIS (GENITAL THRUSH) V2.2

Comments from the Expert Advisory Group

1. Candida can lead to genital symptoms in men and women. Asymptomatic colonisation is common and does not usually require treatment. The majority of cases are caused by *Candida albicans*.
2. In women, genital candidiasis can lead to vulvitis, vaginitis and / or vulvovaginitis. Symptoms may include thick white [vaginal discharge](#), vulvovaginal discomfort, burning or itch. Other symptoms include dyspareunia / dysuria and signs include vulval erythema/fissuring and satellite lesions. The diagnosis can be made clinically on the basis of the description and appearance of the vulva and/or [vaginal discharge](#). A high vaginal swab (HVS) is not required to start empiric treatment on first presentation. A HVS can be useful in women experiencing recurrent symptoms or failing to respond to treatment in order to confirm the presence of candida, the type of candida species and sensitivities where resistance to azoles is suspected.
3. All women should be examined and alternative diagnoses including genital dermatoses should be considered. Consider atrophic vaginitis, which is a common symptom of the perimenopause and menopause and can also occur several years after the menopause.
4. In women, consider sexually transmitted causes of [vaginal discharge](#) on the basis of sexual history and consider testing for chlamydia, gonorrhoea and trichomoniasis.
5. The definition of recurrent vulvovaginal candidiasis is accepted as four or more episodes per year, two of which are confirmed on microscopy or culture **when symptomatic**. Careful consideration should be given to alternative diagnoses such as lichen sclerosis, eczema or other dermatological conditions. Referral to Genitourinary Medicine or Dermatology may be warranted. The [vulval skin care leaflet from the British Association of Dermatology](#) contains general advice for patients.
6. In men, genital candidiasis can present with a balanitis with an associated itch. Men should be examined and the diagnosis can be made by the appearance of the glans penis. Examination is particularly important if symptoms don't resolve and alternative diagnoses should be considered.
7. Identify and optimise the management of underlying conditions or risk factors for genital thrush such as undiagnosed or poorly controlled diabetes. Consider underlying immunosuppression in those presenting with severe, recurrent cases.
8. In general, treatment of asymptomatic sexual partners is not recommended.
9. Repeated single doses of fluconazole increase the likelihood of azole resistance and should be avoided where possible. Provision of a prescription for single dose fluconazole with a course of antibiotics "just in case" is generally not recommended.

Treatment

- Good genital skin care is central to the management and prevention of genital candidiasis, particularly vulvovaginal candidiasis. This includes avoidance of soap and shower gel and other potential irritants. Emollient creams may be used as a soap substitute, moisturiser and/or barrier cream (external use only). The [vulval skin care leaflet from the British Association of Dermatology](#) contains general advice for patients.
- Intravaginal and oral treatments have similar efficacy in the management of vulvovaginal candidiasis.
- 1% hydrocortisone with antifungal cream may ease symptoms of vulvitis and balanitis.
- Atopic individuals may experience irritation with antifungal creams. Symptoms may settle with intravaginal antifungal treatment alone.

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There are many treatment options available, the table below is not exhaustive

| GENITAL CANDIDIASIS (GENITAL THRUSH) ANTIMICROBIAL TREATMENT TABLE (Page 1 of 3) | | | |
|--|--|---|---|
| Vulvovaginal candidiasis | | | |
| <ul style="list-style-type: none"> Short course intravaginal formulations effectively treat uncomplicated vulvovaginal candidiasis. Choice of treatment should be made on the basis of location of symptoms and patient choice. A number of preparations are available over-the-counter (OTC). There may be intermittent supply issues with some products. Consider contacting supplying pharmacy regarding current availability. If there are vulval symptoms, consider clotrimazole cream for external relief of symptoms in addition to intravaginal or systemic antifungal if required. | | | |
| Drug | Dose | Duration | Notes |
| Clotrimazole (Canesten®) pessary <i>Available OTC</i> | 500 mg intravaginal pessary | Single dose | Insert pessary using applicator high into the vagina at night. |
| OR | | | These products may damage latex contraceptives, alternative precautions advised during use and for at least 5 days after using product. |
| Clotrimazole pessary + Clotrimazole 2% cream (Canesten Combi® pessary + cream) <i>Available OTC</i> | 500mg intravaginal pessary Apply cream to the affected area every 8 to 12 hours | Pessary: Single dose Cream: Until symptoms resolved, up to 7 days. | |
| OR | | | |
| Econazole (Gyno-Pevaryl®) pessary <i>Available OTC</i> | 150 mg intravaginal pessary | Single dose | |
| OR | | | |
| Fluconazole oral* <i>Prescription only</i> | 150 mg | Single dose | Note: Repeated single doses of fluconazole can increase the likelihood of azole resistance. Avoid fluconazole (and all oral azoles) in pregnancy. See HPRA caution in women of childbearing potential* Check for drug interactions |
| <p>* Women of childbearing potential, for whom fluconazole is prescribed, should be informed of the potential risks to the foetus:</p> <ul style="list-style-type: none"> After single dose treatment, a washout period of one week is recommended before pregnancy. For longer courses of treatment appropriate contraception should be considered throughout the treatment period and for one week after the final dose. | | | |

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GENITAL CANDIDIASIS (GENITAL THRUSH) ANTIMICROBIAL TREATMENT TABLE (Page 2 of 3)

Topical creams listed below are rarely sufficient to treat vulvovaginal thrush but can be employed as an adjunct to intravaginal or systemic preparations to alleviate external vulval symptoms.

| | | | |
|---|--|--|---|
| Clotrimazole 1% or 2% cream <i>Available OTC</i> | Apply to the affected area every 8 to 12 hours | Until symptoms resolved, up to 7 days. | These products may damage latex contraceptives, alternative precautions advised during use and for at least 5 days after using product. |
| OR | | | |
| Clotrimazole 1% + Hydrocortisone 1% cream (Canestan HC® cream) <i>Prescription only</i> | Apply a thin layer to the affected area every 12 hours | Until symptoms resolved, up to 7 days. | |

Vulvovaginal candidiasis in pregnancy

| | | | |
|-----------------------------------|--|---------------|--|
| Clotrimazole (Canesten®) pessary | 500 mg intravaginal pessary at night | up to 7 days | During pregnancy the pessary should be inserted without using an applicator. Advise to insert the narrow end of the pessary first as high into the vagina as comfortable. Wash hands before and after use. |
| OR | | | |
| Econazole (Gyno-Pevaryl®) pessary | 150 mg intravaginal pessary at night | 7 days | |
| Clotrimazole 1% or 2% cream | Apply to the affected area every 8 to 12 hours | up to 7 days. | Topical creams are rarely sufficient to treat vulvovaginal thrush but can be employed as an adjunct to intravaginal preparations to alleviate external vulval symptoms. |

Recurrent vulvovaginal candidiasis (VVC)

See definition of recurrent VVC in expert advisory comment 5 above.

| | | | |
|---|--------|--|---|
| Fluconazole oral* <i>Prescription only</i> | 150 mg | On days 1, 4 and 7, then weekly for 6 months | Check for drug interactions Avoid fluconazole (and all oral azoles) in pregnancy See HPRA caution in women of childbearing potential* Use with caution in patients with hepatic dysfunction. |
|---|--------|--|---|

* Women of childbearing potential, for whom fluconazole is prescribed, should be informed of the potential risks to the foetus:

- After single dose treatment, a washout period of one week is recommended before pregnancy.
- For longer courses of treatment appropriate contraception should be considered throughout the treatment period and for one week after the final dose.

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Recurrent vulvovaginal candidiasis in pregnancy

| | | | |
|---|--|--|--|
| Clotrimazole (Canesten®) pessary | 500 mg intravaginal pessary at night for up to max. 10-14 days according to symptomatic response Followed by maintenance: 500 mg intravaginal pessary once weekly | Duration detailed with dose | During pregnancy the pessary should be inserted without using an applicator. Advise to insert the narrow end of the pessary first as high into the vagina as comfortable. Wash hands before and after use. |
| Candida balanitis (Oral treatment rarely indicated) | | | |
| Clotrimazole 1% cream <i>Available OTC</i> | Apply to the affected area every 12 hours | Up to 14 days according to symptomatic response. | These products may damage latex contraceptives, alternative precautions advised during use and for at least 5 days after using product. |
| OR | | | |
| Clotrimazole 1% + Hydrocortisone 1% cream (Canestan HC® cream) <i>Prescription only</i> | Apply a thin layer to the affected area every 12 hours | Up to 14 days according to symptomatic response. | |

Patient Information

Strategies to prevent recurrence of genital thrush include:

- Use emollient cream as a soap / shower gel substitute for daily genital hygiene.
- Avoid vaginal douching and the use of other feminine hygiene products.
- Avoid the use of sanitary pads and pantyliners; tampons or menstrual cups are preferred.
- Avoid tight clothes, favour loose and breathable fabrics like cotton.
- Use water-based lubricant during sexual intercourse.
- The [vulval skin care leaflet from the British Association of Dermatology](#) contains general advice for patients.
- Further information is available in the [genital thrush patient information leaflet](#)