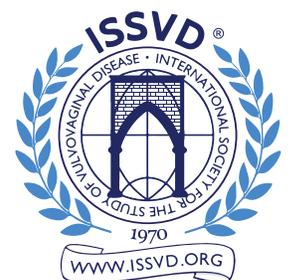


YEAST (Candida) INFECTION



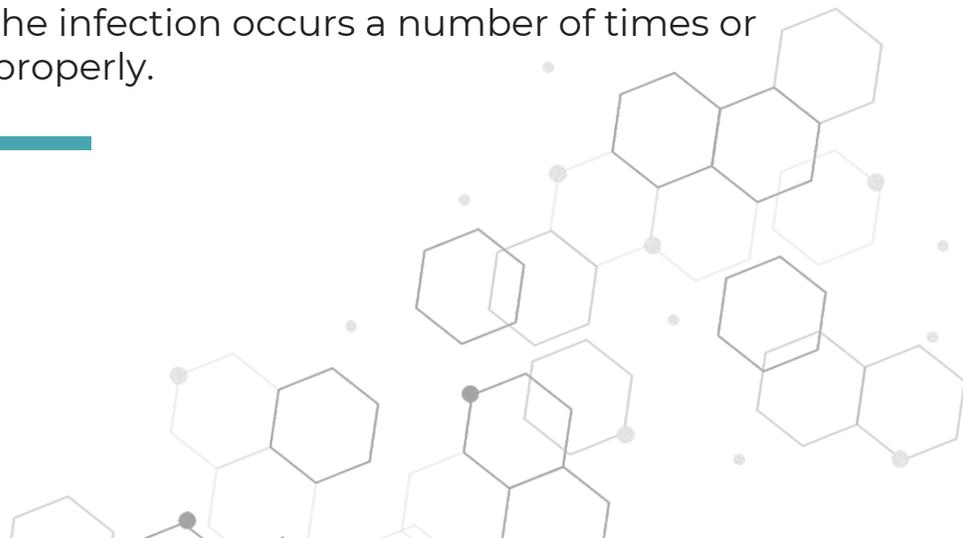
What is vulvovaginal yeast infection?

Vulvovaginal yeast, also known as Candidiasis is a common infection caused by a variety of yeast types. Over 80% of vulvovaginal yeast infections are caused by *Candida albicans*, with the remaining 20% of infections being caused by other types of *Candida*. Another term previously used for this condition is thrush. Over one-half of women will have vulvovaginal Candidiasis at least once in their lifetime and about 5% of women have frequent episodes.

What are the symptoms?

These are the symptoms and signs of vulvovaginal yeast infection:

- Genital itching - this is the most common symptom of Candidiasis. Itching may be especially worse before your period.
 - Abnormal discharge that is often thick and white in color.
 - A change in the smell of your vaginal secretions.
 - Redness and inflammation of the genital skin outside (the vulva).
 - Soreness or burning in the vulva and/or vagina during or after sex.
 - Pain - particularly if the infection occurs a number of times or hasn't been treated properly.
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How is it diagnosed?

A diagnosis of a vulvovaginal yeast infection is often made based on a number of things including your symptoms, a physical examination, examination of vaginal secretions under the microscope, and vulvovaginal culture. There are many other conditions of the vagina and vulva that can be confused with Candidiasis. If there is any question on whether or not a Candidia infection is present, particularly when it is recurrent, your health care provider should obtain a swab of the discharge and send it for culture. If the culture is positive for a yeast infection, the antifungal given is dependent on the type of Candida found on the culture.

What can I do to help myself?

Treatment with a cream or ovules (pessaries) in the vagina, or the use of an oral anti-fungal tablet/capsule are effective means of treating the vulvovaginal yeast. There are many different names for these creams and ovules/pessaries (some common examples are miconazole and clotrimazole) and usually they come with an applicator that helps to insert them deep in the vagina. Even if your period starts you can still use these medications. The medication is available from pharmacies and can be used to treat an isolated episode of vulvovaginal yeast infection - that's one that occurs more than a year since the previous episode (see below for treatment of recurrent Candida infections).

Vulvovaginal Candidiasis may also be treated with anti-fungal tablets or capsules that you take by mouth, and these medications are best administered under the supervision of your medical practitioner. Oral yeast medications are not to be taken by pregnant women.

When should I seek medical advice?

You should see your doctor if:

- This is the first time you have experienced yeast symptoms;
- You are not sure if the problem you have is a yeast infection;
- This is the second yeast infection you have had in less than a year;
- You are pregnant or breast feeding; or if you have not responded to treatment and there is no improvement.

If symptoms come back in less than a year, or your response to treatment is unsatisfactory, do not treat yourself. When you see your healthcare provider, make sure that the diagnosis is confirmed with a swab sent for laboratory testing. Please note that swabs may not give any useful results if any treatment has been used in the week or two before the test.

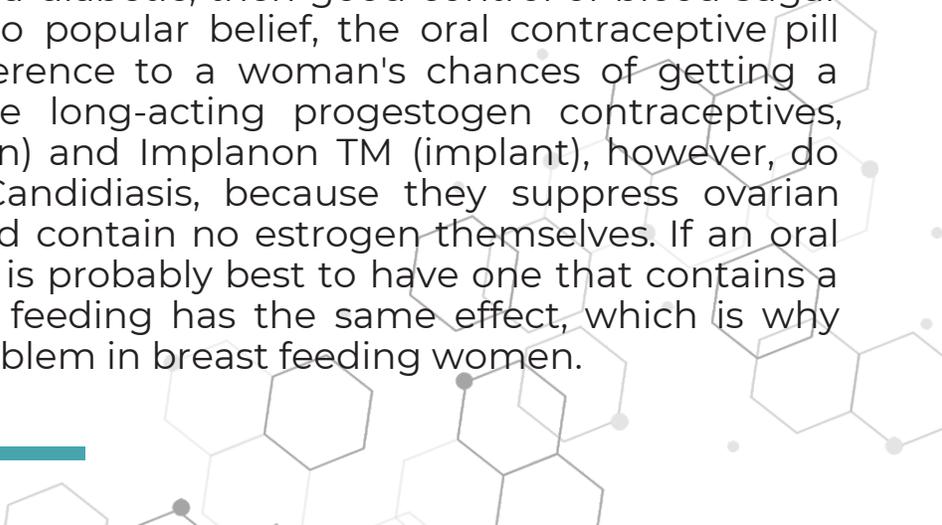


How did I get vaginal Candidiasis?

The yeast type that causes most vulvovaginal infections is *Candida albicans*. It can live in the mouth and bowel without causing any problems. It can travel to the vagina from the anus. Other species of *Candida* often live in the vagina but cause no harm. *Candida albicans* causes the most frequent signs and symptoms of vulvovaginal yeast infection. Women are more likely to get vulvovaginal Candidiasis between puberty and the menopause because, under the influence of the hormone estrogen, the cells lining the vagina produce a sugar. *Candida* feed on those sugars. That is why infection with *Candida* is rare before puberty, in breast-feeding women (who have low estrogen levels), and after the menopause, unless a woman is on hormone replacement therapy (HRT) or has diabetes.

How can I avoid getting vulvovaginal yeast infections?

Although numerous lifestyle changes have been suggested in the past to prevent yeast infections (e.g. avoiding sugar, tight clothing and alteration of sexual practices), none of these have been proven to be effective. *Candida albicans* is generally not thought to be sexually transmitted. Antibiotics promote the growth of *Candida* by destroying the bacteria that can protect against them, so are best avoided unless really necessary. If you are a diabetic, then good control of blood sugar level is helpful. Contrary to popular belief, the oral contraceptive pill makes no significant difference to a woman's chances of getting a vulvovaginal infection. The long-acting progestogen contraceptives, Depo-Provera TM (injection) and Implanon TM (implant), however, do lower the incidence of Candidiasis, because they suppress ovarian production of estrogen and contain no estrogen themselves. If an oral contraceptive is needed, it is probably best to have one that contains a low estrogen level. Breast feeding has the same effect, which is why Candidiasis is seldom a problem in breast feeding women.



What if vulvovaginal yeast infections keep coming back?

A small number of women will get yeast infections a couple of times a year or more. This is called recurrent candidiasis and is best managed by a healthcare provider with a special interest in this problem. This does not necessarily have to be a specialist – there are other health care providers who have a special interest in women's health issues and are very knowledgeable about this condition. If you have recurrent vulvovaginal yeast infections, you should never treat yourself. Your doctor should take a vaginal swab with each episode of yeast infection to monitor your condition. Occasionally tests need to be taken to see whether the candida is resistant to the treatment that you are using.

Treatment choices for recurrent vulvovaginal yeast infections include:

- Combined oral and vaginal azole therapy - this means taking tablets as well as using anti-candida creams inserted in the vagina- medium term (3 weeks vaginal cream +/- one or two doses of oral antifungal treatment)
- Boric acid made into vaginal pessaries by a compounding chemist
- Long-term (at least 6 months!) treatment with an oral azole .
- A change of an estrogen containing contraceptive to Depo-Provera or Implanon; and A change to a lower estrogen dose for women taking hormone replacement therapy (HRT)
- Candidiasis is generally not a sexually transmitted disease. Usually no benefit is shown by treating the male sexual partner of women with recurrent vulvovaginal Candidiasis. Treatment is recommended for men only when they have symptoms themselves, preferably after swabs have been taken and a Candida infection is confirmed.

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