

Patient Information Leaflet.

Recurrent vulvovaginal candidiasis (Thrush).

What is Vulvovaginal Candidiasis (VVC)?

VVC (commonly known as thrush) is a common skin condition affecting the vagina and the area surrounding it (the vulva). Up to 75% of women will experience VVC at some point in their lives. Recurrent VVC is defined as 4 or more episodes of VVC in a year.

What causes Vulvovaginal Candidiasis?

It is normal for the yeast cells that cause VVC to live inside your vagina, as well as in your gut and mouth. Usually they are in balance with the other good bacteria that normally live in these areas. Sometimes the yeast cells can over grow. We don't know exactly why this causes the symptoms of VVC, but we do know that some things can help trigger episodes of VVC. These triggers include antibiotics (which kill other bacteria which normally keep the yeast cells in the vagina in balance), pregnancy and some oral contraceptives, poorly controlled diabetes and some sexual practices (particularly women receiving oral sex).

What are the symptoms of Vulvovaginal Candidiasis?

The commonest symptom is itching; this can sometimes be very severe resulting in some patients needing to scratch themselves-which in turn can cause further damage (excoriations). Vaginal discharge is the other common symptom- the discharge is often white and may be lumpy, however the discharge may also be clear. The discharge in VVC is usually odourless. Some patients report a burning sensation or pain on passing urine. Sometimes the vulva (the area around your vagina) can become red and swollen. All of these symptoms can also occur in other conditions which also affect the vulval area, therefore it is always important to see a doctor as research shows that self-diagnosis is often not accurate.

Can there be any complications from Vulvovaginal Candidiasis?

The itch and discomfort associated with VVC may cause much distress and the changes to the genital skin may cause sexual difficulties or problems in passing urine. There are no long-term problems with VVC, the disease is more problematic because of the distress and discomfort it causes.

How is Vulvovaginal Candidiasis diagnosed?

VVC can only be diagnosed from a swab taken inside the vagina or from the area of the vulva affected. The swabs are taken to the laboratory and if the yeast cells are present they will be identified. We can then tell which type of yeast cell is causing the infection; which in turn can help guide treatment. VVC cannot be diagnosed on symptoms alone or by examining the affected area.

What is the treatment for Recurrent Vulvovaginal candidiasis?

The treatment aims to treat the current infection (suppression) then to prevent a further infection over the next six months (maintenance). There are several different regimes of medication available which are based on good research. Sometimes the medication is given orally; sometimes a vaginal route may be preferred. The medications are safe and largely side-effect free.

Factors which predispose to VVC must also be dealt with. A test for diabetes may be offered if it is appropriate, unnecessary courses of antibiotics should be stopped. Pregnancy tests should be performed if relevant and changes to contraceptive methods may be considered. Whilst there is no direct evidence for it, wearing well ventilated clothing and cotton underwear may help prevent VVC. It has been reported that eating a probiotic yoghurt daily may be helpful. Garlic capsules taken orally or tea tree oil used in the bath have also been reported to be beneficial. Avoiding a diet high in refined sugars (such as white bread, pasta etc) and avoiding binges of sugary confectionary may also help prevent relapses of VVC.

Can my Recurrent Vulvovaginal candidiasis be cured?

Good research shows that around 58% of patients will relapse (have another episode of VVC) within 12 months of finishing the maintenance treatment. The reason for the relapse is thought to be either yeasts from the gut travelling into the vagina, resistant yeasts in the vagina growing back or re-infection from sexual contact- however there is good evidence that there is no benefit in treating sexual partners.

Treatment is well worthwhile as 90% of patients treated won't have another episode in 3 months and 70% won't have another episode within 6 months.

Where can I get further information about Vulvovaginal Candidiasis?

We recommend that you use these dedicated websites to gain further information on recurrent vulvovaginal candidiasis as generic Internet searches can lead to you reading information that is not accurate or out of date.

Patient.co.uk – content from the NHS, there is more information here and also forums with support networks:

Web: <http://www.patient.co.uk/health/Recurring-Vaginal-Thrush.htm>

Vulval Health Awareness Campaign (VHAC)- excellent patient support group resource

Web: www.vhac.org