

RECURRENT VULVO VAGINAL CANDIDIASIS (RVVC)

WHAT IS IT?

RVVC is where there are more than four diagnosed episodes of candidiasis per year. Often symptoms do not resolve completely after treatment and there may be a resultant dermatitis, for instance with skin splitting, or pain with or after intercourse. Reduced lubrication may occur. This condition may be quite different to acute candidiasis and discharge is not always present. Swabs may be negative, especially if antifungals have been used in the previous 4-6 weeks. Often symptoms are worse before periods or only occur before periods. (Cyclic vulvitis).

The level of symptoms may vary from only being noticeable with penetrative sexual activity, to a frequent awareness of the vulva, made worse by any penetration or friction. Attention to the 'Genital Skin Care' routine is very important.

WHY DOES IT HAPPEN?

Most women with chronic thrush are healthy and do not have anything wrong with their immune system. It is not uncommon to have a previous history of hayfever, rhinitis, eczema or asthma. It seems that there is a specific vaginal hypersensitivity to candida, which can be reversed with long-term suppression of the amount of candida present (but not complete elimination).

Frequent antibiotics are a common triggering factor. Diabetes, or low iron stores (ferritin) may be contributing factors. The pill usually does not cause RVVC. Occasionally prolonged candida infection during pregnancy can play a role.

It can affect 1-5% of women at some time in their lives. The use of Hormone Therapy may increase its persistence in the post-menopausal woman.

TREATMENT

Always use the 'Genital Skin Care' routine. The aim of treatment is to avoid over growth of candida that leads to symptoms. Therefore do not be alarmed if swabs taken for other reasons show thrush

if you have no symptoms.

For mild symptoms

If acceptable, topical creams or pessaries can be used. The long-term risk may be the development of a localized allergy to the medication, and should be ceased if any burning occurs on application. If a condom is used during intercourse, topical treatment should be applied AFTER sexual activity.

Examples of treatments:

- Monistat (full dose) nightly vaginally for three months
- Gynodaktarin for three months
- Nystatin (Canesten may produce more tendency to allergy) for three months, reducing in frequency for a further three months, then one application one week premenstrually for 3-4 months
- Canesten pessary 500 mg weekly for 3 months (however this is more "chalky" than Monistat)

Six months is generally an adequate length of time for treatment, but resolution of symptoms may take much longer. Recurrences are common after ceasing treatment.

If skin irritation/dermatitis occurs, treatment with hydrocortisone ointment will reduce the symptoms. Particularly in this case oral therapy is often used. Examples of this treatment are listed below.

- Fluconazole (Diflucan) 150mg, usually weekly for 3 months. Occasionally twice weekly, then reducing doses for 3 months or longer.
- Fluconazole 150mg one week before periods. If symptoms only with periods, for 6 months
- Ketoconazole (Nizoral) 200 mg daily for 3 months then 100mg daily for 3 months or 100 mg daily for 6 months. With ketoconazole, monthly liver function tests must be performed. The risk of liver inflammation increases with age >40 and treatment > 10 days. After 6 months, this can be followed with 2-3 months of fluconazole 150 mg one week before the period.

This fact sheet is designed to provide you with information on Recurrent Vulvo Vaginal Candidiasis. It is not intended to replace the need for a consultation with your doctor. All clients are strongly advised to check with their doctor about any specific questions or concerns they may have. Every effort has been taken to ensure that the information in this pamphlet is correct at the time of printing.

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Breakthrough episodes may occur, and may need topical treatment in addition to ongoing oral treatment. Where such an episode occurs it is best to be examined by a doctor and have swabs done, as symptoms may not always be due to candida.

MEDICATION SIDE-EFFECTS & OTHER DRUG INTERACTIONS (THESE ARE IMPORTANT)

Let any other treating doctor know what medicine you are taking. If you may be pregnant, cease the medication and discuss its use with your doctor.

FLUCONAZOLE (DIFLUCAN) MUST NOT BE USED IN PREGNANCY

Side effects:

- Nausea and bloating are not uncommon, and may be reduced by taking after food.
- Skin rash, acne, itch, headache
- Fluconazole may affect liver function, usually in the presence of pre-existing liver disease. Liver function tests should be performed regularly, particularly with long-time use. Weekly use of fluconazole is less likely to cause significant side-effects and drug interactions than daily use.

Drug interactions:

- Avoid cisapride (Prepulsid)
- Avoid erythromycin (antibiotic), non-sedating antihistamines (eg Claratyne), diuretics (fluid tablets), which may significantly raise fluconazole levels.
- Fluconazole use may increase levels of Dilantin (anti-convulsant), oral hypo-glycaemic (diabetic) medication (check for low blood-sugar), benzodiazepines (increase sedation) theophylline (used in asthma or other breathing disorders) and warfarin (anti-coagulant – blood thinning agent)
- Fluconazole may decrease the effect of oestrogen in the oral contraceptive pill.
- Cimetidine (Tagamet) may lower the

effectiveness of fluconazole.

KETOCONAZOLE

Must not be used if pregnant, breast feeding, or in the presence of liver disease.

Side effects:

- Nausea, vomiting, abdominal discomfort, constipation or diarrhea are the most common adverse reactions.
- Others may be a rash or headache. Menstrual disturbances are uncommon.
- There may be interactions with alcohol, causing headache, flushing, nausea or a rash.
- Hair loss, allergic reaction (uncommon)
- Severe liver inflammation (rare). There is a greater risk of effects on the liver with:
 - A previous known drug intolerance eg. Penicillin
 - Females over the age of 50
 - Prolonged treatment
 - Concomitant use of other medication with hepatic side-effects eg griseofulvin
 - Advice should be sought if fatigue, nausea, vomiting, jaundice, dark urine or pale stools occur while taking ketoconazole.
- Often minor changes in the liver will normalize without needing to stop treatment. Liver function tests should be performed prior to commencing treatment with ketoconazole, and monthly while on treatment.

Drug interactions:

- Avoid the following medications:
 - Non-sedating antihistamines (Claratyne, Hismanal, Teldane)
 - Cisapride (Prepulsid)
 - Midazolam (Hypnovel) and triazolam (Halcion)
- Ketoconazole may increase the levels (and therefore the effects) of oral diabetes tablets, calcium channel blockers (for high blood pressure or angina), 'statin' drugs used to lower

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cholesterol, warfarin and cortisone.

- Ketoconazole needs stomach acidity to be absorbed, therefore antacids should not be taken within 2 hours.
- Ketoconazole should be taken with food.

ROLE OF DIET

The role of diet as a treatment has never been scientifically proven, and many of the proposed diets are extreme and difficult to stick to. However, if common sense prevails we now know that a healthy, varied low GI diet is appropriate for every one to use and to try and stay at a healthy weight for your height (BMI) is sound general advice. If you notice a particular food causes you symptoms it is also good sense to avoid that food.

Partner

Male partners may get a mild skin reaction on the penis, this is easily treated with anti fungal cream. However treatment of the partner is usually not needed and does not affect the outcome of thrush in their partner.

Remember

If you think you have recurrent /chronic thrush see your doctor, get examined and have a swab taken. Not all conditions that itch or are sore are thrush and it is good to get it sorted out .

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