



### VULVOVAGINAL CANDIDIASIS

#### What Is Vulvovaginal Candidiasis?

Some yeast or fungus normally lives in a healthy woman's vagina. When there is too much yeast, you can have vaginal burning and/or itching and sometimes a sticky, white vaginal discharge. This is called a vulvovaginal candidiasis (VVC) infection or "yeast infection."

#### Why Does a Woman Get Vulvovaginal Candidiasis?

Yeast can overgrow in the vagina for many reasons. Yeast grows best in dark, moist areas. Tight clothes, nylon panties, and extra folds of skin make areas that are good for yeast to grow. Yeast also grows when the normal bacteria in the vagina change, which can happen if you take antibiotics, or when your hormones change, which happens when you take birth control pills or when you are pregnant.

#### How Can I Prevent Vulvovaginal Candidiasis?

Eat yogurt. Some studies show that eating yogurt that has lactobacillus may help you avoid getting VVC. Wear cotton underwear to keep moisture out of your vagina. Materials like nylon can keep the vagina moist. Avoiding the use of panty liners and pantyhose may also prevent VVC. Do not use scented soap, scented powder, or bubble bath. They may irritate your vagina. Do not douche. This removes good bacteria that protect your vagina from too much yeast.

#### When Should I See a Health Care Provider?

If this is your first VVC infection, you want to make certain it really is VVC. Your health care provider can take a sample of your vaginal discharge and look under a microscope to tell you if there is too much yeast.

If you are pregnant, if your infection does not go away, or if this is the fourth infection you have had in a year, you may need a different medicine or need to use it for a longer time.

#### What Is the Best Treatment for Vulvovaginal Candidiasis?

Most yeast infections are treated with a medicine inserted in your vagina that comes as a cream, suppository, or tablet. The medicines listed here are used for 1 to 7 days. One-day treatments should only be used for mild infections. If you are having a lot of burning or itching you will want to use the medicine for 3 or 7 days. Use the medicine for the entire time, even if you feel better. Stopping the medicine too soon can cause the infection to come back.

#### How Should I Use the Medicine?

Wash your hands before and after you use these medicines. Clean the outside of your vagina with soap and water and dry well. Insert the medicine into your vagina while you are lying down at night before you go to sleep. This helps the medicine stay in your vagina for several hours.

A slight burning of the skin or vagina is normal with first contact. It is common to have more discharge while you are using the medicine. There usually are no other problems related to using these medicines. But you should not use any medicine if you are allergic to it.

Many of these medicines are oil-based. If you put the medicine in your vagina and use a latex condom or diaphragm when you have sex, the medicine may cause breaks. In that case, either avoid sex while using the drugs or use another type of birth control.

**Table 1.** Recommended Treatment for Vulvovaginal Candidiasis

Intravaginal Agents (one of following)	Brand Name	Duration
Butoconazole 2% cream	Mycelex 3	3 days <sup>a</sup>
Butoconazole 2% sustained release	Gynazole-1	single dose
Clotrimazole 1% cream	Gyne-Lotrimin-7 Mycelex-7	7-14 days <sup>a,b</sup>
Clotrimazole 100 mg vaginal tablet	Gyne-Lotrimin-7	7 days
Clotrimazole 100 mg vaginal tablet	Gyne-Lotrimin-7	3 days
Clotrimazole 500 mg vaginal tablet	Gyne-Lotrimin	single dose
Miconazole 2% cream	Monistat-7	7 days <sup>a,b</sup>
Miconazole 100 mg suppository	Monistat-7	7 days <sup>a</sup>
Miconazole 200 mg suppository	Monistat-3	3 days <sup>a</sup>
Nystatin 100,000 unit vaginal tablet	Mycostatin	14 days
Tioconazole 6.5% ointment	Monistat 1-Day Vagistat 1	single dose <sup>a</sup>
Terconazole 0.4% cream (45 gms)	Terazol-7	7 days <sup>b</sup>
Terconazole 0.8% cream (20 gms)	Terazol-3	3 days
Terconazole 80 mg suppository	Terazol-3	3 days

<sup>a</sup>Available over-the-counter.<sup>b</sup>Recommended during pregnancy.Adapted from Mashburn J. Etiology, Diagnosis, and Management of Vaginitis. *J Midwifery Womens Health* 2006;51:423-30 and Centers for Disease Control and Prevention.**FOR MORE INFORMATION****US Department of Health and Human Services**[www.womenshealth.gov/faq/vaginal-yeast-infections.cfm](http://www.womenshealth.gov/faq/vaginal-yeast-infections.cfm)**Centers for Disease Control and Prevention**[www.cdc.gov/nczved/dfbmd/disease\\_listing/candidiasis\\_gi.html](http://www.cdc.gov/nczved/dfbmd/disease_listing/candidiasis_gi.html)

This page may be reproduced for noncommercial use by health care professionals to share with clients. Any other reproduction is subject to *JMWH* approval. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, *JMWH* suggests that you consult your health care provider.