

YEAST INFECTIONS

Yeast (*Candida*) is considered part of the normal vaginal flora, but an overgrowth of the organism and penetration of superficial epithelial cells can result in a vaginal infection. Although some women do not feel anything, the most common symptoms include vulvar burning, soreness, and irritation and sometimes pain during urination and during intercourse.

The vulva and vagina appear red, and vulvar excoriation and fissures may be present. Sometimes there is little or no discharge; when present, it is classically white, thick, adherent, and clumpy (curd-like or cottage cheese-like) with no or minimal odor.

The diagnosis is best made by finding candida on a microscopy slide or a vaginal swab.

Self medication with over the counter medications is acceptable after 1 or perhaps 2 episodes of a suspected yeast infection. If you are not better quickly, then you should be seen by a physician. Other vaginal infections can cause a discharge, and other conditions can cause itchiness. It is important to rule them out. This is usually achieved with an exam and vaginal swabs.

Treatment is indicated to relieve symptoms. **Asymptomatic women do not usually require treatment.** If the swab is positive, it doesn't mean you need to treat it but you should know you carry a small number of yeasts, like in a large number of women, and treat it if it becomes itchy or the discharge increases. There is no harm from harboring a few yeasts in the vagina.

The majority of infections are due to the strain called candida albicans, which responds well to the regular over the counter oral yeast medications, but the second most common strain is called candida glabrata, which responds better to vaginal Boric Acid.

Oral and topical creams drugs achieve comparable clinical cure rates, which are in excess of 80 percent. The best treatment is a single dose of oral fluconazole 150 mg (CanesOral) for treatment of uncomplicated infections. More intense and repetitive infections require longer treatments.

If candida Glabrata is present or suspected, intravaginal boric acid (600 mg capsule once daily at night for two weeks) works better. This medication can be toxic in children if ingested by mouth, so it should be stored securely. Compounding pharmacies such as Lakeside Medicine Ctr Pharmacy in Kelowna can prepare the boric acid for you.

For women with recurrent infections, which most authorities agree is more than 4 episodes per year, long term suppressive maintenance therapy is recommended. The initial treatment with fluconazole 150 mg is repeated every 72 hours for three doses, then the maintenance dose is fluconazole 150 mg once per week for six months.

There are a number of factors that predispose some women to be symptomatic including the following: poorly controlled diabetes, the use of broad spectrum antibiotics, urinary incontinence, increased estrogen levels, such as oral contraceptive use (especially when estrogen dose is high), pregnancy, and estrogen therapy in menopausal women, in immunosuppressed patients, such as those taking

glucocorticoids or other immunosuppressive drugs, or with human immunodeficiency virus (HIV) infection, use of vaginal sponges and diaphragms.

Yeast infections are not traditionally considered a sexually transmitted disease (STD) since it occurs in celibate women and since *Candida* species are considered part of the normal vaginal flora. However, this does not mean that sexual transmission of candida does not occur or that vaginal infections are not associated with sexual activity. For example, an increased frequency of vulvovaginal candidiasis has been reported at the time most women begin regular sexual activity. In addition, partners of infected women are four times more likely to be colonized than partners of uninfected women, and colonization is often the same strain in both partners.

Although sexual transmission of *Candida* species can occur, most experts do not recommend treatment of sexual partners since sexual activity is not a significant cause of infection or reinfection. However, in woman with recurrent vaginal infections, this issue remains controversial. The value of probiotics, either oral or vaginal tablets, also remains unproven.

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