West of Scotland Guideline *Approved September 2024*

GENITAL CANDIDIASIS

What's New:

There are no changes to this Guideline

Women

Single Episode

Clinical Features

Vulval itch, soreness, vaginal discharge, superficial dysparaeunia, external dysuria

Signs

Erythema, oedema, discharge (typically curdy and non offensive), fissures, satellite lesions

Diagnosis

- Gram-stained slide from vaginal wall - pseudohyphae or spores seen (detects 65-68% symptomatic cases). (If microscopy available)
- High vaginal swab from the anterior fornix
- Consider testing for sexually transmitted infections after a risk assessment

Management

[NB: None in asymptomatic patients – 10-20% women reproductive age have candida present in absence of symptoms)].

Topical and oral agents give 80-90% cure rate in uncomplicated vulvo-vaginal candidiasis in non-pregnant women. Pregnant women may need longer courses and oral therapy is contraindicated.

Treatment Options:

- Fluconazole Oral Capsule 150 mg stat – avoid if pregnant/breastfeeding
- Add topical 1% clotrimazole and 1% hydrocortisone cream if severe inflammatory component
- Clotrimazole - 5g 10% vaginal cream stat (effect on condoms unknown)
- Clotrimazole 500mg pessary nocte (effect of local preparations on condoms unknown)

Advice: avoid soap/use soap substitute

Local skin care (soap substitutes, avoid local irritants/perfume products and tight synthetic clothing as simple self-help measures).

Follow-Up

- Not necessary, unless symptomatic.
- If severe review at 3 to 5 days and consider repeat treatment.

Partner notification

- Not necessary. No evidence of benefit in treating partners unless they have symptoms of

candida themselves

Relapsing or Recurrent Candidiasis

Four or more episodes of symptomatic vaginal candidiasis in 12 months with lab confirmation on at least two occasions

Prevalence: <5% healthy women of reproductive age with a primary episode will develop recurrent disease

Management

1. Confirm diagnosis. Ask for 'speciation' of *Candida* spp, discuss appropriate tests with the local lab e.g. use the Saboraud agar plates if available in clinic. If this is not available then perform an HVS and let the lab know that you want speciation .

2. Exclude predisposing causes (pregnancy, HIV and other causes of immunosuppression; such as antibiotics, diabetes, oestrogen contraception, corticosteroid use)

3. Local skin care (soap substitutes, avoid local irritants/perfume products and tight synthetic clothing as simple self-help measures).

4. If the client has cyclical symptoms, cyclical antifungal therapy or suppression of the menstrual cycle may be of benefit.

5. Suppressive therapy. Type of preparation and timing of treatment will vary with patient. Regimens are empirical and not based on randomised controlled trials. Principle involves induction (eradication of candida) then maintenance therapy for 6 months.

Discuss with a senior doctor before starting therapy

Examples of Induction and Maintenance Therapies are shown in the Table Below

DRUG	INDUCTION DOSE	MAINTENANCE DOSE
Fluconazole Capsule	150mg every 72 hours x 3 doses	150 mg once per week for 6 months
Clotrimazole Pessary	500mg stat daily to a maximum of 14 days	500mg once per week for 6 months

For advice on severe vulval vaginal candidiasis, candidiasis in diabetics or patients with HIV infection and candidiasis due to non albicans species please refer to BASHH guideline

BNF Prices August 2018

Clotrimazole 500mg pessary	**£3.57**
Clotrimazole 1% cream 10mg/gram	**£0.72**
Clotrimazole 10% cream 100mg/gram	**£4.50**
Fluconazole 150mg Oral Capsule	**£0.39**
1% hydrocortisone cream (30g)	**£2.18**

MEN

Symptoms

- Redness of the glans
- Itch and/or irritation of the glans

Diagnosis

- **Often over-diagnosed. Diagnosis should only be made if yeasts on microscopy or culture.**
- Consider other causes of balanitis (see WOS Balanitis Guideline). Take a careful dermatological history. Ask about any personal or family history of atopy. Consider topical irritant dermatitis eg. use of Savlon cream, other OTC products, excessive salt
- Men frequently present with transient glans erythema occurring a day or so after sex with a female partner with vaginal candida (which may be asymptomatic) which does not need treated

Investigations

- Subpreputial swabs for Gram-stain (if available) and culture
- Test for sexually transmitted infections
- Check urine for glucose

Management

- Saline washes if exudative/broken skin
- Otherwise aqueous cream as soap substitute
- Consider clotrimazole (1%) cream twice daily ONLY if yeasts on Gram stain or on subsequent culture or clinically indicated
- If underlying cause identified (e.g. diabetes), ensure appropriate follow up with GP/relevant specialty

Follow-Up

Only if fails to resolve

References

United Kingdom National Guideline on the Management of Vulvovaginal Candidiasis (2007) (Accessed online June 2020)