



THRUSH

WHAT CAUSES THRUSH?

“Thrush” symptoms are due to an overgrowth of yeast within the vagina. It is very common and about 75% of women will have thrush at some time in their life. *Candida albicans* is the commonest type of yeast causing thrush. It is different to the yeasts in food.

Small numbers of yeasts in the vagina are normal, and usually cause no problems - it is only when they overgrow that they may cause symptoms.

Symptoms can include itch and discomfort on the vulva and vagina, a burning sensation and pain when passing urine and during sex. Sometimes a thick white lumpy discharge occurs which is described as ‘cottage cheese’. The area around the vulva and vagina may look red and swollen and there may be small skin cracks or splits.

Thrush can occur for no obvious reason, but there are some things that make thrush more likely, including:

- antibiotics
- pregnancy
- diabetes
- sweaty and moist skin especially when there is friction (eg cycling or with sex)
- preexisting eczema or psoriasis
- immunosuppressive medications.

IS THRUSH SEXUALLY TRANSMITTED?

It is not regarded as a sexually transmitted infection, but male partners can sometimes get redness and irritation of the penis especially after condomless sex.

HOW IS THRUSH TREATED?

Thrush is treated with anti-fungal creams or pessaries that are inserted into the vagina. They can be purchased without a prescription at pharmacies. The treatments take from 1 to 7 days and are put inside the vagina with a special applicator. Some women need a second course of treatment. Alternatively fluconazole 150mg is a single oral dose over the counter tablet with similar effectiveness to vaginal treatments. It is more expensive and is NOT used in pregnancy. Single doses are rarely a problem with other medication, but discuss this with the pharmacist. Fluconazole is safe to use with the contraceptive pill.

WHAT IF I AM PREGNANT?

Only vaginal treatments are used in pregnancy. Oral treatments are NOT recommended.

SHOULD I SEE MY DOCTOR?

If your symptoms fit with the typical description of thrush you can usually treat yourself from the chemist. However, you should see your doctor if:

- You are not sure you have thrush
- You have had several episodes of thrush
- You have had recent condomless sex with a new partner
- You have pain in your pelvic area or abnormal bleeding
- You have tried the thrush treatment and didn't get better

CAN I STILL HAVE SEX?

Yes, but it is not recommended, as you may experience a burning sensation during or afterwards. The thrush creams can weaken condoms so put the treatments in AFTER sex.

IS THRUSH DANGEROUS?

No. Thrush can be very uncomfortable but it does not cause long term damage. However, it can trigger ongoing vulval pain, so correct diagnosis and treatment are strongly recommended.

RECURRENT VULVO VAGINAL CANDIDIASIS (RVVC)

If there are four or more diagnosed episodes of candidiasis per year it is called “recurrent”. It affects about 5% of women in the reproductive years.

Often symptoms do not resolve completely after treatment and there may be a resultant dermatitis often with skin splitting, or pain with or after intercourse. This condition can be quite different to acute candidiasis, as discharge is not always present. Women often complain of vaginal dryness and lack of lubrication with sexual activity. Often symptoms are worse before periods or only occur before periods.

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

TREATMENT FOR RVVC

Treating RVVC requires good basic skin care and long term antifungal medication. Medications suppress yeast growth while being used, whether they are taken by mouth (oral fluconazole) or per vagina (pessaries or cream). The usual minimum length of treatment is about 6 months. Episodes can still occur after this, but should be less frequent.

Please talk to a doctor if you feel you may suffer from chronic or recurrent candidiasis

Disclaimer:

This fact sheet is designed to provide you with information on Thrush. 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.