

Candida (Yeast) Vaginitis

Yeast infections are common and primarily impact women of child-bearing age. Women who are on estrogen containing contraceptives or hormone replacement therapy are also prone to developing yeast infections. The use of topical steroids on the vulva or in the vagina can also increase the risk of yeast infection. Other conditions that increase the risk of yeast infections include HIV, diabetes, obesity, incontinence, oral antibiotics, or immune suppressing medications. Diets high in sugar do not impact the risk of yeast infection unless you have diabetes.

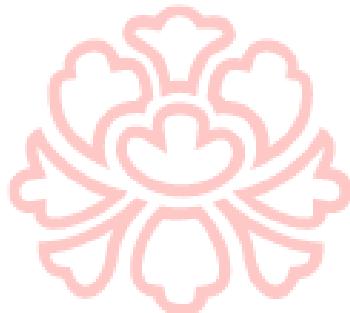
It is usually unnecessary to treat male sexual partners for yeast infections if a woman is being treated. The exception to this is if the man is uncircumcised. In those cases, it can be passed back and forth during penetrative intercourse. Sometimes female same sex couples will need to be treated for yeast at the same time.

Most yeast infections are caused by a yeast called *Candida albicans*. Symptoms include itching, burning, pain with intercourse, swelling, or fissuring (“cuts”) of the vulva. Other species of yeast that can cause similar symptoms include *Candida glabrata*, *Candida krusei*, and *Candida parapsilosis*. Depending on the species of yeast, different therapies are used.

Vaginal yeast infections caused by *Candida albicans* are easily treated with any of several types of medication. Fluconazole tablets by mouth are effective, generally requiring only two tablets to cure an infection. Any prescription or over-the-counter cream or suppository for yeast whose name ends “azole” is equally beneficial; these include miconazole, clotrimazole, terconazole, tioconazole, and butconazole. Any of these medications regularly cures a yeast infection, but some women experience frequent recurrences. Frequent recurrences are extremely annoying, but not dangerous, and they are not generally a sign of significant, silent underlying illness such as diabetes or an immune problem. If concerned, testing for HIV or diabetes can be easily done. Most often, using regular doses of a yeast medication, such as a fluconazole tablet once a week,

or an “azole” cream or vaginal suppository two to three times a week prevents the return of yeast.

Infections caused by non-albicans Candida often are much more difficult to clear. Fluconazole and “azole” creams and suppositories very often do not cure these infections with the exception of clotrimazole cream for some of the non-albicans Candida. Often, boric acid capsules inserted into the vagina daily for 3 weeks will be used to “reset” the vaginal flora and return the vagina to homeostasis.



Becca Joy, M.D.