Uncomplicated isolated episodes of vulvovaginal candidiasis (VVC) affect most women at some point in their lives, with almost half experiencing two or more episodes. Topical vaginal, oral single-dose, or short-course azole therapy is usually effective in this situation. Recurrent VVC (R-VVC) is much less common, affecting around 5% of women. As pointed out in Eschenbach’s editorial, this accounts for many medical consultations in women of all ages who manage their symptoms by taking over-the-counter antifungal medication, which is often not the most effective approach. The elegant RCT by Anastos et al. investigated the efficacy of oral fluconazole 150 mg (fluconazole 3 days apart) or 500 mg 2 weeks later by randomisation to either monthly oral 150 mg fluconazole or placebo for 6 months. The subjects were followed up for a further 6 months. The patients enrolled had severe symptoms of mycologically proven recurrent VVC with acute vulval and vaginal erosions and four documented episodes in the previous year. Exclusion criteria included the known risk factors for R-VVC of pregnancy (also a contraindication for oral therapy) and HIV seropositivity but interestingly not diabetes (2% of those in the fluconazole and maintenance group had diabetes). The reasons for this are not explained.

This is a large study with 494 women initially enrolled and 373 included in the intent to treat analysis. Obviously, during a year-long study, a significant number of patients will be lost to follow-up or drop out, and 126 in the fluconazole and 137 in the placebo groups completed the 12 months. The primary endpoint was the number of women in clinical remission, and the secondary endpoint, mycological outcome, surprisingly, those in the treatment arm did significantly better, with 90.8% recurrence free at 6 months compared to 35.9% in the placebo arm (relative risk in placebo arm 2.53; 95% CI 2.20–3.17, p<0.001). Mycological eradication was 82.1% and 28.2% and adverse events 2.9% and 1.2% in the treatment and placebo arms, respectively. No fluconazole resistant strains were isolated at all. During the following 6 months’ observation, significantly more clinical and mycological relapses were experienced by the treatment arm, but at the end of the 6 months, 42.9% remained clinically cured as compared to 21.9% in the placebo group.

This study establishes a successful induction and maintenance regime for R-VVC with a well-tolerated, convenient oral regime. As pointed out in both the paper’s discussion and Eschenbach’s editorial, high rates of recurrence follow withdrawal of therapy both in this study and in clinical practice indicate that the optimum duration of secondary prophylaxis of R-VVC is unknown, and the induction–maintenance regime often requires repeating. The lack of resistance found in the fluconazole used in this study is reassuring. The importance of good genital skincare and ruling out other genital infections (both at time of presentation and, if appropriate, at recurrence) are not discussed at all. These points are crucial to good management, as is investigating possible predisposing conditions including diabetes and HIV infection.

Reference

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Patients between the ages of 18 and 25 years completed a self-administered and confidential questionnaire in the waiting room of 20 participating practices before seeing a family practitioner for routine consultations. The intervention was a telephone call, followed by postal receipt usual care (the control group) or brief advice about safe sex, human immunodeficiency virus and hepatitis (the intervention group). Three months later, the patients were asked by post to complete a follow-up questionnaire with a BMID-30 or with a predilection to VTE.

The results did not show that a brief intervention in a routine consultation improved knowledge about risk or reduced risky behaviour. Given the competing demands on time in any consultation, this may not be a useful investment. It would seem to me that interventions are better targeted on the consultations where sexual activity is a natural part of the consultation.

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