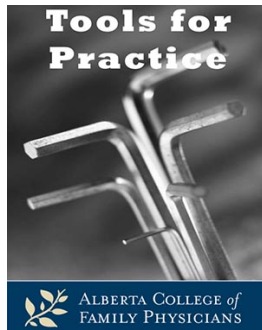


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## **Recurrent Vulvovaginal Candidiasis: Can the yeast be beat?**

**Clinical Question: What is the most effective management for women with recurrent vulvovaginal candidiasis (four or more episodes within one year)?**

**Bottom Line: Prophylaxis with six months of azole therapy (like fluconazole) will result in relapse in 9-19% of women compared to 50-64% on placebo (one fewer woman would relapse for every 2-4 treated). Efficacy, however, declines after therapy cessation and clinical cure remains elusive. Limited evidence suggests women may prefer episodic over maintenance therapy.**

### **Evidence:**

- Two double blind, Randomized Controlled Trials (RCTs) of 373<sup>1</sup> and 64 women<sup>2</sup> with symptoms and culture confirmed recurrent vulvovaginitis, compared fluconazole 150 mg PO weekly for six months (after initial fluconazole 150 mg PO every 72 hours for 3 days) versus placebo:
  - Significant difference in clinical relapse rate:
    - Following six months treatment:<sup>1,2</sup> 9-19% versus 50-64%, Number Needed to Treat (NNT)=2-4.
    - 12 month follow-up:<sup>1</sup> 57% versus 78%, NNT=5.
      - Smaller study: No significant difference.
      - No increase in resistance.<sup>1,2</sup>
  - Adverse events:
    - "Mild" elevation of liver enzymes in one patient, did not require discontinuation.<sup>1</sup>
  - Limitations: Analysis only included compliant women.<sup>1</sup>
- Two RCTs examined monthly itraconazole 400 mg PO (114 women)<sup>3</sup> or clotrimazole 500 mg vaginal suppository (62 women)<sup>4</sup> versus placebo for six months:
  - Significant difference in clinical relapse rate: 30-36% versus 64-79%, NNT=3-4.
  - No longer significant at 12 month follow-up.<sup>3,4</sup>
- One observational study, 136 women, individualized decreasing dose (200 mg fluconazole three times/week, weekly x 2 months, biweekly x 4 months, then monthly x 6 months) based on clinical symptoms:<sup>5</sup>
  - Clinical relapse during 12 months treatment: 30%.

- 18 month follow-up: 45%.

**Context:**

- Studies of alternative therapies such as probiotics or homeopathy, are poor quality, and/or with mixed results.<sup>6-8</sup>
- Limited evidence suggests no significant difference between different azoles in *Candida albicans* acute or recurrent vulvovaginitis.<sup>9,10</sup>
- *Candida albicans* is responsible for 90% of vulvovaginal candidiasis; followed by *Candida glabrata*, which is azole-resistant.<sup>11</sup>
- One small trial (54 participants) demonstrated that treating male partner with antifungals does not reduce relapse rate.<sup>12</sup>
- A randomized cross-over trial of 23 women reported 74% versus 14% prefer to treat each episode empirically versus maintenance therapy.<sup>13</sup>

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**Disclosure:**

Authors have no conflicts of interest to declare.

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