



MID-CHARLOTTE DERMATOLOGY

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Candida (Yeast) Vaginitis

Yeast infections of the vagina are extremely common occurrences. These arise almost entirely between the ages of puberty and menopause, but postmenopausal women who use vaginal or systemic estrogen also have vaginal yeast infections. Babies and elderly incontinent adults sometimes experience yeast of the vulva, but generally do not have vaginal yeast. Factors that increase the chance of developing a yeast infection include diabetes, sexual activity, , incontinence, overweight, and the use of antibiotics, birth control pills, and cortisones or other medications that lower the immune system. Diet is not important in causing or curing a yeast infection, except for women with diabetes that is poorly controlled.

Men generally do not get yeast infections unless they are uncircumcised, when they can have a yeast infection under the foreskin. Overweight, incontinent, diabetic, or immunosuppressed men, like similar women, can develop yeast on outside skin folds of the groin.

Yeast usually is not a sexually transmitted disease. Yeast lives normally and silently in the intestines and, often, in the vagina. So any irritation or factor such as antibiotic or cortisones use can allow the yeast to become an infection.

Most yeast infections are caused by a yeast called *Candida albicans*. The overwhelming symptom of a *Candida albicans* infection is itching. Sometimes, the scratching and rubbing can cause irritation, burning, and pain with intercourse. Less often, yeast infections are caused by different but related yeasts, especially *Candida glabrata*. Other less common yeast forms include *Candida parapsilosis*, *Candida krusei***, and *Saccharomyces cerevisiae*. Most of the time, a non-*albicans* *Candida* infection causes no symptoms or injury to the body, so treatment is unnecessary. However, when these yeasts do cause symptoms, the symptoms are more often irritation and burning rather than itching.

In the past, some health care providers believed that *Candida albicans* caused depression, bloating, constipation, fatigue, and headaches. Now we know that this is not true.

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 one tablet 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. 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. Often, after several months, the medication can be stopped successfully. There is no good scientific evidence that acidophilus, yogurt, probiotics, lactobacilli or diet are useful in preventing or curing a yeast infection.

Chronic pain with sexual activity, as well as burning, irritation, and rawness are common complaints of many women. Many women are diagnosed mistakenly with yeast as the cause of these symptoms, and, not surprisingly, yeast treatment either is totally or partially unhelpful. These women should undergo a formal culture rather than only an examination of vaginal secretions under the microscope. Most chronic itching, burning, and pain are not caused by yeast. Most common is vulvodynia, which consists of burning and rawness because of pelvic floor muscle abnormalities and neuropathic pain/neuralgia/neuritis. Or, in postmenopausal women, low estrogen causes these symptoms. Women with itching that does not clear with yeast medications are more likely to have eczema than a yeast infection.

Infections caused by non-*albicans Candida* often are much more difficult to clear, so it is fortunate that most of these infections are unimportant and do not require therapy. Fluconazole and “azole” creams and suppositories very often do not cure these infections. Rather, boric acid capsules inserted into the vagina, nystatin ointment or vaginal tablets, or flucytosine cream are used more successfully.

Yeast can be annoying and uncomfortable, but it is a common, manageable infection in women that should not be a cause of concern for overall health.