

Diabetes and thrush

Vaginal discharge is the way the body keeps the vaginal tissues healthy. Discharge is normal in all women. The amount of discharge often varies through the menstrual cycle and sometimes causes a brown or yellow stain on underwear.

Women can also have episodes of vaginitis at some stage of their life. There are several different kinds of vaginitis:

- > thrush (candidiasis) – thick white discharge
- > trichomonas - foamy unpleasant smelling discharge
- > vaginosis (Gardnerella) – strong fishy smelling discharge
- > other bacteria (eg Gonorrhoea) - thick, yellow discharge.

At some stage in their lives, most women will experience thrush. Women with diabetes are especially prone to thrush (vaginitis caused by the fungus *Candida albicans*) which can cause almost unbearable itchiness and a considerable and inconvenient discharge. If you do get vaginal thrush it doesn't mean you've got an STD (sexually transmitted disease) although occasionally thrush can be passed on during intercourse. Don't be embarrassed and talk to your doctor, pharmacist or Women's Health Centre since there are simple and very effective treatments available.

Why you get thrush

- > Infection - from skin, bowel or partner.
- > Warm, moist area - from tight clothes, insufficient cleaning and drying.
- > High glucose levels – helping thrush to grow.
- > Antibiotics - killing off the usual defence bacteria.
- > Poor health - being generally run down.

The key points

- > If this is your first incidence, see your doctor so the correct diagnosis is made.
- > Use the anti-thrush agent as suggested - insert the pessary or cream carefully. Bedtime is usually best.
- > Treatment is difficult during the monthly menstrual period but still necessary.
- > Finish the full treatment course even if the symptoms clear up quickly.
- > Vaginal candidiasis is not sexually transmitted, however, fungal infections on the penis may be transmitted.
- > Vaginal creams/pessaries can damage condoms and diaphragms; discuss using other forms of contraception with your health professional.
- > Take precautions to stop recurrences - once is usually quite enough!

Thrashing thrush

One of the simplest treatments is a single vaginal pessary of clotrimazole. There are other non prescription treatments available, please ask your women's health centre, pharmacist or doctor which would be best for you.



Anti Thrush Agents

| Chemical name | Trade name | Form ¹ | No of days ² |
|---------------|----------------|-------------------|-------------------------|
| Butoconazole | Gynazole – 1 | Cream | 1 |
| clotrimazole | Canesten | Cream or pessary* | 1, 3 or 6 |
| | Clofeme | Pessary | 1,6 |
| | Clozale | Cream | 3,6 |
| | Femizol | Cream | 3 |
| econazole | Pevaryl | Pessary | 3 |
| miconazole | Monistat | Cream | 3 or 7 |
| | Monistat | Pessary/Cream | 1 |
| | Resolve thrush | Cream | 7 |
| nystatin | nilstat | Pessary/Cream | 14 |
| fluconazole | Diflucan | Oral tablet | 1 |
| | Canesoral | Oral tablet | 1 |

1. Cream may be used to treat partner(s).

2. Number of days depends on form and dose. Single doses contain higher concentrations and usually have the same effect as a smaller dose over a longer period.

If you keep getting thrush

- > Talk to your doctor, pharmacist or Women's Health Centre there may be some underlying cause in you or in your partner.
- > Sometimes you or your partner may need a course of tablets to clear the thrush and to stop reinfections of the vagina.
- > If you still get attacks despite all this, start treatment as soon as you get the symptoms – that way you will minimise your discomfort and you will get better quicker.

Once is enough

To stop recurrence:

- > manage your diabetes well
- > avoid wearing panty-hose or other tight fitting garments
- > wear cotton underpants (nylon keeps the moisture in)
- > dry the genital area after showering or swimming
- > always wipe yourself from front to back after going to the toilet
- > some oral contraceptive agents can make recurrence more likely
- > ask the doctor, pharmacist or Women's Health Centre whether your partner should also be treated.

Alternative information can be accessed from the Royal Adelaide Hospital Women's Health Centre or SHINE-SA, www.shinesa.org.au.

For more information

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