Thrush, vaginal

Treating vaginal thrush

If your symptoms of vaginal thrush are mild, your GP may recommend a short course of antifungal medicine, which is usually taken for 1 to 3 days. If your symptoms are more severe, you will need to take the treatment for longer.

Antifungal treatments for thrush can be taken by mouth (orally), or by inserting them into your vagina (intravaginal pessaries). Oral and intravaginal treatments have been found to be equally effective in treating thrush. Around 80% of women are successfully treated.

Topical creams can treat sore parts of the vulva (the external sexual organs).

In all cases of thrush, go back to your GP if your symptoms have not cleared up after treatment.

Oral antifungal treatment

Oral antifungal treatment is usually recommended for 12 to 16-year-old girls who have vaginal thrush. It is not suitable if you are pregnant or breastfeeding (see below). The two oral antifungal treatments that are usually prescribed are fluconazole or itraconazole.

Oral antifungal treatments can cause side effects, including:

- nausea (feeling sick)
- vomiting
- headache
- diarrhoea
- flatulence (wind)
- constipation (being unable to empty your bowels)
- bloating
- an upset stomach

Intravaginal pessaries

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Intravaginal pessaries that are often prescribed for thrush include:

- clotrimazole
- econazole
- miconazole

Intravaginal pessaries do not cause as many side effects as oral antifungal treatments, but they can:

- be awkward to use
- cause a mild burning sensation, slight redness, or itching
- damage latex condoms and diaphragms, so use another form of contraception while using intravaginal pessaries

**Pregnant and breastfeeding women**

If you are pregnant or breastfeeding, do not use any medication that is available over-the-counter (OTC) in a pharmacy. Instead, visit your GP.

You will not be prescribed oral antifungal treatment because it may affect your baby. You may be prescribed an intravaginal pessary, such as clotrimazole, econazole or miconazole, to be used for at least seven days.

If you are pregnant, take care when inserting a pessary, because there is a risk of injuring your cervix (the neck of the womb). To reduce the risk, you may prefer to insert the pessaries by hand instead of using the applicator.

If you have vulval symptoms, such as vulval soreness, you may also be prescribed a topical imidazole cream.

**Self help**

Some oral and topical medications that treat vaginal thrush are available over-the-counter (OTC) from your pharmacist, without a prescription. For example, fluconazole is available OTC as a single-dose tablet for treating thrush. These can be useful for treating thrush if you have had it before and it has returned.

However, if you have developed the symptoms of thrush for the first time, visit your GP in order to confirm the diagnosis. OTC treatments should not be used long-term without first seeking medical advice. If your symptoms have not improved within 7 to 14 days, visit your GP.

If you have thrush, as well as OTC treatments, there are self-help techniques that you can try. These include:
washing your vaginal area with water: avoid using perfumed soaps, shower gels, vaginal deodorants, or douches
not using latex condoms, spermicidal creams or lubricants if they irritate your genital area
not wearing tight-fitting, synthetic (man-made) clothes
wearing cotton underwear and loose-fitting clothes whenever possible.

Treating recurrent thrush

If you have recurrent episodes of thrush, your GP may run further tests to confirm the diagnosis and rule out other conditions (see female thrush - diagnosis). Your GP may suggest a longer course of antifungal treatment, or they may give you a prescription that you can use whenever the symptoms return.

Some research has suggested that a strategy known as ‘maintenance therapy’ can reduce the reoccurrence of thrush. Maintenance therapy involves taking an oral or intravaginal antifungal on a weekly or monthly basis for up to six months.

This has been found to reduce the reoccurrence of thrush during treatment. It may also help to protect against thrush even after treatment has stopped.

When to visit your GP

Some thrush treatments are available without a prescription. However, always see your GP if:

- this is the first time you have had thrush
- you are under 16 years of age or over 60 years of age
- you are, or may be pregnant
- you are breastfeeding,
- you have abnormal menstrual bleeding or blood-stained discharge
- you have lower abdominal (stomach) pain
- your symptoms are different from a previous episode of thrush, for example, if the discharge is a different colour or has a bad smell
- you have any vulval or vaginal sores, ulcers or blisters
- you have had two cases of thrush within the last six months, and you have not consulted a healthcare professional for more than a year
- you or your partner have previously had a sexually transmitted infection (STI),
- you have reacted badly to an antifungal treatment in the past, or they were ineffective
- the symptoms do not improve after 7 to 14 days

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