



Thrush and Bacterial vaginosis

Looking after *your* sexual health

Thrush is an infection that is caused by a yeast fungus. It is not a sexually transmitted infection but can sometimes develop after you have had sex. Thrush can develop in the vagina and on the male and female genitals. It is a very common cause of unusual vaginal discharge – three out of four women will have thrush at some point in their lives. Most men will **not** get thrush.

Bacterial vaginosis is the most common cause of unusual vaginal discharge which develops when the normal environment of the vagina changes. One in three women will get it at some time. It is not a sexually transmitted infection but can develop after you have had sex. Men do **not** get bacterial vaginosis.

This booklet gives you information about thrush and bacterial vaginosis, what you can do if you are worried that you might have either or both infections and how to get treatment.



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Thrush

What is thrush?

Thrush is usually caused by the yeast fungus *candida albicans*. This yeast lives harmlessly on the skin and in the mouth, gut and vagina. Normally it is kept under control. Occasionally, however, conditions change and signs and symptoms can develop. This is commonly known as thrush, thrush infection or candida, and sometimes as monilia. In this booklet we use the term thrush. This booklet tells you about thrush that develops in the vagina and on the male and female genitals.

What causes thrush to develop?

Your chances of developing thrush increase if you:

- are pregnant
- wear tight clothing (such as tight jeans) or synthetic clothing (such as nylon underwear) that prevents ventilation
- are taking certain antibiotics

- are having chemotherapy
- have uncontrolled diabetes, HIV or other illnesses that affect your immune system
- use products that may cause irritation of the vagina, such as vaginal deodorant or too much perfumed bubble bath.

Stress may also be a factor for some people.

What are the signs and symptoms of thrush?

Some people will not have any signs or symptoms at all, and may not be aware they have thrush. If you do get symptoms you **might** notice:

Women


- Itching, soreness and redness around the vagina, vulva (the lips around the opening to the vagina) or anus (the opening to the rectum).
- Unusual, white discharge from the vagina that may be thick and look like cottage cheese. It sometimes smells yeasty.
- Pain when passing urine.
- Pain when having sex.

Men

- Irritation, burning or itching under the foreskin or on the tip of the penis.
- Redness, or red patches, under the foreskin or on the tip of the penis.
- A thin or thicker discharge, like cottage cheese, under the foreskin which sometimes smells yeasty.
- Difficulty in pulling back the foreskin.

How will I know if I have thrush?

If you think that you may have thrush you can speak to your doctor, nurse or pharmacist. Thrush



is not a sexually transmitted infection but it is important that you don't delay seeking advice if you think you may have been at risk of a sexually transmitted infection.

⊙ What does the test involve?

Women

A doctor or nurse may:

- look at the vagina and genital area
- use a swab to collect a sample of cells from the vagina, during an internal examination.

You may be asked to use a swab or tampon yourself to get a sample.

Men

A doctor or nurse may:

- look at the penis and genital area
- use a swab to collect a sample of cells from the genital area including under the foreskin.

A swab looks a bit like a cotton bud, but is smaller, soft and rounded. The swab is wiped over the parts of the body that could be affected and easily picks up samples of discharge and cells. It only takes a few seconds and is not usually painful, though it may be uncomfortable for a moment.

Samples taken during the examination are looked at under a microscope to check for thrush. Sometimes the result is available immediately. If the sample is sent to a laboratory for testing, the result is usually available within a week.

Sometimes thrush signs will be noticed during a cervical screening test, but you will only need treatment if you have problems with discharge

or itching. Routine blood tests do **not** detect infections such as thrush.

⊙ How accurate are the tests?

Tests for thrush are usually very accurate in women. They are less accurate in men, so diagnosis in men is often made by looking at the penis and genital area.

⊙ Where can I get a test?

You can have a test as soon as you have signs and symptoms. There are a number of services you can go to. Choose the service you feel most comfortable with.

A test can be done at:

- a genitourinary medicine (GUM) or sexual health clinic
- your general practice
- some contraception clinics and young people's services.

For information on how to find a service see Helplines and websites on the back cover.

⊙ What is the treatment for thrush?

Treatment is simple for both men and women and is only necessary if you have signs and symptoms of thrush.

- You may be given some antifungal cream, pessaries, pills or a combination. The doctor or nurse will advise you how to use the treatment. The cream is applied to the genital area. A pessary is usually an almond-shaped tablet which a woman puts high up into her vagina.
- You can also buy some antifungal treatments from a pharmacy – these are useful if you are sure you have thrush and want to treat yourself. The

pharmacist will be able to advise if you have any questions, or are unsure how to use the treatment.

- It is very important to take the treatment as instructed and finish any course of treatment even if the symptoms go away earlier.
- Some antifungal products can weaken **latex** condoms, diaphragms and caps. Polyurethane types can be safely used. Ask the doctor, nurse or pharmacist for advice.
- Do tell the doctor, nurse or pharmacist if you are pregnant, or think you might be, or you are breastfeeding. This will affect the type of treatment that you are given.
- Some women find that complementary therapies, such as bathing the genital area with diluted tea tree oil gel or live plain yoghurt, may help relieve the symptoms of vaginal thrush.

⦿ **How effective is the treatment?**

- Antifungal cream, pessaries or pills are usually effective if you use them according to instructions. Symptoms should disappear within a few days.
- If the first treatment doesn't work, the doctor or nurse may suggest another test or a combination of treatments.

⦿ **Do I need to have a test to check that the thrush has gone?**

No, this is not usually necessary. However, you may wish to go back to the doctor or nurse if:

- you did not use the treatment as instructed
- the signs and symptoms did not go away
- you think you may have thrush again.

⦿ **Some situations seem to make my thrush worse, is there anything I can do?**

Some women find different triggers cause vaginal thrush. If you notice a pattern, you may be able to help control it. For example:

- Avoid wearing tight, restrictive or synthetic clothing, such as tights, nylon underwear, leggings, lycra shorts, and tight jeans or trousers.
- Make sure the vagina is well lubricated before sexual intercourse.
- Women should wash and wipe the genital area from front to back.

Men and women should also try and avoid perfumed soap, bubble bath, genital sprays and deodorants, and any other irritants such as disinfectants and antiseptics.

If you are prescribed an antibiotic for another condition, remind your doctor that you tend to get thrush and ask for some treatment for thrush at the same time.

⦿ **I get thrush regularly, is there anything that can help?**

Some people may only get one episode of thrush – others may get repeat episodes. If you have four or more episodes of thrush in a year, this is known as recurrent thrush. If this happens, it is important to get medical advice and not to treat yourself. If you get recurrent thrush the doctor or nurse:

- will want to check that other conditions, such as diabetes, are not the cause of the thrush
- may suggest that you take antifungal treatment on a regular basis
- may check that the thrush is not being caused

by a different kind of yeast

- will help you try and identify any thrush triggers (see page 9).

⦿ What happens if thrush isn't treated?

For many women and men thrush goes away by itself.

⦿ Will my partner need treatment?

There is no need for your partner to have any treatment unless they have signs and symptoms.

⦿ If I have thrush, will it affect my chances of getting pregnant?

There is no evidence that thrush will affect your chances of getting pregnant.

⦿ What happens if I get thrush when I'm pregnant?

Thrush can occur as a result of pregnancy. It is not harmful to you or the baby. It can be safely treated using pessaries or creams but you should **not** take oral tablets if you are pregnant. Always get advice before taking any treatment if you are pregnant.

⦿ Does thrush cause cervical cancer?

There is no evidence that thrush causes cervical cancer.

⦿ Bacterial vaginosis

⦿ What causes bacterial vaginosis?

The cause of bacterial vaginosis – sometimes called BV – is not really understood. In women who have bacterial vaginosis you find:

- less of the normal vaginal bacteria (lactobacilli)
- an overgrowth of other types of bacteria in the vagina
- a change in pH (acid/alkaline balance) of the vagina with the vagina becoming more alkaline.

⦿ How do you get bacterial vaginosis?

Bacterial vaginosis can occur if you:


- use scented soaps or perfumed bubble bath
- put antiseptic liquids in the bath
- douche or use vaginal deodorant
- use strong detergents to wash your underwear
- smoke.

Hormonal changes during the menstrual cycle, semen in the vagina after sex without a condom, an intrauterine contraceptive device and genetic factors may also play a part.

Bacterial vaginosis is not a sexually transmitted infection, but women who are sexually active and have had a change of partner are more likely to have it, including women in same sex relationships.

⦿ What are the signs and symptoms of bacterial vaginosis?

Around half of women with bacterial vaginosis will not have any signs and symptoms at all, or may not be aware of them. If you do get symptoms you



might notice a change in your usual vaginal discharge. This may increase, become thin and watery, change to a white/grey colour and develop a strong, unpleasant, fishy smell, especially after sexual intercourse. Bacterial vaginosis is not usually associated with soreness, itching or irritation.

⦿ **How will I know if I have bacterial vaginosis?**

If you think you may have it talk to a doctor or nurse who might recommend a test if you have the signs and symptoms. You may notice these yourself or they may be noticed by a doctor or nurse during a vaginal examination.

Some women may also be offered a test during pregnancy and before some gynaecological procedures or an abortion.

Bacterial vaginosis is not a sexually transmitted infection but it is important that you don't delay getting advice if you think you may have been at risk of a sexually transmitted infection.


⦿ **What does the test involve?**

A doctor or nurse will look at any vaginal discharge and use a swab or a small plastic loop to collect a sample of cells from the walls of the vagina, during an internal examination. A swab looks a bit like a cotton bud, but is smaller, soft and rounded.

The swab or loop is wiped over the parts of the body that could be affected and easily picks up samples of discharge and cells. It only takes a few seconds and is not usually painful, though it may be uncomfortable for a moment.

The pH (alkaline/acid balance) of the vagina may be measured by wiping a sample of vaginal discharge over a piece of specially treated paper.

Samples taken during the examination are



looked at under a microscope to check for bacterial vaginosis. In some services, the result is available immediately. In others a sample is sent to a laboratory, and the result is usually available within a week.

Sometimes bacterial vaginosis is noticed during a cervical screening test, but you will only need treatment if you have problems with discharge. Routine blood tests do **not** detect infections such as bacterial vaginosis.

⦿ **How accurate are the tests?**

Tests for bacterial vaginosis are usually accurate. The doctor or nurse will discuss your test results with you.

⦿ **Where can I get a test?**

You may be offered a test as soon as you have signs or symptoms for the doctor or nurse to check. There are a number of services you can go to. Choose the service you feel most comfortable with.


A test can be done at:

- a genitourinary medicine (GUM) or sexual health clinic
- some general practices; (ask a doctor or practice nurse)
- some contraception clinics and young people's services.

For information on how to find a service see Helplines and websites on the back cover.

⦿ **What is the treatment for bacterial vaginosis?**

- Treatment for bacterial vaginosis is simple and involves taking antibiotic tablets. There are several different antibiotics that can be used.




These are taken either as a single dose or a longer course (up to one week).

- You may be given a cream or gel instead. You will need to use this in the vagina for 5–7 days.
- The doctor or nurse will advise you how to use the treatment. If you are given the antibiotic metronidazole, either as tablets or a vaginal gel, you will be advised not to drink alcohol during the treatment and for 48 hours afterwards. This is because it reacts with alcohol and can make you feel very unwell.
- Some creams can weaken **latex** condoms, diaphragms and caps. Polyurethane types can be safely used. Ask the doctor or nurse for advice.
- The antibiotic tablets that are used to treat bacterial vaginosis may interact with hormonal contraception containing estrogen and progestogen, for example, the combined oral contraceptive pill and the contraceptive patch. Tell the doctor or nurse if you are using these methods and they can advise you what to do.
- Do tell the doctor, nurse or pharmacist if you are pregnant, or think you might be, or you are breastfeeding. This will affect the type of treatment that you are given.
- There is currently no evidence that complementary therapies can cure bacterial vaginosis.

⦿ **How effective is the treatment?**

Treatment is very effective if it is used according to the instructions.

It is quite common for bacterial vaginosis to return, and some women get repeated episodes.



⦿ **Do I need to have a test to check that the bacterial vaginosis has gone?**

You only need another test if:

- signs and symptoms don't go away
- signs and symptoms come back
- you are treated for bacterial vaginosis in pregnancy.

⦿ **What happens if bacterial vaginosis isn't treated?**

For many women bacterial vaginosis goes away by itself. However, there is some research to suggest that women with bacterial vaginosis may be at a higher risk of having pelvic inflammatory disease (PID) or getting HIV.

⦿ **What can be done if bacterial vaginosis keeps coming back?**

We don't know why bacterial vaginosis keeps recurring in some women. There is no agreed preferred way of treating recurrent infection. Some women may be given a course of antibiotic gel to use over a number of months. Other women may be given antibiotic tablets to use at the start and end of their period. There is currently no evidence that the use of live yoghurt or lactobacillus acidophilus (available over the counter) is helpful.

⦿ **Does my partner need treatment?**

Men don't get bacterial vaginosis so male partners do not need treatment. Female partners should get advice from a doctor or nurse about whether they need treatment.

⦿ **Will bacterial vaginosis affect my chances of getting pregnant?**

There is no evidence that bacterial vaginosis will affect your chances of getting pregnant.

⦿ What happens if I get bacterial vaginosis when I'm pregnant?

Bacterial vaginosis may cause problems with a pregnancy. The infection has been found in some women who have had a miscarriage, a premature birth or a low birth weight baby.

Bacterial vaginosis can safely be treated when you are pregnant and when you are breastfeeding – this won't harm the baby, but do tell the doctor or nurse that you are pregnant. This will influence the type of treatment that you are given.

Pregnant women who have had a previous premature birth will usually be offered a test for bacterial vaginosis.

⦿ Does bacterial vaginosis cause cervical cancer?

There is no evidence that bacterial vaginosis causes cervical cancer.

⦿ General information

⦿ How can I protect myself from sexually transmitted infections?

It is possible to get a sexually transmitted infection by having sex with someone who has an infection. This is possible even if they have no symptoms. The following measures will help protect you from most sexually transmitted infections including HIV, chlamydia and gonorrhoea. If you have a sexually transmitted infection without knowing it they will also help prevent you from passing it on.

- Use condoms (male or female) every time you have vaginal or anal sex.
- If you have oral sex, cover the penis with a condom or the female genitals and male and female anus with a latex or polyurethane (soft plastic) square.
- If you are not sure how to use condoms correctly visit www.fpa.org.uk for more information or call fpa's helpline (see page 18).
- Avoid sharing sex toys. If you do share them, wash them or cover them with a new condom before anyone else uses them.

⦿ When should I have a test for a sexually transmitted infection?

If you or your partner think you may have a sexually transmitted infection it is important that you don't delay in getting a test.

You may wish to have a test if:

- you or your partner have or think you might have symptoms

- you have recently had unprotected sex with a new partner
- you or your partner has had unprotected sex with other partners
- during a vaginal examination your doctor or nurse says that the cells of the cervix are inflamed or there is a discharge
- a sexual partner tells you they have a sexually transmitted infection
- you have another sexually transmitted infection
- you are pregnant or planning a pregnancy.

Don't delay seeking advice – clinics don't mind doing sexual health check-ups (see pages 7 and 13).

⊙ Will I have to pay for tests and treatment?

All tests are free through NHS services. Treatment is also free, unless you go to your general practice when you may have to pay a prescription charge for the treatment.

⊙ Where can I get more information and advice?

Call **sexual health direct**, run by **fpa**, for confidential information and advice on all sexually transmitted infections, contraception, pregnancy choices, abortion and planning a pregnancy. We can also give you details of sexual health services and a wide range of booklets, including a guide to male and female condoms.

fpa helplines

England

0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

0845 122 8687

9am to 5pm Monday to Thursday

9am to 4.30pm Friday

or visit **fpa's website** www.fpa.org.uk

Details of clinics can be found in your local directory under sexual health, genitourinary medicine (GUM) or sexually transmitted infections (STIs).

⊙ Using a service

- Wherever you go, you shouldn't be judged because of your sexual behaviour.
- All advice, information and tests are free. All services are confidential.
- All tests are optional and should only be done with your permission.
- Ask as many questions as you need to – and make sure you get answers you understand.
- The staff will offer you as much support as you need, particularly if you need help on how to tell your partner.



Helplines and websites

- Call **sexual health direct**, run by **fpa** on 0845 122 8690 for confidential information and advice on sexually transmitted infections, contraception, pregnancy choices, abortion and planning a pregnancy or visit **www.fpa.org.uk**.
- For confidential information about sexually transmitted infections, sexual health or where to find local services call the **Sexual Health Line** on 0800 567 123. Textphone 0800 521 361. Lines are open 24 hours a day.
- Visit **www.condomessentialwear.co.uk** and **www.ssha.info** (Society of Sexual Health Advisers).
- Young people under 25 can also call **Brook** on 0800 0185 023 or visit **www.brook.org.uk**.
- Call **NHS Direct** on tel: 0845 46 47 (NHS 24 in Scotland, tel: 0845 4 24 24 24).
- **A final word**
The information in this booklet is based on evidence-based guidance produced by The British Association of Sexual Health and HIV (BASHH). Different people may give you different information and advice about certain points.



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