

Women's Health

Wednesday, December 3, 2014
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Learning Objectives:

- bacterial vaginosis (BV) vs. vulvovaginal candidiasis (VVC) vs. Trichomoniasis (T)
- etiology, risk factors, protective factors, complications of BV, VVC, T
- signs/symptoms of a trophic vaginitis
- exclusions for self-treatment
- mechanism, onset, duration, adverse effects, administration of imidazoles
- counseling vaginal disorders
- non-prescription treatments (or drugs) for self-treatment of a vaginal disorder

Epidemiology

- vaginal symptoms = most common concern for women
- 65% vaginal symptoms: BV, VVC, T

Normal Flora

90-95%	5-10%
Lactobacillus	Corynebacteria Streptococcus Staphylococcus epidermidis Gardnerella vaginalis Peptostreptococcus Bacteroides

*20% of women can isolate E.coli or C.albicans without an active infection

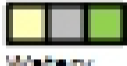


Vaginal Environment

Normal Ecosystem:

- #/type organisms
- pH
- glycogen

Influenced by:

- hormones
- age
- disease
- meds
- douching
- # sex partners

	BV	T	VVC "yeast"
Discharge	 Wetery	 Frothy	 Thick "cheesy"
Odor	Bad ^a	Bad ^a	---
Symptoms	Irritation Dysuria (itching) Wetness	Irritation Dysuria Itching Edema Erythema	Itching Edema Erythema *if there is a bad odor --> doctor
	young, sex		
Organisms	- polymicrobial - normal flora - anaerobes - G. vaginalis - ↓ Lactobacilli	- Trichomonas vaginalis	- C. albicans (80-92%) - C. glabrata - C. tropicalis - Saccharomyces
Protective Factors	condoms hormones	condoms	
Risk Factors	- new partner - oral sex - IUD - douching - tobacco - black - postpartum	- new partner - multiple partners - NO condoms - other STDs	- antibiotics - oral sex - IUD - tight pants - antibiotics - immunosuppressants, steroids, antineoplastic
Complications	<u>HIV transmission</u> <u>+ Pregnancy:</u> - ↓ birth weight - premature labor <u>Infections:</u> - PID - UTI - Cervicitis - Endometriosis	<u>HIV transmission</u> <u>+ Pregnancy:</u> - ↓ birth weight - tubal infertility	<u>Infections</u>
Pathophysiology			- ↑ Glycogen (Pregnancy, Estrogen, DM) - ↑ risk of infection (immunosuppressants, steroids, antineoplastic) - ↓ normal flora (antibiotics) - warm, moist environment
Treatment			<u>Imidazoles</u> (-azoles) = antifungal - <u>routes:</u> creams/suppositories/tabs - <u>dose options:</u> 1/3/7 day - <u>mechanism:</u> fungi permeability (inhibits CYP450) - <u>onset:</u> 2-3 days - <u>duration:</u> 1 week - <u>side effects:</u> - itching/burning/irritation - cramps - penile irritation - allergic rxn - headache <u>OTC</u> (Vagisil, YeastGuard) = benzocaine + hydrocortisone

*creams = minimal absorption

Uncomplicated VVC	Complicated VVC
- infrequent (1 every couple of years) - mild-moderate	- frequent (≥4/yr) - severe - other illness

Exclusions for Self-Treatment:

- pregnant/breastfeeding
- <12
- fever/pain (lower abdomen, back, shoulder)
- meds (immunosuppressants, steroids, antineoplastic)
- illnesses (DM, HIV)
- frequent (≥4/yr)

- symptom relief, not cure

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Noninfectious Conditions (Allergic Rxn)


- latex
- spermicides
- lube
- anesthetics
- douches
- tampons
- soaps

Douching

Side Effects:

- irritation
- interferes w/spermicides
- normal flora imbalance
- PID, ↓ fertility, ectopic pregnancy

Atrophic Vaginitis (↓ Estrogen+Atrophy)

Etiology	10-40% postmenopause (20-25% seek tx)
Pathophysiology	- ↓ Estrogen (menopause, postpartum, breastfeeding) - Dyspareunia (→ bleeding)
Symptoms	 - watery - irritation - dryness/dyspareunia - itching/burning
Exclusions for Self-Treatment	- moderate-severe - outside of vagina - bleeding
Treatment	*symptom relief, not cure - lube (NO vaseline)

DYSPAREUNIA - painful sex