

4. Recurrent thrush

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Recurrent thrush may be suitable to be managed in the community. Has the patient been examined to exclude local lesions/causes? Has a high vaginal or vulval swab been taken for culture and sensitivity? Recurrent thrush is defined as four or more symptomatic episodes in one year, with at least 2 episodes confirmed by microscopy or culture.

Consider risk factors e.g. recent antibiotic use, local irritants (soaps, shower gels, hair removing creams, wipes, urinary incontinence), diabetes mellitus, immunosuppressed states, pregnancy, use of COCP/other hormones including IUS and topical oestrogen, use of SGLT2 inhibitors.

Self-help:

- Avoid precipitating factors – e.g. tight-fitting clothes/non breathable clothing
- Recommend loose fit cotton/breathable fabric
- Avoid all potential irritants e.g. soaps, shower gels, wipes, feminine products, hair removal and douching
- Maintain barrier function of vulval skin with a regular emollient

Standard primary treatment: (wait for response for 14 days)

- Fluconazole 150mg oral capsule single dose
- Clotrimazole 500mg intravaginal pessary single dose

If still persistent and meet the criteria for recurrent thrush, repeat swab and request sensitivities.

If fluconazole-sensitive, try first line treatment for recurrent thrush:

- 3 doses of fluconazole, 150 mg every 72 hours
- Followed by a maintenance dose of Fluconazole 150 mg once weekly for 6 months

If non-albicans and azole-resistant candida:

- Treat according to sensitivities and BASHH (2019)

Refer if:

- The patient is under 15
- Diagnosis is unclear
- The above-described treatment is ineffective
- There is a lesion that may require a biopsy/review
- Non-albicans *Candida* species or azole-resistant *Candida* identified and treatment according to sensitivity is ineffective.
- Refer (to vulval clinic) if non-albicans candida, or azole-resistant candida identified

Relevant guidance:

[Scenario: Recurrent infection | Management | Candida - female genital | CKS | NICE](#)
[Vulvovaginal Candidiasis: Management \(medscape.co.uk\)](#)

[Vulvovaginal Candidiasis 2019 | BASHH](#)

<https://hexi.ox.ac.uk/Recurrent-Vulvovaginal-Thrush/overview>

Patient resources:

[Treating Recurring Yeast Infections \(Vaginal Thrush\) \(patient.info\)](#)

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]