



Over-the-counter vaginal preparations

Lynn Lambert, BPharm
Amayeza Information Services

Over-the-counter (OTC) medicines offer patients the convenience of being actively involved in self-treatment of certain illnesses. This article gives an overview of the vaginal preparations available OTC. Women who have previously suffered a similar vaginal infection or condition may therefore

be able to manage a repeat episode. It is however important to refer women with a first-time infection or new symptoms to the doctor.

OTC vaginal preparations for vaginal infections

Most cases of vaginal infection are uncomplicated and may be effectively treated using OTC antifungal preparations available as intravaginal pessaries, creams or gels for mild to moderate symptoms and infrequent episodes as outlined in Table 1.

Table 1: OTC preparations for vaginal infections

Vaginal thrush	
Vaginal yeast infections, also known as vaginal thrush, are a common problem in women and are caused by the overgrowth of <i>Candida</i> (a yeast) in the vagina. <i>Candida albicans</i> is most often the cause of vaginal thrush. However, other types of <i>Candida</i> may also cause vaginal thrush and may be more difficult to treat.	
Active ingredient	Indication
<i>Imidazoles</i> ("azoles") <ul style="list-style-type: none"> • Clotrimazole • Miconazole • Econazole • Fenticonazole 	All imidazole-containing antifungal vaginal preparations are equally effective in treating vaginal thrush. Depending on the product, the treatment duration could be as short as a single dose or used daily for six days. Imidazoles can cause a burning sensation and may be less tolerable if the vulva is inflamed.
<i>Nyastatin</i>	Although nyastatin cream is not as effective as the imidazoles, it appears to be better tolerated. Nyastatin is also more effective against non- <i>albicans</i> species of <i>Candida</i> , e.g. <i>C. glabrata</i> , and is regarded as a more suitable option for those with recurrent infections or for those who may not tolerate an imidazole. Treatment of vaginal thrush with nyastatin is a 14-day course.
Vaginitis	
<i>C. albicans</i> can also cause another type of infection common in women, called vaginitis. In some cases, vaginitis may be due to a sexually transmitted infection (STI) caused by a protozoa (parasite) called <i>Trichomonas vaginalis</i> .	
Active ingredient	Indication
<i>Povidone-iodine</i>	Povidone-iodine gel is a broad-spectrum local antiseptic having bactericidal and fungicidal properties indicated for the treatment of vaginitis caused by <i>Candida albicans</i> , <i>Trichomonas vaginalis</i> , non-specific vaginal infections and mixed vaginal infections. It is recommended to be used at night, followed by vaginal douche in the morning. Treatment is recommended to continue for two weeks.
Bacterial vaginosis	
Bacterial vaginosis (BV) typically occurs when there is an overgrowth of bacteria such as <i>Gardnerella vaginalis</i> in the vagina. Patients should be referred to their doctor for diagnosis and treatment which may include oral and/or topical antibiotics.	
Active ingredient	Indication
<i>Metronidazole</i>	Intravaginal metronidazole gel is indicated for bacterial vaginosis, including vaginosis caused by <i>G. vaginalis</i> . It is recommended for use at night for five days.

Table 2: Oestrogen-containing intravaginal creams available OTC in South Africa

Vaginal atrophy	
Vaginal dryness, medically known as vaginal atrophy, is a condition that most often affects post-menopausal women. After menopause, vaginal dryness and other symptoms affecting the vagina and urinary tract may occur due to the ovaries producing less oestrogen. Other symptoms of menopause such as hot flushes and night sweats usually resolve with time. However, vaginal dryness is progressive and frequently requires treatment.	
Active ingredient	Indications
<i>Conjugated oestrogen</i>	Intravaginal conjugated oestrogen cream should be administered in a cyclic manner (daily for 21 days, followed by no treatment for seven days).
<i>Oestriol</i>	Oestriol vaginal cream should be administered intravaginally before going to bed. The recommended dose is one application per day for two to three weeks, followed by a maintenance therapy of one application twice per week.

OTC vaginal preparations for vaginal atrophy

The International Menopause Society recommends the use of local vaginal oestrogen therapy as the preferred option to treat postmenopausal vaginal atrophy since small doses of locally applied oestrogen have been shown to be effective. In South Africa, oestrogen-containing intravaginal creams are available OTC, as indicated in Table 2.

Practical points

- Patients should be advised that the oils in some of these preparations may weaken latex-based condoms (not diaphragms).
- It is important for these products to be used correctly and patients should therefore be encouraged to follow the manufacturer's instructions.
 - Intravaginal preparations include a special applicator that should be used for application and which are recommended to be used at night, just before going to bed, unless otherwise prescribed. For an intravaginal preparation, the applicator should be filled with either the cream, gel or pessary. The patient should be advised to lie on her back, with knees bent. The applicator should be gently inserted into the vagina and the plunger pushed to insert the medication.
- The treatment course should be completed as directed, even if symptoms resolve before the treatment duration is over.
- Patients should be referred to the doctor if symptoms persist despite treatment.

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