The hidden health conditions millions of women suffer from but no-one wants to talk about...

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- Few women have heard of bacterial vaginosis (BV) though it is common
- Unbeknown to many women, it can increase the risk of contracting an STI
- Around 75% of women will also experience vaginal thrush in their lifetime
- Some have recurrent episodes causing itching, pain and embarrassment
- Here, leading experts reveal the causes and various treatments available

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Imagine. You are on a two-week walking tour in Thailand and the unthinkable happens. An episode of vaginal thrush hits like a tsunami. Every step is agonising and it's hard to resist the urge to scratch your genitals incessantly.

To make it worse, your tour guide is a male with limited English and there is no pharmacy within a day's walk.

This is how Debra (not her real name) described her extreme experience to me at a consultation.

Thrush and bacterial vaginosis are common conditions with often debilitating symptoms, yet they are not widely discussed, according to experts (file photo)

Debra's may sound like an extraordinary circumstance, yet women with vaginal thrush can suffer extraordinarily, no matter where they are at the time.

Although most women will have experienced one or more episodes of uncomplicated thrush that results in temporary discomfort, some suffer from recurrent episodes.

The persistent physical symptoms of these can be shameful and often debilitating.

UNCOMPLICATED THRUSH

Uncomplicated thrush is common - about 75 per cent of women will have vaginal thrush in their lifetime.

Thrush is caused by a fungal infection (Candida albicans) that lives in the vagina, often without causing symptoms.

Why some women develop symptoms is unclear.

When symptoms do occur, they include itching, burning and a 'cottage cheese-like' discharge.

Three-quarters of women will suffer from vaginal thrush in their lifetime with symptoms usually occurring during a woman's reproductive years, experts say (file photo)

Vaginal thrush mostly occurs during a woman's reproductive years.

It is uncommon before her first menstrual cycle and after menopause (when periods cease), so hormones are likely implicated.

Many have thrush at a particular time of the month, specifically before menstruation.

It also often occurs following a course of antibiotics and is common in women with diabetes.

Medications are available without a prescription so many women treat themselves.

Treatment consists of anti-fungal creams or vaginal tablets, which are put inside the vagina with a special applicator.

There is also the choice of oral tablets, which are more expensive and not recommended for pregnant women.

But it's important that women see their doctor if these treatments don't work or symptoms recur.

Recurrent thrush is when someone is diagnosed with four or more episodes in a year

This is because they may be suffering from an entirely different infection, which requires different treatment.

Although women can effectively be treated with medications available over the counter, there are about 5 per cent for whom the symptoms recur or never go away.

RECURRENT THRUSH

Recurrent thrush refers to four or more diagnosed episodes of vaginal thrush within 12 months.
Because the four episodes have to be identified with a swab test, research into this area is difficult and costly.
Compared with research into uncomplicated thrush, the published studies for recurrent thrush are few and of poorer quality.
No research so far has found a cure that works for all women.
This also means we don't know exactly how long women may go on having experiences of recurrent thrush.

Anecdotal evidence shows episodes can come and go for many years.
For people like Debra, who forgot to pack 'emergency supplies' before her trip, recurrent thrush can cause relentless itching, constant pain and embarrassment.

Some women need to take time off work. Others find their self-esteem and confidence suffers when the condition flares up.
Some women may find sexual intercourse extremely painful and others have attributed relationship difficulties or breakdown to the condition.
Many have reported frustration about seeing doctors who 'fob them off', advising them to take another course of anti-fungal treatment, or telling them that they just have to 'put up with it'.

Thrush is caused by a fungal infection, candida albicans (pictured) that lives in the vagina, often without causing symptoms. When symptoms do occur, they include itching, burning and a different discharge

RECOMMENDED TREATMENTS

Some women benefit from long-term treatment, but relief remains elusive for others.
The only treatment of recurrent thrush supported by a large study is 'suppression and maintenance' therapy.

Symptoms are suppressed with a high dose of anti-fungal treatment followed by a maintenance dose (weekly or monthly) for up to six months to prevent remission.

Depending on where someone is based in the world, buying the treatments regularly can add up.
Treatment is often inconsistent between practitioners. This perhaps reflects the lack of confidence in available guidelines, based on the above study.

Natural remedies like yoghurt can soothe the itching but there is no strong evidence to support its use
Some women are reluctant to take anti-fungal medications for long periods, as they can have some side-effects, including abdominal pain. Because of this and the expense, many turn to alternative therapies to combat thrush.

ALTERNATIVE TREATMENTS

Although some women may find the folk remedy of yoghurt soothing, there is no strong evidence to support its use.
Some recommend formulations such as aci-gel or vinegar to restore the

normal pH of the vagina.
But contrary to popular belief, the vaginal pH of women with thrush is usually normal.

There is no strong evidence to support the effectiveness of yoghurt for thrush.
Other natural treatments include tea tree oil and garlic.
But using tea tree oil can lead to nasty allergic reactions, while garlic can burn.
Sometimes simple remedies such as ice packs applied to the area for up to ten minutes can bring relief.

As alternative treatments, doctors usually recommend cotton underwear and avoiding feminine hygiene products, if possible.
Seeing a health professional who understands the complexities of this condition can be helpful, along with setting realistic expectations about management.

Some hospitals have specialised vulval disorders clinics that women can attend with a doctor's referral.
It is impossible to predict how long persistent thrush may last for individual women, but the good thing is most will respond to long-term therapy, and it will eventually ease.

WHAT IS BACTERIAL VAGINOSIS?

Few have heard of bacterial vaginosis (BV) although it's a relatively common condition.
Symptoms include a watery, milky discharge and fishy odour coming from the vagina.

Women with BV are more likely to get sexually transmitted infections (STIs) – such as chlamydia, gonorrhoea and herpes – and to transmit or acquire HIV.
Women with BV are more likely to get sexually transmitted infections (STIs) – such as chlamydia, gonorrhoea and herpes – and to transmit or acquire HIV. It can also lead to miscarriages (file photo)

They are more likely to develop pelvic inflammatory disease, a painful condition that can result in infertility.
Pregnant women with BV are more likely to suffer miscarriages and deliver premature and low birth-weight babies.

Studies have shown women's self-esteem, sexual relationships and quality of life suffer significantly from this infection.
Women have reported BV symptoms make them feel embarrassed, 'dirty' and concerned others may be able to detect their odour.

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Many women with BV symptoms think they are experiencing thrush, and commonly report being treated for this.

But BV doesn't cause itching and there is often a noticeable fishy odour.
Improper treatment for this condition leads to persistent symptoms, frustration and distress.

WHY BV IS HARD TO TREAT

Bacterial vaginosis is caused by groups of bacteria.

This makes it different from other genital infections, such as chlamydia and gonorrhoea, where one bacterium is responsible.

While the cause of BV remains the subject of ongoing research, we do know there is a marked disruption of the vaginal bacterial community in women with BV compared to those with a healthy vaginal state.

BV is associated with a decreased number of good bacteria, known as lactobacilli, and an increase in bad bacteria.
Lactobacilli dominate the healthy vagina, fighting bad bacteria and other other disease-causing agents.

Latest research into the bacterial profile of the vagina has suggested that as well as this imbalance, women with BV have a bacterial biofilm on their vaginal wall.

Pregnant women with BV are more likely to suffer miscarriages and deliver premature and low birth-weight babies (file photo)
This is a kind of network and scaffolding of bacteria that cause cells to stick to each other.

The biofilm blocks the body's defence mechanisms and protects bacteria against antibiotics which have difficulty penetrating the biofilm.
Current treatment guidelines include seven days of either oral antibiotic tablets or the insertion of a vaginal antibiotic cream for seven nights.
These antibiotics have 80 per cent to 90 per cent cure rates one month after treatment.

But more than half of treated women get BV back again within six months.

Bacterial vaginosis is caused by groups of bacteria, pictured, although why it occurs is still the focus of much research

No other treatment approaches (longer antibiotic regimens, combinations of different antibiotics or supplementing antibiotics with probiotics to try and restore the healthy vaginal bacterial balance) have resulted in a sustained, long-term cure.
This is likely due to the bugs causing BV persisting after treatment or because women are being reinfected by their partners.

SEXUAL TRANSMISSION

Trials between 1985 and 1997, where males were treated alongside their female partners, didn't consistently reduce BV recurrence rates.
These trials have since been shown as flawed and inconclusive.

Now there is mounting evidence to suggest sex is strongly linked with the acquisition of BV and its recurrence in treated women.
Studies have found women with male sexual partners who didn't use condoms were consistently more likely to have BV.

And women who have been treated and then re-exposed to the same partner were more likely to get their BV back.
Studies exploring bacterial communities on the penis have found BV-linked bugs under the foreskin and at the end of the urine tube.
These were more common in men whose partners had BV than in those whose partners didn't.

In African trials, female partners of circumcised males were found to have less BV than those of uncircumcised males.

Despite men not having associated symptoms, the data support the hypothesis that in treated women, sex with an untreated partner may be re-introducing the BV bugs responsible for high recurrence rates.
Other studies have shown women with female sexual partners were more likely to develop BV if they had more partners or a partner with BV.

Experts say there is mounting evidence to suggest sex is strongly linked with the acquisition of BV and its recurrence in treated women

WE NEED A CURE

The current state of BV treatment is unacceptable.
Despite mounting evidence of sexual transmission, treatment of male and female partners of women with BV is not recommended by international guidelines, based on the trials two decades ago.

There are few conditions where doctors know that more than 50 per cent of patients will be back with symptoms within six months.
This characteristic of BV highlights the importance of finding the cause of high reinfection rates.

Failure to find a single organism responsible for BV and the difficulty in establishing whether BV is sexually transmitted have all been significant barriers to making progress with a cure.
Experts are hopeful a cure will be found for BV but say a combination of approaches may be needed

A number of treatment strategies must be explored, include conducting well-designed clinical trials of partner treatment to see if eradicating the bacteria from women and their partners simultaneously (as we do

routinely for STIs such as chlamydia) improves the cure rate.

It is quite possible that no single strategy will eliminate BV in all women and that combinations of approaches may be needed; including using antibiotics with biofilm-disrupting agents and partner treatment. Drugs that disrupt biofilm are highly experimental, but will also be subject to clinical trials over the next few years and may prove essential in the fight to eradicate BY.

Read more: http://www.dailymail.co.uk/health/article-3439090/The-hidden-health-conditions-millions-women-suffer-no-one-wants-talk-about.html#ixzz408vd7d76
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