

HCP/Patient consultation guide

Discussing bacterial vaginosis with your patient

As you know, patients presenting with symptoms of a yeast infection may in fact be suffering from a different type of vaginitis, such as bacterial vaginosis or even an STD.¹ Even in cases where a patient has had vaginal yeast infections in the past, recurrent infections that are difficult to treat may be a sign of a more serious condition.¹

Many women feel that the presence of a vaginal infection reflects poorly on their personal hygiene. Whether it is due to this apprehension or because they want to relieve their symptoms as quickly as possible, women frequently skip an assessment by a healthcare provider, diagnose themselves, and attempt to treat their condition with an over-the-counter product.²

Unfortunately, many of these women actually have a different form of vaginitis from what they assume and don't get the treatment they need. Whether over the phone or in the office, women must understand the importance of a proper diagnosis and correct treatment.

Here are a few points to make to help put your patients at ease when initiating a discussion about vaginal health:

- Research shows that two-thirds of women misdiagnose and mistreat their condition—thinking they have a yeast infection when in fact they have a different kind of vaginal infection.²
- When women start experiencing an unusual vaginal discharge, many simply go to the local drugstore and pick up an over-the-counter yeast infection treatment, without first seeing a healthcare provider.
- In the US, vaginal infections are responsible for more than 10 million doctor visits each year, so to a healthcare provider, making a bacterial vaginosis diagnosis is routine.³
- Bacterial vaginosis *doesn't result from poor hygiene*—many other factors can cause bacterial vaginosis, and any woman can get it from a variety of common causes—so there's nothing to be embarrassed about.

How you can help

The office visit represents more than just the best way to properly diagnose and treat bacterial vaginosis from its outset; it's an opportunity to educate patients about the reasons they may have developed the condition, clear up any misconceptions they have about bacterial vaginosis and vaginal health, and inform them about ways they can prevent recurrence.¹

Utilize the other discussion guides in this section to present key points to cover when you discuss bacterial vaginosis and treatments with your patients.

For non-pregnant patients with BV

Clindesse[®] delivers efficacy and one-dose convenience^{4,5}

Provide your patients with fast symptom relief with the *only* approved BV treatment that offers convenient, one-time dosing for high patient satisfaction. Available in a premeasured, prefilled, disposable applicator, it is specially designed to effectively deliver Clindesse right to the source of the infection.^{4,6}

Clindesse[®] (clindamycin phosphate) Vaginal Cream, 2%, is indicated for the treatment of bacterial vaginosis in non-pregnant women. Clindesse is Pregnancy Category B, which means there are no adequate and well-controlled studies in pregnant women. Therefore, Clindesse should be used during pregnancy only if clearly needed.

Note: For purposes of this indication, a clinical diagnosis of bacterial vaginosis is usually defined by the presence of a homogeneous vaginal discharge that (a) has a pH of greater than 4.5, (b) emits a “fishy” amine odor when mixed with a 10% KOH solution, and (c) contains clue cells on microscopic examination. Gram’s stain results consistent with a diagnosis of bacterial vaginosis include (a) markedly reduced or absent *Lactobacillus* morphology, (b) predominance of *Gardnerella* morphotype, and (c) absent or few white blood cells.

Other pathogens commonly associated with vulvovaginitis, e.g., *Trichomonas vaginalis*, *Chlamydia trachomatis*, *N. gonorrhoeae*, *Candida albicans*, and *Herpes simplex* virus, should be ruled out.

Important safety information for use of Clindesse

Clindesse is contraindicated in individuals with a history of hypersensitivity to clindamycin, lincomycin, or any of the components of this vaginal cream, and in individuals with a history of regional enteritis, ulcerative colitis, or a history of “antibiotic-associated” colitis.

This cream contains mineral oil that may weaken latex or rubber products such as condoms or vaginal contraceptive diaphragms. Therefore, the use of such barrier contraceptives is not recommended concurrently or for 5 days following treatment with Clindesse. During this time period, condoms may not be reliable for preventing pregnancy or for protecting against transmission of HIV and other sexually transmitted diseases.

Pseudomembranous colitis has been reported with nearly all antibacterial agents, including clindamycin. Orally and parenterally administered clindamycin has been associated with severe colitis. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of Clindesse, even though there is minimal systemic absorption of clindamycin from the vagina with administration of Clindesse Vaginal Cream.

In clinical trials (n=368), 1.6% of patients discontinued therapy due to adverse events. The most frequently reported adverse events were vaginosis fungal (14.1%), vulvovaginal pruritus (3.3%), and headache (2.7%).

References: 1. Schwabke JR. Gynecologic consequences of bacterial vaginosis. *Obstet Gynecol Clin North Am.* 2003;30:685-694. 2. Ferris DG, Nyirjesy P, Sobel JD, Soper D, Pavletic A, Litaker MS. Over-the-counter antifungal drug misuse associated with patient-diagnosed vulvovaginal candidiasis. *Obstet Gynecol.* 2002;99:419-425. 3. Kent HL. Epidemiology of vaginitis. *Am J Obstet Gynecol.* 1991;165(pt 2):1168-1176. 4. Clindesse[®] (clindamycin phosphate) Vaginal Cream, 2%, prescribing information, Ther-Rx Corporation, November 2004. 5. Faro S, Skokos CK. The efficacy and safety of a single dose of Clindesse[™] vaginal cream versus a seven-dose regimen of Cleocin[®] vaginal cream in patients with bacterial vaginosis. *Infect Dis Obstet Gynecol.* 2005;13:155-160. 6. Data on file, Ther-Rx Corporation.