

Bacterial vaginosis (BV): the importance of a proper diagnosis

Whether it's the first time they've experienced symptoms of BV or they have been treated in the past for a yeast infection, here are a few things you can tell patients—in person or over the phone—to make sure they make an appointment to get a proper diagnosis:

- There are different types of vaginal infections that require different kinds of treatment.¹⁻⁴
- Infections that have symptoms similar to those of a yeast infection include bacterial vaginosis and trichomoniasis—both of which may lead to complications if left untreated.¹
- Bacterial vaginosis—not yeast infection—is the most common form of vaginitis.⁵
- A proper diagnosis by a healthcare provider is essential for quick relief and to avoid any more serious consequences.²
- With proper treatment, most bacterial vaginosis infections can be cured quickly.
- Improper self-diagnosis may mask the presence of other conditions.^{1,6}

For non-pregnant patients with BV

Clindesse[®] delivers efficacy and one-dose convenience^{7,8}

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.⁷⁻⁹

References: 1. Schwebke JR. Gynecologic consequences of bacterial vaginosis. *Obstet Gynecol Clin North Am.* 2003;30:685-694. 2. American College of Obstetricians and Gynecologists Web site. Vaginitis: causes and treatments. Available at: http://www.acog.org/publications/patient_education/bp028.cfm?printerFriendly=yes. Accessed July 2, 2008. 3. WebMD[®] Web site. Trichomoniasis: topic overview. Available at: <http://www.webmd.com/sexual-conditions/tc/Trichomoniasis-Topic-Overview>. Accessed June 20, 2008. 4. WebMD[®] Web site. Trichomoniasis: symptoms. Available at: <http://www.webmd.com/sexual-conditions/tc/Trichomoniasis-Symptoms>. Accessed July 2, 2008. 5. Thomason JL, Scaglione NJ. Bacterial vaginosis. *Contemp Ob Gyn.* 1999;44:15, 16, 21, 24. 6. 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. 7. Clindesse[®] (clindamycin phosphate) Vaginal Cream, 2%, prescribing information, Ther-Rx Corporation, November 2004. 8. 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. 9. Data on file, Ther-Rx Corporation.

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%).