

## Bacterial vaginosis (BV)—symptoms, causes, and prevention

- 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.<sup>1</sup>
- 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.<sup>2</sup>
- 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.

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### Symptoms: bacterial vaginosis is often confused with a yeast infection

Although both bacterial vaginosis and yeast infections involve changes in the vaginal discharge, the similarities end there. The symptoms of bacterial vaginosis can be less noticeable than those of a yeast infection, so many women do not even realize they have bacterial vaginosis. The most frequent symptoms include<sup>3</sup>:

- Increased amount of discharge
- Discharge with a fishy odor that smells worse after sexual intercourse
- Thin, gray discharge
- Discharge with any kind of a fishy smell

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### Common causes: bacterial vaginosis is caused by a shift in the balance of bacteria in the vagina<sup>4</sup>

Certain behaviors and habits can shift the bacterial balance. *Bacterial vaginosis is a sexually associated disease, not a sexually transmitted disease (STD)*. This means that while many of the activities that contribute to bacterial vaginosis have to do with sex, bacterial vaginosis is not transmitted through bodily fluids like semen or vaginal fluids. It can be caused by the following<sup>3,6</sup>:

- Sexual activity with new, multiple, or same-sex partners
- Douching
- History of STDs
- Use of tampons, IUDs, and diaphragms

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### Prevention: steps to help avoid bacterial vaginosis

Although they don't guarantee you won't become infected, these behaviors can reduce your risk of developing BV<sup>3,6</sup>:

- Do be selective when choosing a sexual partner
- Do change tampons frequently
- Do have fewer sexual partners
- Don't use douches
- Do use condoms and spermicides
- Don't smoke
- Do consider using birth control pills, if appropriate

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### For non-pregnant patients with BV

#### Clindesse<sup>®</sup> delivers efficacy and one-dose convenience<sup>7,8</sup>

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.<sup>7,9</sup>

Clindesse<sup>®</sup> (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. 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. 2. Kent HL. Epidemiology of vaginitis. *Am J Obstet Gynecol.* 1991;165(pt 2):1168-1176. 3. Sexual health: vaginal infection. WebMD<sup>®</sup> Web site. Available at: <http://women.webmd.com/guide/sexual-health-vaginal-infections?page=2>. Accessed July 2, 2008. 4. Centers for Disease Control and Prevention (CDC). Sexually transmitted diseases treatment guidelines. *MMWR Morb Mortal Wkly Rep.* 2006;55:1-94. 5. Schwabke JR. Gynecologic consequences of bacterial vaginosis. *Obstet Gynecol Clin North Am.* 2003;30:685-694. 6. Smart S, Singal A, Mindel A. Social and sexual risk factors for bacterial vaginosis. *Sex Transm Infect.* 2004;80:58-62. 7. Clindesse<sup>®</sup> (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<sup>™</sup> vaginal cream versus a seven-dose regimen of Cleocin<sup>®</sup> vaginal cream in patients with bacterial vaginosis. *Infect Dis Obstet Gynecol.* 2005;13:155-160. 9. Data on file, Ther-Rx Corporation.