

Symptoms of different vaginal infections

Think you have a yeast infection?

Symptoms of bacterial vaginosis (BV) can be similar to symptoms of vaginal yeast infections and other kinds of vaginal infections.¹ This sometimes results in women misdiagnosing themselves and treating themselves inappropriately with over-the-counter medications.² The following table compares the symptoms of bacterial vaginosis with two other common types of vaginal infections.¹

Comparison of the most common vaginal infections³⁻⁷

	Bacterial vaginosis	Yeast infection	Trichomoniasis
Cause	Bacteria	Yeast/fungus	Parasite
Discharge	Thin, gray, usually increased in volume	Thick, curdy, and white, like cottage cheese	Yellowish-greenish or gray foamy
Odor	Fishy, unpleasant, or foul	None	Fishy
Discomfort	Itching, sometimes burning	Vaginal itching/burning usually present, painful urination sometimes present	Itching, burning, painful urination sometimes present
Treatment	Requires specific medication available only by prescription	Can be treated with prescription or nonprescription products per your healthcare provider's recommendation	Requires specific medication available only by prescription

If you think you have a vaginal infection

Visit your healthcare provider and ask if Clindesse® is right for you

Clindesse is the *only* one-dose treatment available for bacterial vaginosis for women who are not pregnant.⁸⁻¹³ In a survey of more than 20,000 women, 97% said they would use Clindesse again.¹⁴ Clindesse gives you what you want out of a BV treatment—fast symptom relief, less mess, and anytime dosing—what else could you ask for?^{8,14}

However, if you are diagnosed with a yeast infection, ask your healthcare provider about Gynazole-1® (butoconazole nitrate) Vaginal Cream, 2%—a fast, one-dose prescription treatment that provides rapid relief from vaginal yeast infections.

Clindesse[®] (clindamycin phosphate) Vaginal Cream, 2%, is indicated for the treatment of bacterial vaginosis in women who are not pregnant. Clindesse has not been adequately studied in pregnant women and should be used during pregnancy only as prescribed by your healthcare provider.

See your healthcare provider in order to rule out other vaginal infections, such as yeast infection, trichomoniasis, chlamydia, and other sexually transmitted diseases, before using Clindesse.

Do not use Clindesse if you have had a reaction to clindamycin, lincomycin, or any other Clindesse ingredients. Clindesse should not be used if you have experienced inflammation of the intestine or colon.

Important safety information for use of Clindesse

This cream contains mineral oil that may weaken latex or rubber products such as condoms or vaginal contraceptive diaphragms. Use of these birth control methods is not recommended during—or for 5 days following—treatment with Clindesse. During this time period, condoms may not prevent pregnancy or protect against HIV and other sexually transmitted diseases.

Talk to your healthcare provider if you experience diarrhea after treatment with Clindesse. Though rare, it may be indicative of colon inflammation.

The most frequently reported Clindesse side effects were fungal vaginal infection, vulvovaginal itching, and headache.

Gynazole-1[®] (butoconazole nitrate) Vaginal Cream, 2%, is indicated for the local treatment of vulvovaginal candidiasis (infections caused by *Candida*). The diagnosis should be confirmed by KOH smears and/or cultures. Note: Gynazole-1 is safe and effective in non-pregnant women; however, the safety and effectiveness of this product in pregnant women has not been established.

Important safety information for use of Gynazole-1

This cream contains mineral oil. Mineral oil may weaken latex or rubber products such as condoms or vaginal contraceptive diaphragms; therefore, use of such products within 72 hours following treatment with Gynazole-1 is not recommended.

Recurrent vaginal yeast infections, especially those that are difficult to eradicate, can be an early sign of infection with the human immunodeficiency virus (HIV) in women who are considered at risk for HIV infection.

If clinical symptoms persist, tests should be repeated to rule out other pathogens, to confirm original diagnosis, and to rule out other conditions that may predispose a patient to recurrent vaginal fungal infections.

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