

# A lesser known problem for women

Bacterial vaginosis is at least as common as thrush, but most women have not heard of the condition, writes

**Danielle Barron**

**T**he most common type of vaginosis in women of reproductive age, bacterial vaginosis (BV), is in fact the most frequently found condition of the female genital tract. Far from harmless, studies have shown that it increases a woman's risk of acquiring HIV, is associated with increased complications during pregnancy, and may be involved in the pathogenesis of pelvic inflammatory disease.

Experts acknowledge that management of recurrent infection is difficult and often idiosyncratic.

Factors known to increase the risk of BV include younger age, black ethnicity, douching, smoking, and use of the IUD for contraception. Its link with sexual transmission is as yet unclear; many papers have linked BV with a recent change of sexual partner, and multiple partners compared with just one partner can increase the risk.

BV is an imbalance of bacteria, rather than a sexually transmitted infection, explains Dr Jack Lambert, consultant in infectious diseases at the Mater Hospital, Dublin.

It is "very, very common," adds the consultant.

"There are no major complications outside of pregnancy; it is just very debilitating to some women," he explains.

BV is at least as common as

thrush, but most women have not heard of the condition, says Dr Shirley McQuade, medical director of the Well Woman Clinics in Dublin.

"Typically it occurs on the day or two after menstruation has finished. Usually this goes unnoticed, but if symptoms persist then the condition becomes more apparent."

It has been stated that while there is clearly an important inter-relation between lactobacilli, hydrogen peroxide production, vaginal pH, and overgrowth of BV-associated bacteria, the initiating factor for the condition remains a mystery.

"Normal vaginal bacteria are lost and the lactobacilli and the other gram negatives and anaerobes, such as *gardnerella vaginalis*, and *Mycoplasma hominis* etc. take over. This causes a foul smelling discharge," explains Dr Lambert.

"Destruction of the normal flora can take place by any noxious stimuli that will destroy the normal pH, i.e. bubble bath, douching, overwashing, even sometimes the sperm from an ejaculate can cause this," he adds.

Therapeutic options include bacteriotherapy, antibiotics and maintenance of vaginal pH at 4.5.

Bacteriotherapy, using harmless bacteria to displace pathogenic organisms, is considered "natural" and without any side-

effects, but there is a lack of efficacy data, with few randomised controlled trials having been carried out.

Research shows that using oral or vaginal preparations of metronidazole and clindamycin, 80 to 90 per cent of women will have an initial response to treatment but 15 to 30 per cent will get a recurrence within three months. In women with recurrent BV, the initial response rate appears to be lower.

"Another way to deal with the problem is to use a slightly acidic vaginal gel such as Relact that reduces the vaginal pH allowing the normal lactobacilli to grow, effectively rebalancing the bacterial flora," explains Dr McQuade.

For women who have recurring BV, using this gel for a few days after menstruation each cycle for up to three cycles tends to reduce the risk of recurrence, she adds.

Lactic acid gel is an alternative for those who do not want to take or cannot tolerate metron-

idazole, agrees Dr Lambert.

It has also been suggested that a combined approach might work best for those women who suffer frequent relapses.

A small study using single dose oral metronidazole followed by vaginal lactate tablets compared to no vaginal maintenance treatment reported an improved rate of normal vaginal flora of 94 per cent, compared to 71 per cent for no treatment.

Previous studies have suggested that BV may make women more susceptible to contracting HIV, and a recent meta-analysis of 23 published studies, including data from more than 30,700 women from around the world, showed with statistical significance that women with BV were more likely than others to be infected with HIV.

The results of the recent meta-analysis were published in the journal *AIDS* last year, indicating that BV increases the risk of acquiring HIV by about 60 per cent.

"Given that bacterial vaginosis

and HIV infection are both transmitted sexually, it is difficult to determine whether the associations found are causal or if there is some other reason why women with BV are more likely than others to become infected with HIV," said Prof Jennifer Smith, lead researcher of the study.

"If additional follow-up studies show that there was a relationship between BV and the risk of incident HIV infection, though, then increasing the treatment of BV could be considered for the future prevention of HIV infection."

According to Dr McQuade, BV is also implicated in premature deliveries, although she explains that neither the Royal College of Obstetricians in the UK nor similar bodies in the US recommend routine screening of asymptomatic pregnant women for BV.

"No studies to date have shown an improved neonatal outcome with treatment. Research is still ongoing," she says.



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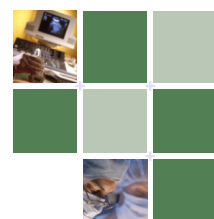
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