Thrush is very common and at least three out of four women will experience thrush at some point in their lives.

Thrush is a yeast infection caused by an increase in the growth of candida albicans, a common fungus. Often it is triggered by taking antibiotics that kill the friendly bacteria which naturally suppress candida. It usually affects women but men can also be affected and it may be passed from one to another by sexual contact.

How thrush develops
A weak immune system can encourage the fungus, as can the contraceptive pill, pregnancy, diabetes, and wearing tight synthetic clothing. Although the two are often confused, thrush is quite different from cystitis, which is an inflammation of the inner lining of the bladder and urethra.

Your chances of getting thrush are higher if you:
• Wear lycra shorts, or tight nylon clothes, underwear or tight jeans
• Take certain antibiotics
• Take steroids or immuno-suppressive drugs
• Use too much vaginal deodorant or perfumed bubble bath or shower gel
• Are pregnant
• Damage the vaginal walls due to vaginal dryness during sexual intercourse or the excessive use of tampons
• Have sex with someone who has a thrush infection

Where to go for help
If you have been treated for thrush before and feel the symptoms are the same, your pharmacist can sell you a treatment without a prescription.

If the symptoms persist, see your GP or a sexual health clinic. You can go to any NHS clinic in the country. It does not have to be a local one, and you don’t have to be referred by your GP. You can get help from your GP, your local NHS genito-urinary medicine (GUM) clinic, or by calling your local hospital and asking for the GUM clinic. Your local hospital, NHS Direct, or FPA Clinic can tell you where your local genito-urinary medicine (GUM) clinic is.

Diagnosis
Both thrush and cystitis can cause the vagina and vulva to be red and sore, and may lead to pain in the lower abdomen, pelvis and back. But only thrush causes severe vaginal itching and a cheesy-like discharge.

Thrush can produce a painful burning sensation, like cystitis, but only after it has been left untreated for a long time.

To test for thrush, an examination of the genital area is carried out by a doctor or nurse who takes samples using a cotton wool or spongy swab. Women may be given an internal pelvic examination, and a urine sample may be taken. Samples are examined under a microscope to check for infection and may be sent to the laboratory to confirm the diagnosis. Urine may be tested to exclude diabetes.

Treatment
Thrush infections can be quickly cleared up by antifungal medicines, which may be in the form of a tablet or a pessary and cream.

Both treatments are equally effective and you can use whichever suits you best. It is advisable to have a check up after completing treatment to make sure the infection has gone. The symptoms of thrush may go away without treatment, but the genital area can get very sore.

Your partner should be treated too otherwise s/he will reinfect you.

Avoidance
A number of simple measures can help prevent you getting thrush:
• Drink lots of water
• Do not douche or clean inside the vagina
Thrush is a fairly harmless, though irritating condition. Occasionally the symptoms can be a sign of a more serious disorder. See your GP if you are having thrush for the first time, or if you have a fever, have blood in your urine, are pregnant, or experiencing vomiting. Also bear in mind that thrush is more likely if you have diabetes. Remember that using condoms during sex can reduce your risk of getting or passing on sexually transmitted infections.

Useful contacts

**Department of Health**
Sexual Health Helpline: 0800 567 123

**Family Planning Association**
FPA National Helpline: 0845 310 1334
Websites: www.fpa.org.uk
www.embarrassingproblems.co.uk/vaginal_discharge.htm

This factsheet has been produced by Women’s Health Concern and reviewed by members of our Medical Advisory Panel. It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: March 2010.**