

BACTERIAL VAGINOSIS

30% of women suffer from vaginal infections^{1,2}



DO YOU HAVE ANY OF THESE SYMPTOMS?

Odour	Fishy <input type="checkbox"/>	Musty <input type="checkbox"/>	No odour <input type="checkbox"/>
Discharge	Thin, milky or grey discharge <input type="checkbox"/>	Frothy, yellowish or greenish discharge <input type="checkbox"/>	Thick, white, cottage cheese-like <input type="checkbox"/>
Itching, burning, irritation	Sometimes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Usually <input type="checkbox"/>



Bacterial Vaginosis (BV)^{3,4}

CAUSE Bacteria

ODOUR Fishy or unpleasant

DISCHARGE Thin, milky or grey

ITCHING, BURNING, IRRITATION Sometimes



Yeast Infection^{3,4}

Fungus

None

Thick, white, cottage cheese-like

Usually



Trichomoniasis^{3,4}

Sexually Transmitted Diseases (STD) caused by parasite

Musty or unpleasant

Frothy, yellowish or greenish

Sometimes

Speak to your pharmacist about a



TREATS DISCHARGE AND ODOUR⁵

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There are many causes and types of vaginitis¹ (vaginal inflammation) which can cause symptoms such as abnormal vaginal discharge, unpleasant smelling discharge, vaginal irritation, painful urination and painful intercourse.¹ Between 8 % and 18 % of women will report vaginal symptoms yearly.¹

There are 3 main types of vaginal infection:

- Bacterial Vaginosis (BV)
- Overall prevalence between 29 % and 50 % of women¹
- Vaginal Candidiasis (Yeast Infection or Thrush) 55 % of women will have an episode by the age of 25¹
- 9 % of women have 4 or more episodes per year¹
- Trichomaniasis
- Overall prevalence between 3 % and 13 % of women¹

More about BV

- BV is the most common cause of vaginal discharge or vaginitis in women of child-bearing age²
- Bacterial vaginosis (BV) affects 1 in 3 women^{1,3,4}
- Many women with BV have no symptoms⁴
- The majority of patients with vaginal symptoms use over-the-counter antifungal medication and do not treat BV¹

What causes BV?

The cause of BV is not clear, but what is known, is that it is associated with a disturbance in the normal vaginal flora.³ Normal vaginal bacteria include a high proportion of bacteria known as *Lactobacilli* which keep the pH of the vagina acidic.^{1,4} It is this acidity that suppresses the overgrowth of infectious organisms.¹ Loss of vaginal acidity can lead to a loss of the *Lactobacillus* dominance in the vagina, leading to further alkalization, and so to overgrowth of infectious organisms that are already present in the vaginal flora.^{1,2}

Risk factors for BV¹

- New or multiple sex partners
- Frequent douching
- Intrauterine contraceptive devices (IUDs)
- Pregnancy

Symptoms of BV^{2,5}

- Unpleasant “fishy” odour
- Off-white, greyish, thin homogenous discharge
- Itching and inflammation are not usually present

Untreated BV can lead to serious risks^{3,4}

- Increased risk of HIV
- Increased risk of sexually transmitted infections (STIs)
- In pregnant women, BV increases the risk of miscarriage, preterm labour and preterm delivery, as well as increasing the risk of complications after birth such as endometritis (inflammation of the lining of the uterus) and wound infections.

60 %

of women with BV are likely to have it again within 12 months³

BV has physical, emotional, social and sexual impacts³

50 %

of women with BV have symptoms like vaginal discharge and odour³

Most women report moderate to severe impact of BV, mainly on self-esteem and sex life³

References: 1. Bilardi JE, Walker S, Temple-Smith M, et al. The burden of bacterial vaginosis: women's experience of the physical, emotional, sexual and social impact of living with recurrent bacterial vaginosis. PLOS ONE 2013;8(9):e74378. doi:10.1371/journal.pone.0074378. 2. Koumans EH, Sternberg M, Bruce C, et al. The Prevalence of bacterial vaginosis in the United States, 2001–2004; associations with symptoms, sexual behaviors, and reproductive health. Sexually Transmitted Diseases 2007;34(11):864–869. DOI: 10.1097/OLQ.0b013e318074e565. 3. Mendling W, Weissenbacher ER, Gerber S et al. Use of locally delivered dequalinium chloride in the treatment of vaginal infections: a review. Arch Gynecol Obstet 2016;293:469–484. DOI 10.1007/s00404-015-3914-8. 4. Hildebrand JP, Kansagor AT. Vaginitis. [Updated 2022 Feb 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470302/>. 5. Adcock Ingram Data on file. Adcock Ingram Limited. Co. Reg. No. 1949/034385/06. Private Bag X69, Bryanston, 2021 South Africa. Customer Care: 0860 ADCOCK / 232625. www.adcock.com. 2022092810231517 October 2022.



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