

BHIVA guidelines on the management of opportunistic infection in people living with HIV: The clinical management of candidiasis 2019: non-technical summary

HIV and candidiasis (thrush)

The British HIV Association (BHIVA) produces medical guidelines about HIV treatment. Each guideline reviews the evidence for the best care. Although these guidelines are for clinicians, it is important that you know what is in them. This non-technical summary aims to summarise the main points from the chapter on candidiasis (thrush) in the opportunistic infection guidelines.

You can check the full guidelines for more detail at:

<https://www.bhiva.org/OI-guidelines-candidiasis>.

Key messages:

- Candidiasis is a common type of fungal infection, usually occurring in the mouth, oesophagus (the tube connecting the mouth to the stomach) or genital area.
- People with HIV are more likely to experience symptoms with candidiasis. But effective antiretroviral treatment (ART) for HIV reduces this risk.
- Candidiasis of the mouth and throat (oral thrush) is the most common form. The risk of oral thrush may be increased by poor oral hygiene, use of antibiotics and corticosteroids (such as inhalers for asthma), and chemotherapy for the treatment of cancer. Oral thrush is easily seen and easily treated.
- Candidiasis of the vagina (vaginal thrush) is not more common in people with HIV than in the general population. Vaginal thrush is easily treated.
- Candidiasis of the oesophagus can cause pain or difficulty when swallowing. It is not usually seen without oral thrush as well, and is less common in people on ART with a high CD4 count.
- Candidiasis can usually be diagnosed from the symptoms and a physical examination. But if symptoms do not go away after treatment, or come back, then testing is needed. Sometimes other possible causes need to be investigated.
- The first choice of treatment for all forms of candidiasis is usually fluconazole tablets. Mild oral thrush may be treated with other drugs (as lozenges or liquid drops); vaginal thrush may be treated with creams or pessaries.
- If treatment with fluconazole is not effective, there are other options. But expert advice about side effects and possible interactions with other drugs is needed before other treatment options are selected.
- The best way to prevent candidiasis or prevent it from reoccurring is to be on effective ART.
- Taking drugs regularly to prevent candidiasis (prophylaxis) is not usually needed.

What are opportunistic infections?

These are infections that occur more often, and are more severe, in people with a weakened immune system. They are less common now than they were in the early days of HIV, because of effective antiretroviral therapy (ART).

What is candidiasis?

Candidiasis (commonly known as thrush) is a type of fungal infection. It is very common; 3 out of 4 people have this infection and most of them have no symptoms. Candidiasis is more common in people with HIV and can cause symptoms, usually in the mouth and throat, oesophagus (the tube between the mouth and the stomach) or vagina. It can also sometimes be found on the penis.

What are the most common forms of candidiasis?

Candidiasis of the mouth and throat (oral thrush)

This is the most common opportunistic infection seen in people with HIV. It was found in 9 out of 10 people with HIV before the use of ART. But it is still quite common today in people who are on ART. It is much more likely to occur in people with a weakened immune system (CD4 count less than 200 cells/mm³).

There are many other things that can increase the risk of oral thrush. These include:

- Poor oral hygiene or dental decay
- Diabetes
- The use of antibiotics or corticosteroids, including inhalers for asthma
- Cancer treatment such as chemotherapy
- Acid reflux (a type of indigestion)
- Wearing dentures

Oral thrush is usually harmless, and easily treated. You may see white patches inside or cracks at the corners of your mouth. You may notice an unpleasant taste in your mouth or that foods and drinks have an unusual taste. You may also have a sore mouth or throat.

Candidiasis of the oesophagus

It is unusual to have oesophageal candidiasis without oral infection as well. It is less common in people on ART with a high CD4 count. Oesophageal candidiasis can cause pain or difficulty when swallowing. You may also notice increased amounts of phlegm, a persistent cough or a hoarse voice. If you have these symptoms, but are on ART and don't have oral thrush, then other possible causes should be considered by your healthcare team.

Candidiasis of the vagina (vaginal thrush)

Vaginal thrush is not more common in people with HIV than in the general population. It can cause itching or irritation, soreness when you pee or during sex, and sometimes a white, curd-like discharge.

How is candidiasis diagnosed?

Oral or vaginal thrush can usually be diagnosed from the symptoms and a physical examination, without doing any tests. But if the symptoms do not go away after treatment, or keep coming back, then swabs should be taken from the mouth or vagina for testing. Other conditions, including cancers, can cause pain or difficulty swallowing so it is important to investigate if symptoms do not go away after treatment for suspected oesophageal candidiasis.

How is candidiasis treated?

The first choice of treatment for all forms of candidiasis is usually fluconazole tablets.

Mild cases of oral thrush may be treated with other drugs, as lozenges or liquid drops. Good oral hygiene is also important, making sure to clean teeth or dentures thoroughly and using antiseptic mouthwash.

Vaginal thrush may be treated with creams and pessaries, as well as tablets.

If treatment with fluconazole is not effective, it may be because of resistance to fluconazole. Swabs taken from the mouth or vagina can be tested in a laboratory to find another treatment that is more likely to be effective. But expert advice from your healthcare team on side effects and possible drug interactions is needed before selecting an alternative treatment.

Can you prevent candidiasis from returning?

For most people on ART with a good immune system, candidiasis should not return after treatment. The best way to prevent candidiasis in people with HIV, or prevent it from reoccurring, is to be on effective ART. Taking additional drugs (such as fluconazole) regularly to prevent candidiasis (prophylaxis) is not usually necessary.

Further information and support

Community organisations in the UK that produce HIV treatment information and resources include HIV i-Base (<http://i-base.org.uk/>) and NAM (<https://www.aidsmap.com/>).

About BHIVA

BHIVA is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues. To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines: <https://www.bhiva.org/guidelines>. Information about how BHIVA guidelines are developed can be found at: <https://www.bhiva.org/clinicalguidelines>.