



# WOMEN'S HEALTH PHARMACOLOGY TRENDS & TIPS

Joyce Tow, PhD, APRN-CNP, WHNP-BC

## QUESTION #1

Benzathine penicillin G is recommended treatment of\_\_\_\_\_ per CDC.

1. Gonococcal Infections
2. Pelvic Inflammatory Disease
3. Primary Syphilis

# SEXUAL HEALTH TX UPDATES

“Providers ordering appropriate medications for persons with laboratory-proven, sexually transmitted diseases” may provide medications to “persons who have been in contact with certain infectious diseases” without a face-to-face encounter. Okla. Admin. Code § 435:10-7-12. (effective 12/2/2013)

## STD Tx updates:

- <https://www.nnptc.org/>
- <https://www.ncsddc.org/resource/2015-cdc-std-treatment-guidelines-summary-chart/>

### SEXUALLY TRANSMITTED DISEASES:

#### SUMMARY OF 2015 CDC TREATMENT GUIDELINES

PREPARED BY THE NNPTC, NCSDDC, AND ASTDA,  
WITH SUPPORT FROM THE CDC DIVISION OF STD PREVENTION

COMPLETE GUIDELINES CAN BE ORDERED AT  
[WWW.CDC.GOV/STD/TREATMENT](http://WWW.CDC.GOV/STD/TREATMENT)



**National Network of  
STD Clinical Prevention  
Training Centers**

STD CLINICAL CONSULTATION IS AVAILABLE IN 1-5 BUSINESS  
DAYS BY VISITING [WWW.STDCCN.ORG](http://WWW.STDCCN.ORG)

## HPV Guideline updates:

- HPV Vaccination:

- Before 15 years of age: X2 doses at 0 and 6-12 months
- After 15 years of age: X3 doses at 0, 1-2 months, and 6 months
- Immunocompromised: X3 doses at 0, 1-2 months, and 6 months

<https://www.uptodate.com/contents/human-papillomavirus-vaccination/contributors>

## OTC – What's new

- Genital herpes – Femiclear
- pH balancing – NutraBlast boric acid vaginal suppositories
- Preventative – YeastGard

# FAMILY PLANNING

## Preconception

- OTC Prenatal Vitamins – Gummies too!
- Who needs more folate (4mg/day)
  - Hx previously affected infant
  - Maternal use of anticonvulsant medications
- What about that low-dose aspirin – recommended at around 12 weeks gestation



## QUESTION #2

The only IUD approved to treat heavy menstrual periods is \_\_\_\_\_

1. Kyleena
2. Mirena
3. Skyla

## Contraceptive Options

- LARC's – more options
  - Lower dose hormonal IUD's
- Nexplanon – new location
- Nuva-ring
- Annovera
- EC
- BTL or BS?
- Monthly menses???







# CHILDBEARING NEW PHARM TRENDS

## 1<sup>st</sup> Trimester

- Nausea/Vomiting:
  - Pyridoxine (vitamin B6) 10-25mg orally every 6 – 8 hours (max in pregnancy 200mg/day)
  - Doxylamine succinate 10mg & Pyridoxine 10 mg at bedtime; can increase to 4 tablets /day
- Prenatal Vitamins

## Postpartum/Post-operative

- What about that pain?
  - NSAIDs – if low risk for hypertension
  - Thermal therapy
  
- Avoid opioids



OPTIONS FOR  
SELECTED  
CONDITIONS

### Treatment of complicated vaginal candidiasis

**Severe vaginitis symptoms**

Oral fluconazole 150 mg every 72 hours for two or three doses (depending on severity).

**OR**

Topical azole antifungal therapy daily for 7 to 14 days. A low potency topical corticosteroid can be applied to the vulva for 48 hours to relieve symptoms until the antifungal drug exerts its effect.

**Recurrent vulvovaginal candidiasis**

Induction with fluconazole 150 mg every 72 hours for three doses, followed by maintenance fluconazole 150 mg once per week for six months.

If fluconazole is not feasible, options include 10 to 14 days of a topical azole or alternate oral azole (eg, itraconazole) followed by topical maintenance therapy for six months (eg, clotrimazole 200 mg [eg, 10 g of 2%] vaginal cream twice weekly or 500 mg vaginal suppository once weekly).

**Nonalbicans *Candida* vaginitis**

Therapy depends upon species identified:

*C. glabrata*: Intravaginal boric acid\* 600 mg daily for 14 days  
 If failure occurs: 17% topical flucytosine cream, 5 g nightly for 14 days

*C. krusei*: Intravaginal dotrimazole, miconazole, or terconazole for 7 to 14 days

All other species: Conventional dose fluconazole

**Compromised host (eg, poorly controlled diabetes, immunosuppression, debilitation) and *Candida* isolate susceptible to azoles**

Oral or topical therapy for 7 to 14 days

**Pregnancy**

Topical clotrimazole or miconazole for 7 days

Boric acid capsules and flucytosine cream are not commercially available, but can be made by a compounding pharmacy.

\* Boric acid capsules can be fatal if swallowed.

Data from: Pappas PG, Kauffman CA, Andes D, et al. Clinical practice guidelines for the management of candidiasis: 2009 update by the Infectious Diseases Society of America. Clin Infect Dis 2009; 48:503.

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### Treatment options for bacterial vaginosis (nonpregnant women)

**Drugs of choice**

Metronidazole 500 mg orally twice daily for 7 days **OR**

Metronidazole gel 0.75% 5 g\* (one full applicator) intravaginally once daily for 5 days **OR**

Clindamycin 2% cream 5 g† (one full applicator) intravaginally at bedtime for 7 days

**Alternatives**

Clindamycin 300 mg orally twice daily for 7 days **OR**

Clindamycin ovule (vaginal suppository) 100 mg intravaginally once daily for 3 days **OR**

Tinidazole 2 g orally for 2 days **OR**

Tinidazole 1 g orally once daily for 5 days

Although data are limited, metronidazole 750 mg extended release tablets once daily for 7 days **OR** a single vaginal dose of clindamycin 2% bioadhesive cream (United States trade name: Clindesse) 5 g†, one full applicator, also appear to be effective.

\* 5 grams of metronidazole 0.75% vaginal gel contains 37.5 mg of metronidazole.

† 5 grams of clindamycin 2% vaginal cream contains 100 mg of clindamycin.

Adapted from: Workowski KA, Bolan GA, Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep 2015; 64:1.

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# Vaginal atrophy

- Moisturizers – Replens, Vagisil, Feminease, Moist Again, K-Y Liquibeads
- Lubricants –
  - Water-based: Astroglide, Slipper Stuff, K-Y Jelly
  - Silicone-based: Pjur, ID Millennium
  - Oil-based: Elegance
- Vaginal estrogen therapy -

### Vaginal estrogen preparations available in the United States for treatment of vaginal atrophy

Preparation (United States trade name)	Available strengths	Regimen (FDA-approved prescribing information)
<b>Vaginal ring</b>		
Estring	7.5 mcg estradiol daily, released over 90 days	Ring is inserted into the vagina by the patient or clinician. Ring is removed and replaced with a new ring every 90 days.
<b>Vaginal insert</b>		
Vagifem	10 mcg estradiol per vaginal insert	Insert 1 tablet intravaginally daily for 2 weeks, followed by twice weekly.
<b>Vaginal cream</b>		
Premarin	0.625 mg conjugated estrogens per g of cream	0.5 g of cream intravaginally administered twice weekly. Cyclic regimen also listed in approved product information, but not commonly used.
Estrace	100 mcg estradiol per g of cream	0.5 g of cream intravaginally administered daily for 1 or 2 weeks, then reduce to twice weekly.

FDA: US Food and Drug Administration.

Prepared with data from: FDA prescribing information available at US National Library of Medicine NIH DailyMed website <https://dailymed.nlm.nih.gov/dailymed/index.cfm> (accessed on April 3, 2015).

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## Vaginismus

- Topical lidocaine ointment (5% in neutral base) – consider for pap/pelvic exams
- EMLA (lidocaine-prilocaine) cream
- Benzodiazepines
- Botulinum toxin type A injections

## Menopause

- Hot flashes – moderate to severe
  - Low-dose estrogen plus progestin therapy
  - SNRI's, SSRI's, or gabapentin