

GASTROINTESTINAL TRACT INFECTIONS

Oral Candidiasis

(CKS Candida - oral)

Candida is a yeast which is part of the normal commensal flora of the human gastrointestinal tract. Comorbidities increasing the risk of candidal infections include diabetes mellitus, severe anaemia, and immunocompromise (chemotherapy, radiotherapy, HIV infection, and AIDS). Other risk factors include poor dental hygiene; local trauma; smoking; the use of broad-spectrum antibiotics or inhaled or oral corticosteroids; and malnutrition.

Oral candidiasis is uncommon in people other than infants, denture wearers, and the elderly. In otherwise healthy people, it may be the first presentation of an undiagnosed risk factor (e.g., diabetes mellitus, HIV).

Refer/admit the person if there is:

- Evidence of systemic illness or widespread infection (with difficulty/pain on swallowing, retrosternal pain).

Give appropriate lifestyle advice to aid healing and prevent recurrence. In particular:

- Advise on good dental hygiene.
- Offer advice on smoking cessation.
- If using an inhaled corticosteroid, advise on:
 - good inhaler technique; rinsing the mouth with water (or cleaning the teeth) after inhalation; using a spacer device; and stepping down the dose when appropriate.
- If the person wears dentures, advise them to:
 - Leave the dentures out for at least 6 hours in each 24-hour period to promote healing of the gums.
 - Clean dentures by brushing and soaking in a disinfectant solution (any solution marketed to sterilize baby's bottles, providing the dentures contain no metal, can be used).
 - Allow dentures to air-dry after disinfection — also kills adherent Candida.
 - Brush the mucosal surface regularly with a soft brush.
 - See a dentist to correct ill-fitting dentures.
- If the person has diabetes, review diabetic control, and manage accordingly.
- Patient information on oral thrush and thrush in lactating women can be found via [CKS](#) and the Breastfeeding Network ([here](#)).

Treatment - Children and adults:

If infection is mild and localised:

Prescribe topical antifungal – topical azoles are more effective than topical nystatin.

If infection is extensive or severe consider:

- Prescribing oral fluconazole for a maximum of 14 days (>16 years) or seek specialist advice.
- **For children**, seek paediatrician specialist advice if inadequate response **after 14 days of topical treatment**.

Topical treatment options:

Drug ¹	Dosage	Duration
First Choice		
Miconazole ² oral gel 20mg/g (24mg/ml) <i>(Off label when used in children younger than 4 months)</i>	Neonate: 1ml two to four times a day Child 1-23 months: 1.25ml four times a day after meals Child 2-17 years: 2.5ml four times a day after meals Adult: 2.5ml four times a day after meals	Treatment should be continued for at least 7 days after the symptoms have cleared and for no longer than 14 days maximum.
If first choice ineffective or contraindicated		
Nystatin oral suspension 100,00units/ml	Children and adults: 1ml (100,000 units) four times a day.	7 days and continued for 48 hours after symptoms have resolved.
¹ See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment, and in pregnancy and breastfeeding. ² Do not prescribe if taking a statin or withhold statin. Be aware of drug interaction with warfarin (MHRA) and sulphonylureas.		

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V2.2 Last reviewed: 18/10/2023

Review date: 21/07/2025



Nottinghamshire Area Prescribing Committee

Oral treatment:

Drug ¹	Dosage	Duration
For severe/extensive, unresponsive symptoms (after topical treatment has been tried)		
Fluconazole ²	Adults >16 years: 50mg once daily <u>Immunocompromised:</u> Adults >16 years: 50-100mg once daily	7–14 days (max. 14 days except in severely immunocompromised)
¹ See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment, and in pregnancy and breastfeeding.		
² Do not prescribe in pregnancy.		

Version Control –Otitis Externa - Acute and Chronic			
Version	Author(s)	Date	Changes
V2.1	Nichola Butcher, Medicine Optimisation Pharmacist	13.07.22	Reference CKS Oral Candidiasis (May 22) reviewed, and link added. Added co-morbidities related to condition and risk factors for symptom development Lifestyle advice added to reduce recurrence - denture wearing, ICS inhalers, dental hygiene Treatment options for children and adults - no change to order, warnings added re warfarin (MHRA link), statins and sulphonylureas. Doses checked with BNF and BNF for children. Childrens doses for fluconazole removed as per APC review.
		21.07.22	
V2.2	N Butcher, Interface and MO Pharmacist	18/10/23	Clarified duration of treatment for oral and topical treatments. Maximum of 14 days.