

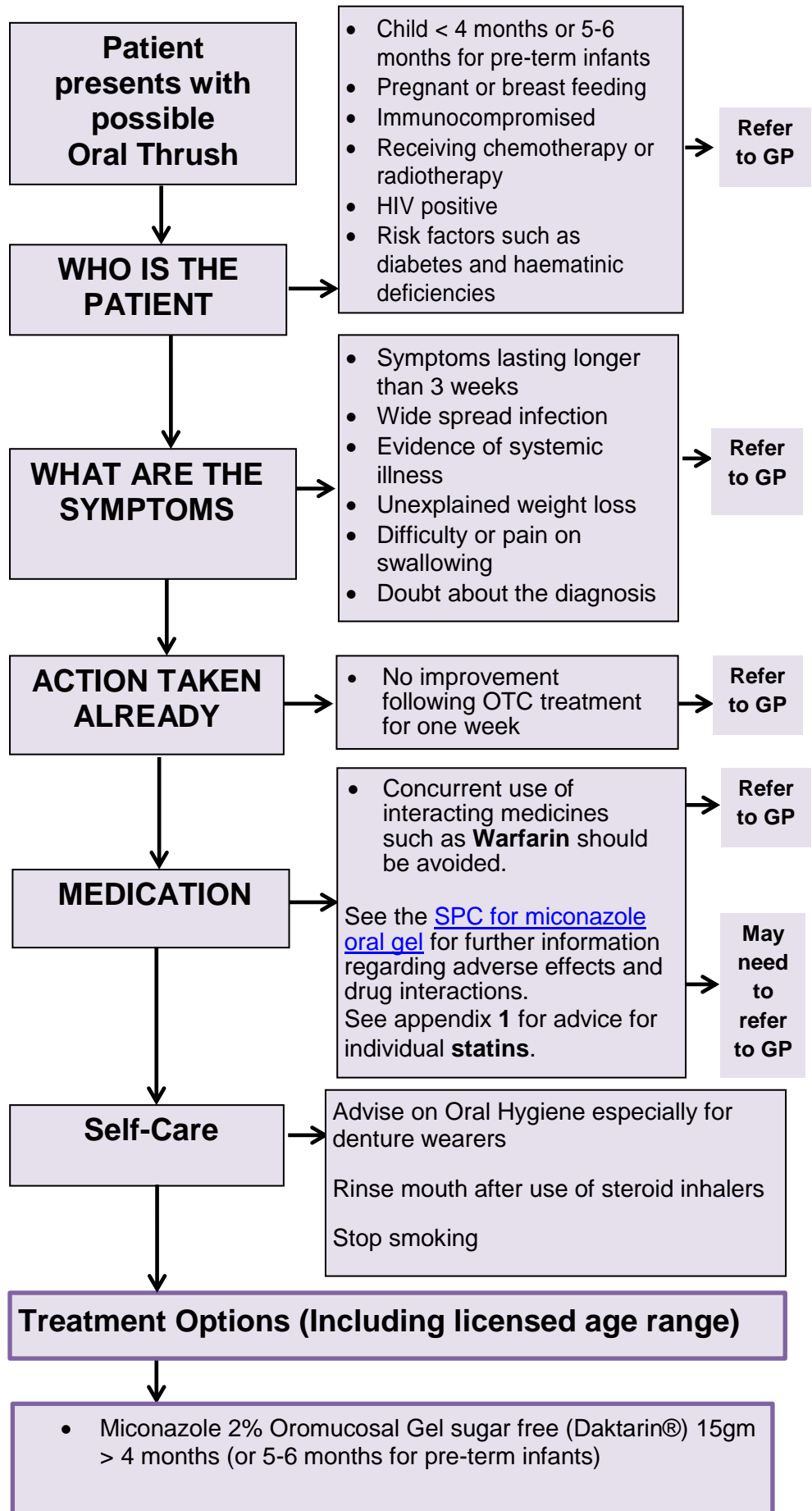
Oral thrush is a fungal infection of the oral mucosa caused by *Candida* species. It is the most common human opportunistic fungal infection of the oral cavity. It is uncommon in people other than infants, denture wearers, the elderly, immunocompromised or smokers. In otherwise healthy people, oral thrush may be the first presentation of an undiagnosed risk factor, such as HIV infection, cancer, diabetes, anaemia.

Candida may also occur in people who are treated with inhaled corticosteroids for asthma or rhinitis, in immunocompromised patients and following a course of antibiotics.

Thrush occurs in up to 2-5% of newborns as it is acquired from their mothers at birth and may appear as early as 7-10 days old. Use of antibiotics especially in the first year of life may lead to recurrent infection. It is uncommon in children older than 1 year old unless related to antibiotic use.

Symptoms

- Superficial, white/yellow curd-like areas on lips, buccal mucosa, tongue and/or palate, which can be easily removed to reveal an underlying red base that, is not usually painful.
- Removal of plaques may cause mild bleeding which helps confirm diagnosis.
- May cause cracked, red, moist areas on skin at the corners of the mouth.
- May be asymptomatic or may cause pain.
- May cause a cottony feeling in the mouth and loss of taste.
- May cause restlessness and a decrease in feeding in infants.
- Under denture plates may manifest as erythema with no plaques.



Advice for Self-Care / Non Pharmaceutical Treatment	Treatment Options Formulary Items		
	Drug	Dose and Duration	Advice
<p>Lifestyle advice to aid healing and prevent recurrence</p> <ul style="list-style-type: none"> • If the person is a smoker, offer advice on smoking cessation. • If the person is using an inhaled corticosteroid, advise the following: good inhaler technique; rinsing the mouth with water (or cleaning the teeth) after inhalation, to remove any drug particles; using a spacer device to reduce the impaction of particles in the oral cavity; and stepping down the dose of inhaled corticosteroid when appropriate. • Advise on good dental hygiene. Brush teeth regularly with a soft toothbrush. • If the person wears dentures, advise them to: <ul style="list-style-type: none"> - Leave the dentures out for at least 6 hours in each 24-hour period to promote healing of the gums. If the gums are inflamed, they may benefit from the dentures being left out for longer. - Clean dentures by brushing and then soaking them in a disinfectant solution overnight. - Allow the dentures to air-dry after disinfection — this also kills adherent Candida. - Brush the mucosal surface regularly with a soft brush. - See a dentist to correct ill-fitting dentures. • Do not use OTC mouthwashes or sprays as they may alter normal oral flora • Eating unsweetened yoghurt may help restore the normal oral bacterial flora • If the person has diabetes, refer to GP for review of diabetic control and appropriate management, particularly if there are recurrent episodes of oral candidiasis. <ul style="list-style-type: none"> - For people taking a sulphonylurea (such as gliclazide), be aware of drug interactions with miconazole. 	<p>Adults and Children over 4 months:</p> <p>Miconazole Oral Gel 2%</p>	<p>Infants 4-24 months: 1.25 ml (1/4 measuring spoon) applied 4 times a day after meals. Each dose should be divided into smaller portions and applied to the affected area(s) with a clean finger. <u>Do not apply to the back of the throat due to possible choking.</u> The gel should not be swallowed immediately, but kept in the mouth as long as possible.</p> <p>Adults and Children 2 years of age and over: 2.5 ml (1/2 measuring spoon) applied 4 times a day after meals. The gel should not be swallowed immediately, but kept in the mouth as long as possible.</p>	<p>To be administered after food and retained near oral lesions before swallowing.</p> <p>The treatment should be used for 7 days and continued for at least a week after the symptoms have disappeared.</p> <p>If the infection has not resolved after 7 days and there has been some response to treatment, extend the course of miconazole oral gel for a further 7 days.</p> <p>If after 7 days miconazole has had little or no effect despite adequate adherence to treatment, refer to GP.</p>

References: Clinical Knowledge Summaries: Oral Thrush <https://cks.nice.org.uk/candida-oral#> & BNF [for specific drug interactions](#)

See [SPC for miconazole gel](#) further information/advice

Reviewed December 2021 -SPPG

Appendix 1 – miconazole oral gel and interacting statins

Interaction

Mechanism

According to the [SPC for miconazole oral gel](#) miconazole, an azole antifungal is absorbed systemically. It inhibits CYP450 isoenzymes CYP2C9 and CYP3A4, and may increase blood levels of drugs metabolised by these isoenzymes.

Some statins are metabolised, to a greater or lesser extent, by these isoenzymes. Extent of metabolism and associated clinical significance of the interaction varies from statin to statin.

Advice for individual statins

Simvastatin

Do not use miconazole in combination with simvastatin. Instead use a different antifungal, e.g. nystatin.

If essential to use miconazole, simvastatin must be temporarily stopped whilst the individual is using miconazole.

Atorvastatin

Do not use miconazole oral gel, if possible. Instead use a different antifungal, e.g. nystatin.

If miconazole oral gel must be used, it may be prudent to:

- temporarily withhold atorvastatin, whilst the individual is using miconazole, to avoid possible adverse effects
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Fluvastatin

Use miconazole oral gel with caution. Counsel individual regarding possible risk of an interaction and monitor for adverse effects.

Rosuvastatin

Use miconazole oral gel. A clinically significant interaction is not expected.

Pravastatin

Use miconazole oral gel. A clinically significant interaction is not expected.

Counselling people using miconazole with an interacting statin

If people on an interacting statin need to use miconazole they should be advised to report any possible signs or symptoms of myopathy and rhabdomyolysis, such as:

- unexplained muscle pain
- tenderness
- weakness
- dark coloured urine

If myopathy occurs the statin should be stopped immediately.

Report any adverse effects due to the combination to the MHRA via the [Yellow Card Scheme](#)