

Treatment

Cutaneous candidiasis

Cutaneous candidiasis: 1st choice options (topical therapy)

| Drug | Dose | Duration | Notes |
|---------------------------|---------------------------------------|-------------|--|
| Clotrimazole 1% cream | Apply every 8 to 12 hours | 4-6 weeks | To prevent relapse, treatment should be continued for at least two weeks after the disappearance of all signs of infection |
| OR Miconazole 2% cream | Apply to affected area every 12 hours | 2 – 6 weeks | Continue for 7 – 10 days after lesions have healed |

Oropharyngeal candidiasis

Oropharyngeal candidiasis: 1st choice options

| Drug | Dose | Duration | Notes |
|-----------------------------|--|---|---|
| Miconazole 20mg/mL oral gel | Neonate: 1ml two to four times daily after feeds* 2-3 months: 1.25ml to be applied four times daily after feeds* ≥4 months: 1.25ml to be applied four times a day after feeds. Adults and children 2 years of age and older: 2.5ml to be applied four times a day after meals | The treatment should be continued for at least a week after the symptoms have disappeared | *Unlicensed use in infants < 4 months due to choking risk. Lower age limit increased to 5-6 months for infants who are pre-term or exhibiting slow neuromuscular development. The gel should not be swallowed immediately, but kept in the mouth as long as possible. The dose should be divided into smaller pea-sized portions; gel should be smeared in baby's mouth after feeds with a clean finger, ensuring there are no clumps of gel in the mouth. For oral candidosis, dental prostheses should be removed at night and brushed with the gel. |
| OR | | | |

| | | | |
|--|---|---|--|
| Nysatin 100,000 units/ml oral suspension | <p>Neonate: birth – 1 month: 1mL every 8 hours</p> <p>Infant: 1 month – 2 years: 1-2mL every 6 hours</p> <p>Adult and children > 2years: 5mL every 6 hours</p> | <p>Usually for 7 days - continue for 48 hours after clinical cure, if signs and symptoms persist beyond 14 days re-evaluate</p> | Keep suspension in contact with oral mucosa for as long as possible before swallowing. |
|--|---|---|--|

Systemic treatment – Adults (reserved for recurrent cutaneous or oropharyngeal candidiasis)

Cutaneous candidiasis (Adults) : systemic therapy

(reserved for recurrent cutaneous candidiasis)

| Drug | Dose | Duration | Notes |
|-------------------|--------------------|--------------|---|
| Fluconazole | 150 mg once weekly | 2 to 4 weeks | <p>Recurrent cutaneous candidiasis (as distinct from genital candidiasis) should be referred. See guideline for recurrent vulvovaginal candidiasis</p> <p>Use with caution in patients with hepatic dysfunction.</p> <p>Avoid fluconazole (and all oral azoles) in pregnancy.</p> |
| OR Fluconazole | 50 mg once daily | 2 to 4 weeks | |

Oropharyngeal candidiasis (Adults): systemic treatment

(Reserved for recurrent oropharyngeal candidiasis)

As recurrent oropharyngeal candidiasis may indicate an underlying condition patients should be referred

| | | | |
|----------------------|--|--|---|
| Fluconazole | <p>Loading dose: 300mg on Day 1</p> <p>Subsequent dose: 150mg once daily</p> | 7 to 21 days (until oropharyngeal candidiasis is in remission) | <p>Longer periods may be used in patients with severely compromised immune function.</p> <p>Use with caution in patients with hepatic dysfunction.</p> <p>Avoid fluconazole (and all oral azoles) in pregnancy.</p> |
| OR Itraconazole** | 100mg every 24 hours | 14 days | Take capsules immediately after a meal for maximum absorption. |

| | | | |
|--|--|--|--|
| | | | Not recommended in patients with active or chronic liver disease. Avoid itraconazole (and all oral azoles) in pregnancy** |
|--|--|--|--|

** Women of childbearing potential taking itraconazole should use contraceptive precautions. Effective contraception should be continued until the menstrual period following the end of itraconazole therapy.