

# Patient Perceptions and Misperceptions About Vaginal Yeast Infections

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*Nurse Practitioner, Educator, Speaker, ReachMD Radio Host*

- Women's Health Nurse Practitioner at Newton-Wellesley OBGYN
- Visiting scholar at Boston College Graduate School of Nursing
- Extensively published, including co-authored textbook *Advanced Health Assessment of Women; Skills and Procedures*, which received a 2016 AJN Book of the Year award
- Years of media experience include time as an award-winning national radio host of the NP program, *Partners in Practice* on ReachMD
- Awards & honors include Inspiration in Women's Health 2011 (NPWH); Lifetime Achievement Award from the Massachusetts Coalition of Nurse Practitioners



# Laura Artigas, MBA

*Brand Director, Women's Health, Prestige Brands, Inc.*

- Responsible for the Women's Health and Digestive Health products at Prestige Brands: MONISTAT<sup>®</sup>, Uristat<sup>®</sup>, e.p.f.<sup>™</sup>, Vitron C<sup>®</sup>, Dramamine<sup>®</sup>, and Beano<sup>®</sup>
- Active in educating women about women's health and wellness
- Expertise in patient and consumer insights in vaginal health and family planning, diabetes management, heartburn and acid reflux
- Attended Washington University in St. Louis and Harvard Business School

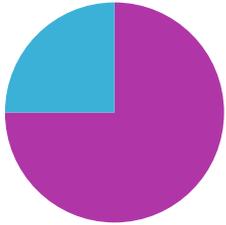


# What you will learn

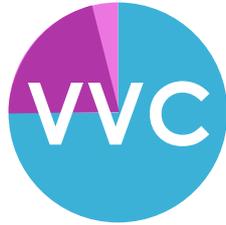
- What patients think and feel about yeast infections
- Misinformation about yeast infections
- Special characteristics of the Hispanic population's attitudes toward yeast infections and general health
- How to attend and respond to all of your patients' misperceptions

# Vulvovaginal candidiasis (VVC)

## Incidence, classification



Approximately 75% of women have at least one episode of VVC in their lifetime



Approximately 40–45% of women have two or more episodes of VVC in their lifetime

Uncomplicated

Complicated

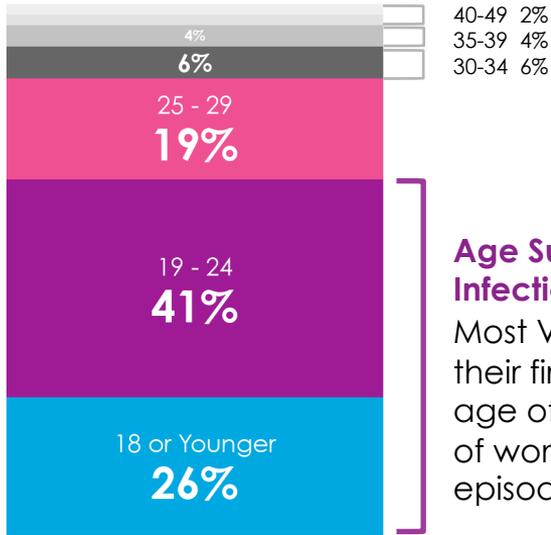
VVC is classified as either uncomplicated or complicated

Approximately 10–20% of women have complicated VVC, which requires special diagnostic and therapeutic considerations

**\$3B**

In the US, the estimated cost of VVC diagnosis and treatment is \$3 billion

# Demographics and incidence of VVC

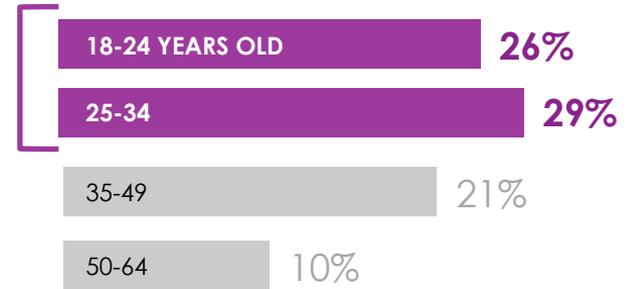


## Age Suffered 1<sup>st</sup> Yeast Infection

Most VVC sufferers experience their first infection before the age of 25 years old, while 75% of women have at least 1 episode in their lifetime

## Past Year Incidence

Overall demographics and incidence of yeast infection is primarily in women 18-34 years old



VVC infection is highly treatable but a small yet growing number of women have recurrent or resistant *Candida* infections, which are more difficult to manage

# What Women Think and Feel About Yeast Infections

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# Online survey with 1,000 women ages 16-24 (geographically & racially diverse)



**38%**

had a previous  
yeast infection



**80%**

were students

# Women have **strong negative emotions** about experiencing a yeast infection

**Uncomfortable** in general

59%

**Dirty**, unclean, like there is something wrong with my hygiene

56%

**Self-conscious**, reserved, tentative

42%

Embarrassed, **ashamed**, like I did something wrong

37%

Wanted to **stay at home, not go out** and do things

35%

**Afraid** that this was a sign of something more serious happening with me

35%

**?** **Question:** How did having a yeast infection make you feel socially, emotionally, and/or physically?

# Women believe that others are judging them

Afraid others will think something is really wrong with me

46%

Afraid that others will think that I got it from someone else, or will give it to someone else

46%

Afraid others will think I'm sexually promiscuous

46%

I'm worried that not being clean enough is what is causing me to get yeast infections

49%

I feel embarrassed; I'd rather deal with it myself than talk to someone else about what to do

50%

**?** Question: Which statements about yeast infections do you agree with?

# Women changed their daily routines and behaviors

Changed my wardrobe, **wore different clothes** than usual to be comfortable

24%

**Didn't want to be with other people**

22%

**Depressed, sad, down** in the dumps

19%

**Stupid**, because smart people like me should know how to avoid these things

15%

**Frantic, confused**, tried to find out if others had this condition and what they did about it

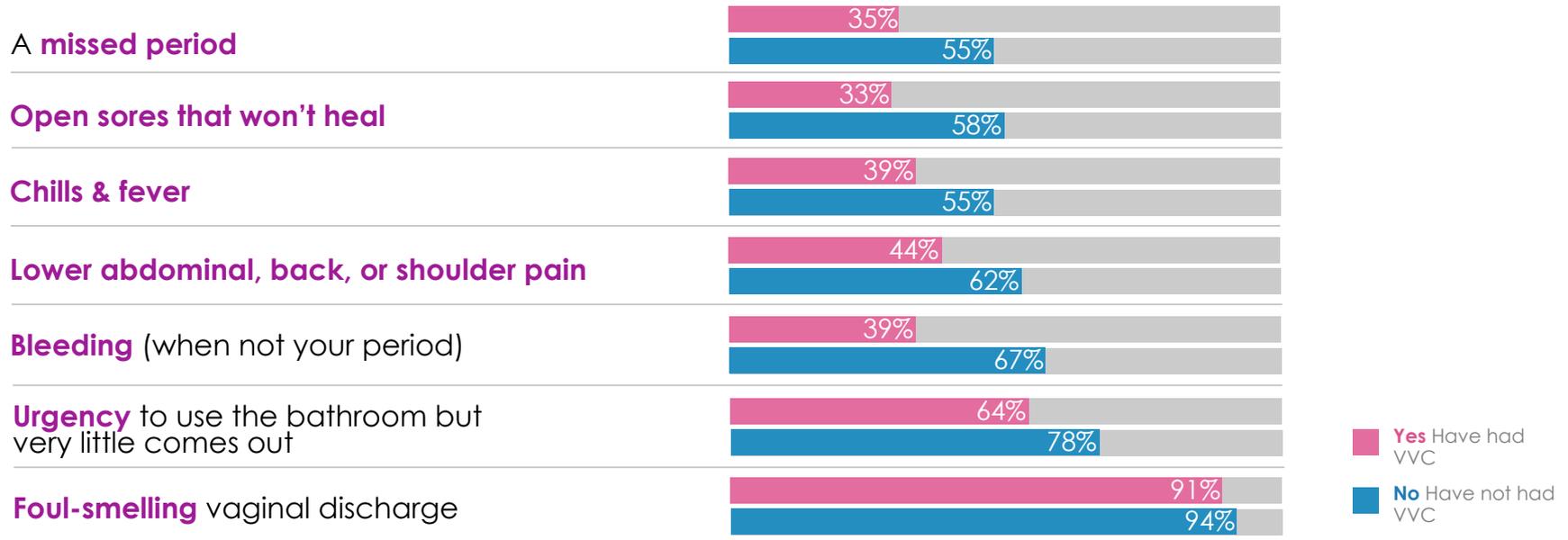
14%

**Skipped class**, called in sick, **cancelled appointments** and activities

9%

**?** **Question:** How did having a yeast Infection make you feel socially, emotionally and/or physically?

# Women are confused about VVC symptoms



**?** Question: Which statements are symptoms of yeast infections?

# And, they believe misinformation about the cause of yeast infections

As long as you don't have vaginal intercourse, you're not going to get a yeast infection

30%

You can treat symptoms of a yeast infection to help you feel better, but a yeast infection simply can't be cured

42%

The heat from a laptop can cause a yeast infection

51%

A yeast infection is highly contagious

52%

You can get a yeast infection from having too much sex

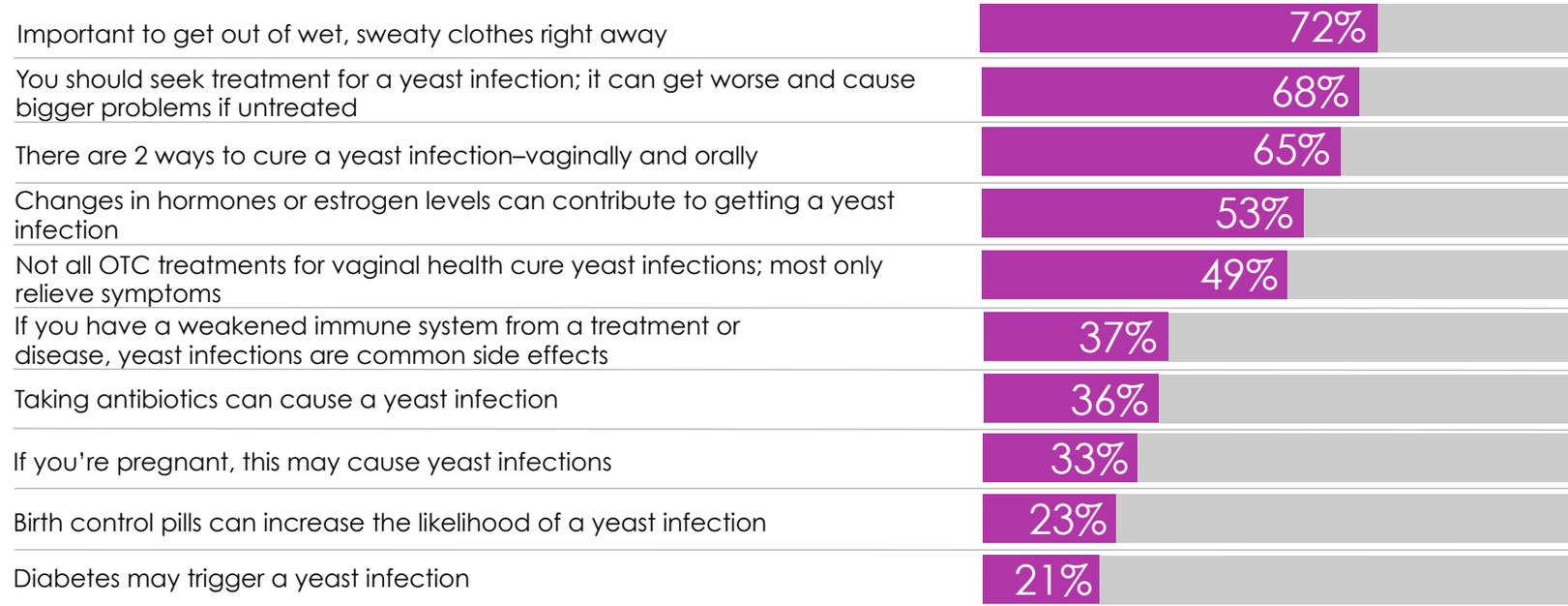
66%

Unprotected sex causes yeast infections

75%

**?** Question: Which of the following statements about yeast infections are true?

# But, some women **know the truth** about the cause of yeast infections



**?** **Question:** Which of the following statements about yeast infections are true?

# Many women are **confused** about the diagnosis and treatment of vaginal yeast infections

Best option is to leave it alone and **let it go away by itself**

16%



Sometimes I **can't tell** if I have a yeast infection or something else like a bacterial or urinary tract infection, or an STD. It's **confusing**.

47%



When I get a yeast infection, I **ask my mom or close friends** what to do to treat it

52%



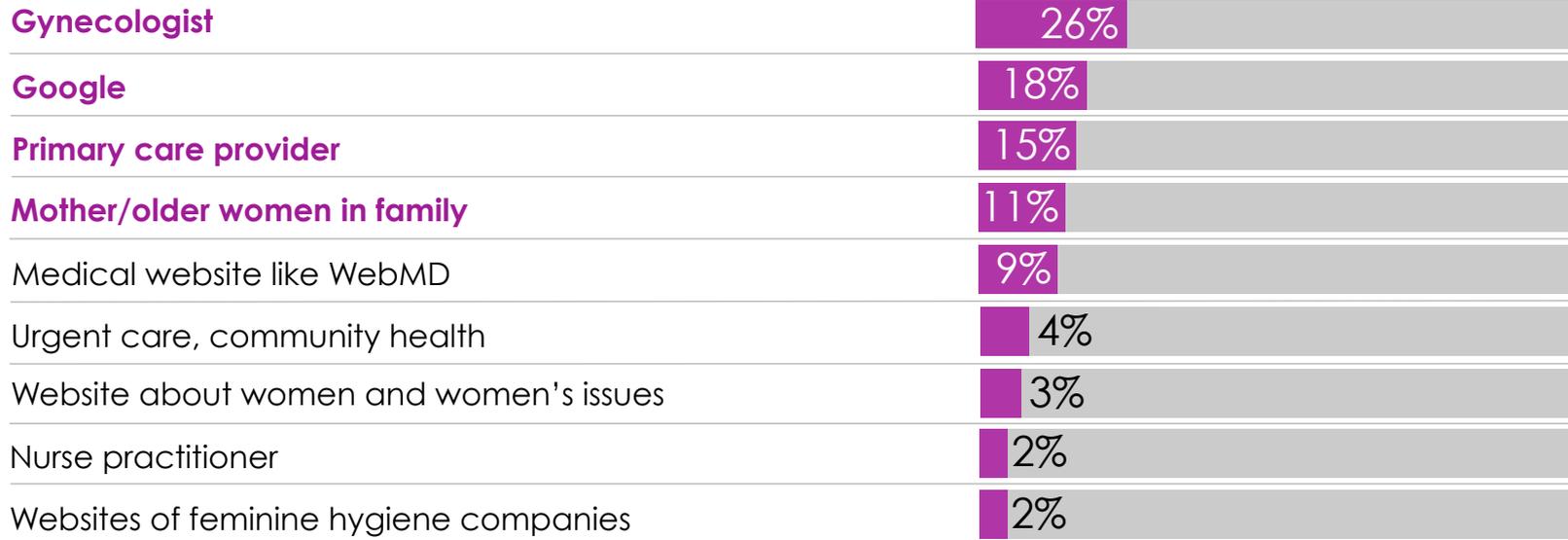
Because I'm unsure about what to do, I generally make an **appointment with my provider**

62%



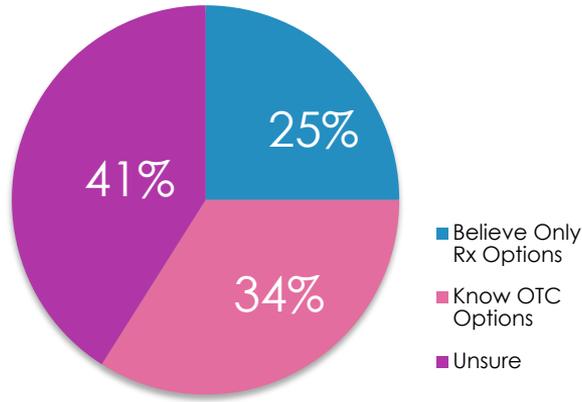
**?** **Question:** Which statements about diagnosis and treatment of yeast infections do you agree with?

# Women turn to HCPs, the internet, and family for information about yeast infections



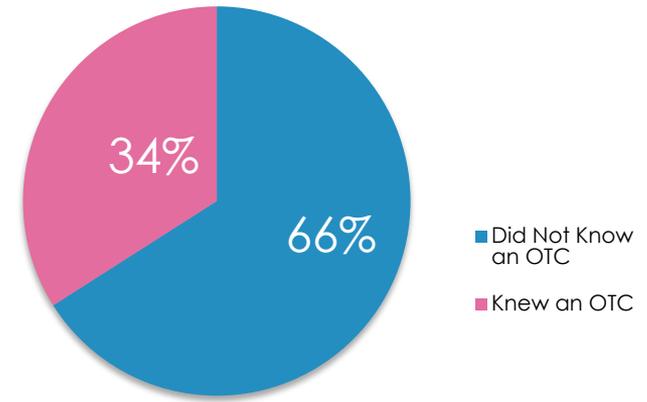
**?** **Question:** If you have VVC symptoms and are not sure if it's a vaginal yeast infection or something else, which of the following ways would you most likely use to determine what you're suffering from and how to treat it?

Only **34%** of women know that there are **non-prescription options** to treat yeast infections



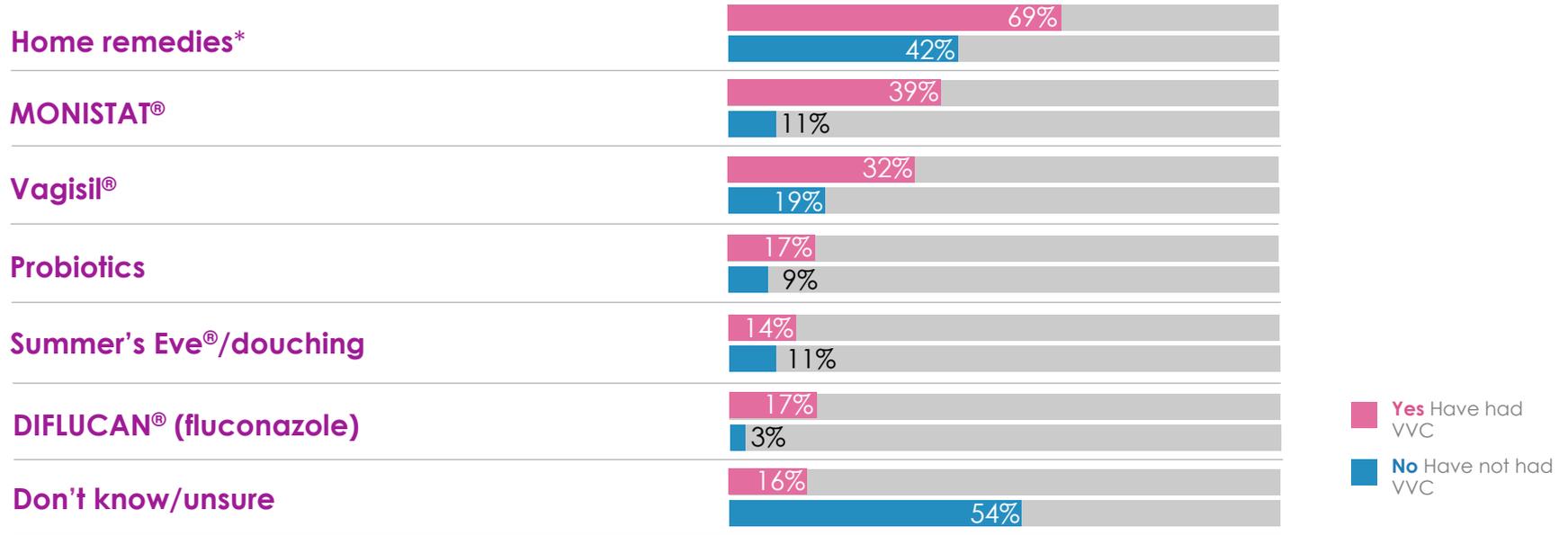
**? True or false:** The only way to cure a yeast infection is with a prescription medication. All over-the-counter medications may relieve symptoms, but cannot cure the infection.

And, **66%** could not name an **OTC medication** that can **CURE** a vaginal yeast infection and relieve the symptoms



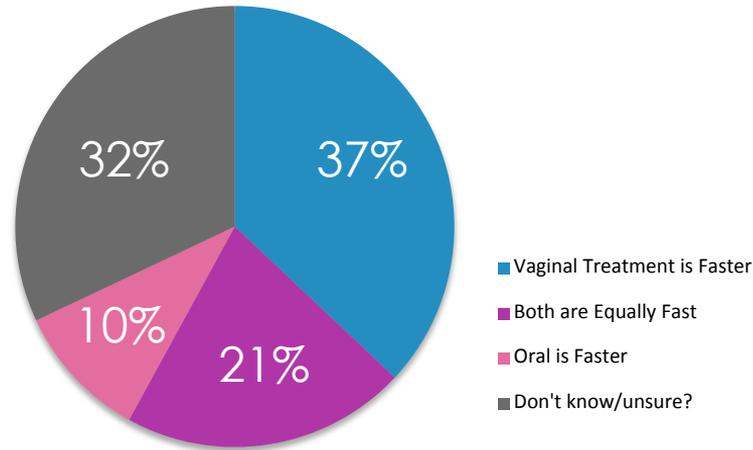
**? Question:** Can you name an over-the-counter (non-prescription) medication that can CURE a vaginal yeast infection and relieve the symptoms?

# Women believe that home remedies are the top treatment choice to successfully and safely CURE a yeast infection



**Question:** Which of these types of treatments will successfully and safely CURE your yeast infection?

# Women understand that vaginal treatment provides faster relief of vaginal yeast infection symptoms than oral treatment



**?** **Question:** Which brings faster relief of vaginal yeast infection symptoms: vaginal treatment or oral treatment?

# And, women have their own ideas about how to **lessen the risk** of getting a yeast infection!

**Wearing underwear**, not going “commando”

32%

Having **sex with only 1 partner** (vs multiple)

31%

Using a **condom** when having sex

29%

**Never using a public restrooms**/toilet seats

13%

**Avoiding sex** completely

8%

**?** **Question:** Which are ways to lessen the risk of getting a yeast infection?

# Getting Into the Hearts and Minds of Hispanic Patients

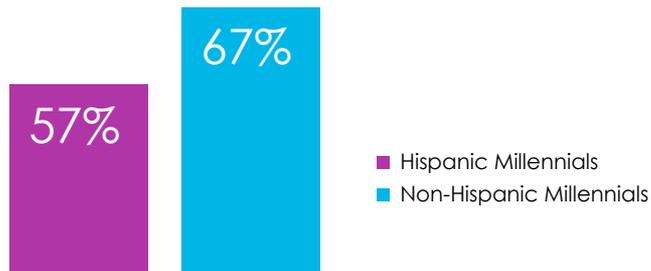
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# Attitudes towards healthcare

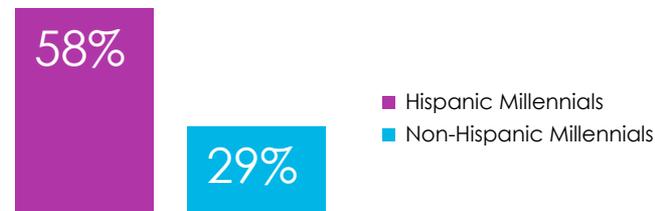
## Seeing a doctor is not part of the vernacular

Hispanic Millennials agree that seeing a doctor regularly is important, but won't go unless it is an emergency



“Seeing a doctor regularly is important to me.”

*Results of Top Box: Strongly Agree/Somewhat Agree*



“I don't need to get check-ups or see a doctor unless it's absolutely necessary.”

*Results of Top Box: Strongly Agree/Somewhat Agree*



# Attitudes towards healthcare

- Hispanics were the least likely racial or ethnic group to see a medical provider as **42% never visited one during the year.**
- Latinos who did not seek medical care
  - **50% high school educated**
  - **33% American born**
  - **45% insured**

**“We don’t go to the doctor until we’re very, very sick,”**

says Dr. Jane Delgado, President and CEO of the National Health Alliance for Hispanics, adding, “By then, our healthcare clinician is limited in what they can do because the condition is too difficult to pinpoint.”

# Alternative medicine plays a significant role



## Alternative Therapies



of Latinos rely on home remedies

*2013 Colorado Survey*

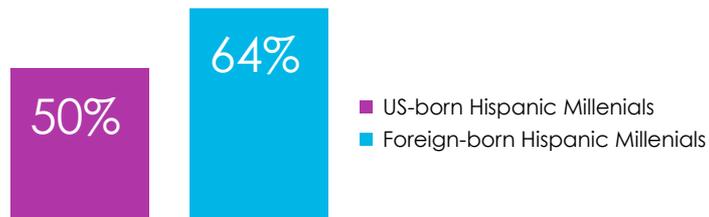


of Hispanics never use prescription drugs

*2012 Census Bureau*

## Preference for home remedies over medicine

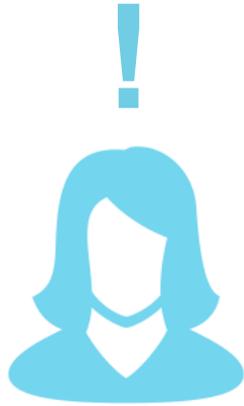
Foreign-born Hispanic Millennials are more likely to prefer home remedies over medicine compared to US-born Hispanic Millennials.



“I prefer using natural/home remedies than medicine.”

*(Top Two Boxes)*

# What do Hispanic women think and feel about yeast infections and treatment?



For Hispanic women,

**there is almost a sense of “panic”**

when choosing a treatment

# She feels alone but she is not alone

She is surrounded by a multi-generational family that she won't talk to because she is afraid or embarrassed

**A common problem<sup>1</sup>**  
Of Hispanic women:

**38%** get VVC  
**> twice a year**

**31%** get VVC  
**once a year**

**~32%** get VVC  
**< once a year**

**VVC is a problem that Hispanic women first experience younger than the general female population<sup>1,2</sup>**

**~50%** of Hispanics were  
**between 19 and 25 years old**

**20%** of Hispanics were  
**18 or younger**

**26%** of the  
**general population** were  
between 18 and 24  
years old

**The unpleasant emotions across all women are the same<sup>1-3</sup>**

# The younger group of sufferers are confused and embarrassed: our educational role is to create clarity and reduce fear

45%

45% felt **scared** at their last VYI, **2x** more than most women

36%

They are more likely than others to **wait longer** before taking action at their first VYI  
**36%** waited more than **4 days** before seeking advice/treatment

17%

They are more likely to have **talked to a friend** at their first VYI (**17%**)

50%

At the first VYI, half thought they were **suffering from an STD**  
(compared to **22%** of the general population of women)

# Hispanic patients view MONISTAT® and Vagisil® as the top options to treat VVC

MONISTAT® and Vagisil® are the top brands in terms of awareness, usage, and familiarity, while DIFLUCAN® (fluconazole), VAGISTAT® and Lagicam® are less recognizable and less used.



Patients don't understand that Vagisil® is NOT a vaginal anti-fungal, so price is driving the differentiation.

## Patient view:

- Highest price for MONISTAT®
- Lowest price for Vagisil®



## Poll question

A patient calls the office and reports that she tried an over-the-counter treatment for her yeast infection and it didn't work. What would you do **first**?

- A. Give her an appointment to come in for an exam
- B. Suggest that she purchase another course of therapy because it's probably a *non-albicans* species and they take longer to cure
- C. Ask what product she used and when she used it
- D. Call in a prescription

## Poll answer

A patient calls the office and reports that she tried an over-the-counter treatment for her yeast infection and it didn't work. What would you do **first**?

- A. Give her an appointment to come in for an exam
- B. Suggest that she purchase another course of therapy because it's probably a *non-albicans* species and they take longer to cure
- C. Ask what product she used and when she used it**
- D. Call in a prescription



# Converting the Misinformed to Miss Informed

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# Counsel women to address their emotional needs

## Important emotional needs



Feeling you are  
taking positive actions  
for your health



Feeling  
proactive



Having control over  
the situation

# Counsel with culturally appropriate information

## Emotional needs can be fulfilled<sup>1,2</sup>

- **First time sufferers need reassurance about their symptoms** and the different conditions they may have
  - If you don't have time to see her, recommend an OTC pH test like the Vaginal Health Test by MONISTAT® Complete Care™
- **Assure women that they are not “dirty”** and don't need to change their daily routines
- **Explain that VVC is a normal condition** experienced by 3 out of 4 women in their lifetime, and that they should not be self-conscious or ashamed
- **Educate young women about what causes VVC** and normalize a topic that is scary and embarrassing

## All women want to know the best way to get rid of their infection!

Proactively make a product recommendation to ensure that she purchases a VVC treatment



# Message from the US National Library of Medicine and the CDC (VVC Education)

- The information that a patient responds to **varies from person to person**
- Keep your assessment of the patient in mind and consider **literacy and culture** as you develop a plan
- Focus on the **benefits of education** and tell your patient what to pay special attention to
- Review materials with the patient since no resource is a substitute for **one-on-one patient teaching**

The screenshot shows the CDC website interface. At the top, the CDC logo and name are visible, along with the tagline "CDC 24/7: Saving Lives. Protecting People." and a search bar. Below the navigation bar, the page title "Fungal Diseases" is displayed. A left sidebar lists various fungal diseases, with "Genital / vulvovaginal Candidiasis" highlighted. The main content area features social media icons (Facebook, Twitter, YouTube) and a heading "Definition of Genital / Vulvovaginal Candidiasis". Under this heading, there are links for "Definition", "Symptoms", "People at Risk & Prevention", and "Sources". To the right of these links are additional links for "Statistics", "Diagnosis & Testing", "Treatment & Outcomes", and "Additional Information". A paragraph of text defines VVC as a "yeast infection" caused by overgrowth of *Candida*. On the far right, there are links for "Print page" and "Get email updates", and a "Contact Us" section with the CDC's address and contact information.

# The path forward...



- Dispel VVC myths through counseling. **ItsTimeForTMI.com** may be helpful!
- Provide the counseling she needs. MONISTAT® offers great tools, visit the website to order
- She doesn't know OTC is an option:
  - MONISTAT® begins to cure on contact and **relieves symptoms 4x faster\*** than oral fluconazole, while **curing as effectively**<sup>1</sup> (it's prescription strength OTC)
  - MONISTAT® (miconazole) and other topical azoles **treat a broader spectrum of yeast species with less drug resistance**<sup>2,3†</sup> than oral fluconazole, making them a good first-line treatment choice
    - *Non-albicans* species are becoming more prevalent and are more difficult to treat; optimal treatment is still unknown
    - CDC guidelines recommend treating *non-albicans* species with a longer duration of therapy (7-14 days) with a non-fluconazole azole
  - MONISTAT® may be appropriate for **more patient types** than oral fluconazole (including those who are pregnant or on other drugs)<sup>2‡</sup>

\*Based on a clinical study with MONISTAT® 1 Combination Pack Ovule® treatment vs the leading prescription product.

†Per 2015 CDC Guidelines, options for first-line therapy of non-albicans vulvovaginal candidiasis (VVC) include longer duration therapy (7-14 days) with a non-fluconazole azole regimen.

‡2015 CDC Guidelines recommend the use of 7-day topical azole therapies for treatment of vulvovaginal candidiasis (VVC) in pregnant women.

# ACCELERATE study data

- In a randomized, double parallel group study, 300 women were treated with either MONISTAT® 1 Combination Pack OVULE® treatment or DIFLUCAN® (fluconazole) 150 mg
- There was a statistically significant difference in time to onset of relief of itching, irritation, and overall symptoms between treatment groups

SYMPTOM	MONISTAT® 1 HOURS (N=122)	DIFLUCAN® HOURS (N=135)	P <sup>a</sup>
Itching	1.0	4.0	0.0001
Burning	1.0	4.0	0.0894
Irritation	1.0	4.0	0.0071
Combined symptoms	4.0	16.0	0.0010

For the individual symptoms, MONISTAT® 1 Combination Pack OVULE® treatment provided statistically significant faster onset of relief of itching and irritation than systemic fluconazole oral therapy.

For the combined symptoms, MONISTAT® 1 Combination Pack OVULE® treatment delivered **4x faster onset of relief of symptoms when compared to systemic fluconazole oral therapy (4 hours vs 16 hours).**

<sup>a</sup> Kaplan-Meier analysis based on overall time to event curves

# Patient feedback from 317 patients using MONISTAT®

Nearly all patients were satisfied with MONISTAT® (95%) and would use MONISTAT® again (97%)



Almost all patients (91%) reported that their infection was cured in a week



MONISTAT® relieved symptoms quickly (94%) (n=298)



93% of patients were satisfied with MONISTAT® external itch relief cream (n=202)



96% of patients were satisfied with the MONISTAT® Coolwipes® (n=175)

100%

100% of first time sufferers would use MONISTAT® again (n=95)

*The few that were dissatisfied with MONISTAT® experienced no symptom relief, burning after use, an "allergic reaction," pain from the applicator, or had a messy discharge*

# Patient education materials are available at [www.MonistatProfessional.com](http://www.MonistatProfessional.com)



**Sample & Savings Pack**  
(includes patient tips, hydrocortisone sample, & coupons for treatment)



**VVC Phone Triage Tool**

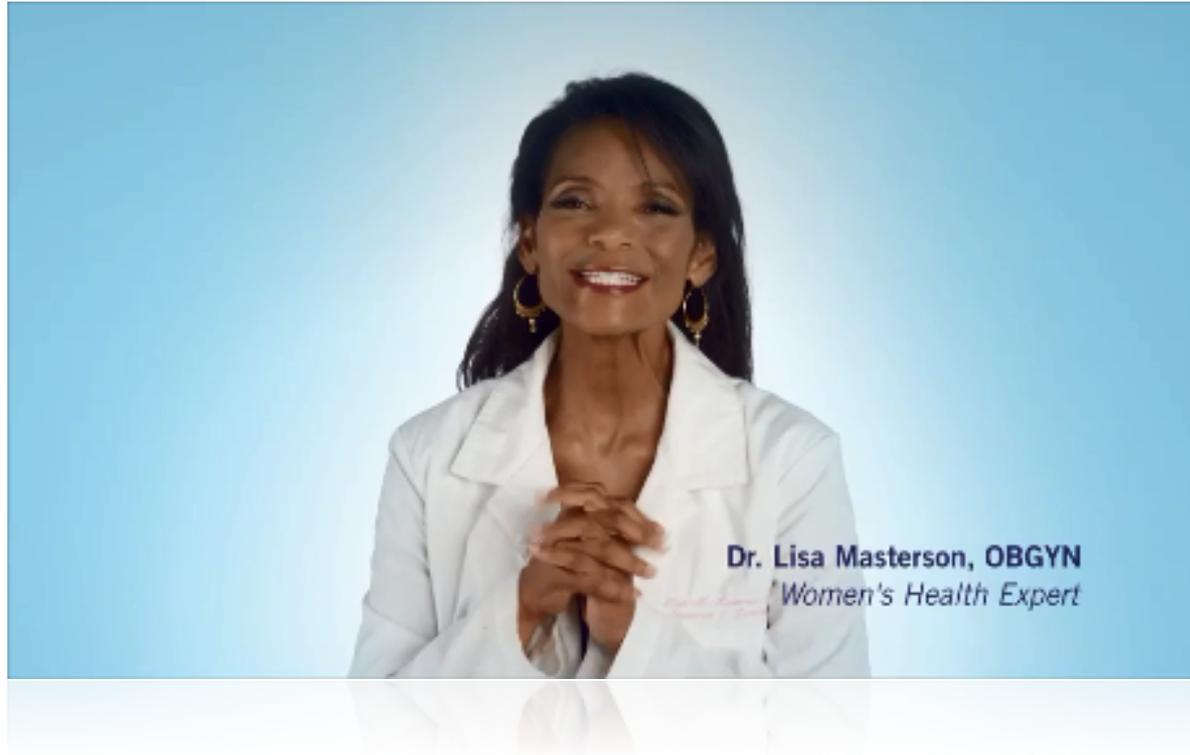


**Treatment Coupon Pad**  
(available in English & Spanish)



**Exam Room Discussion Tool**

# Video: About Yeast Infections



## Poll question

A patient who has never had a yeast infection previously calls with symptoms of VVC. What would you recommend to her?

- A. OTC MONISTAT® or Vaginal Health Test from MONISTAT® Complete Care™
- B. Ask her to come in for an exam
- C. Sitz baths
- D. Stop having intercourse
- E. A or B

## Poll answer

A patient who has never had a yeast infection previously calls with symptoms of VVC. What would you recommend to her?

- A. OTC MONISTAT® or Vaginal Health Test from MONISTAT® Complete Care™
- B. Ask her to come in for an exam
- C. Sitz baths
- D. Stop having intercourse
- E. A or B**

# Poll question

You have confirmed that your patient has VVC, and she requests a prescription for oral fluconazole. What facts might she NOT know?

- A. MONISTAT® cures as effectively as fluconazole and used to be prescription
- B. Rx drugs are not always "better" (more effective) than OTC drugs
- C. MONISTAT® begins to cure on contact and works 4x faster to relieve symptoms than fluconazole
- D. MONISTAT®(miconazole) and other topical azoles treat a broader spectrum of yeast species than oral fluconazole
- E. Any or all of the above

## Poll answer

You have confirmed that your patient has VVC, and she requests a prescription for oral fluconazole. What facts might she NOT know?

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# References

Data on file

Centers for Disease Control (CDC). Sexually Transmitted Diseases Treatment Guidelines, 2015. Data on file. [CDC\_STD Guidelines\_2015]

Mintz JD, Martens MG. Prevalence of Non-Albicans Candida Infections in Women with Recurrent Vulvovaginal Symptomatology. *Advances in Infectious Diseases*. Dec 2013;3(4):238-242. [Mintz Martens 2013]

US National Library of Medicine website; <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000455.htm>, last updated 6/15/15.

CDC Patient Education/VVC; <http://www.cdc.gov/fungal/diseases/candidiasis/genital/index.html>, accessed 7/1/15.

## Slide 35:

1. van Heusden AM, Merkus HM, Corbeij HS, et al. Single-dose oral fluconazole versus single-dose topical miconazole for the treatment of acute vulvovaginal candidosis. *Acta Obstet Gynecol Scand*. 1990;69(5):417-422.
2. Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. <http://www.cdc.gov/std/tg2015/tg-2015-print.pdf>. Published June 5, 2015. Accessed August 14, 2015.
3. Marchaim D, Lemanek L, Bheemreddy B, Kaye KS, Sobel JD. Fluconazole-resistant *Candida albicans* vulvovaginitis. *Obstet Gynecol*. 2012;120(6):1407-1414.

Q & A

**Thank you for participating!**

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# What were young women's perceptions about yeast infections?

## Market Research Study Demographics and Methodology

**Methodology:** Online survey

**Participants:**

- 1,000 women ages 16-24
- 38% have had a vaginal yeast infection
- 80% students (high school through post graduate study), 20% not students
- Race:
  - 51% Caucasian
  - 21% Hispanic, Latino and/or Spanish speaking heritage
  - 17% Black/African American
  - 5% Asian
  - 4% Other
  - 2% Prefer not to answer
- Geographic regions: Northeast, Midwest, South, West