PATIENT SATISFACTION AND PROVIDER PREFERENCE WITH OTC TOPICAL AZOLE ANTIFUNGAL AGENTS

PURPOSE
In the past, patients needed a healthcare provider (HCP) to treat vulvovaginal candida infections (VVC). With the advent of OTC “azole” treatments, most patients self-treated prior to contacting their HCP. Therefore, most HCP’s receive little feedback on the efficacy and satisfaction with OTC products, except with treatment failures. This project sought to give feedback to HCP’s regarding the efficacy and satisfaction for OTC agents.

METHODOLOGY
From June to October 2015, 2,961 NP/ CNM/ PA’s were enrolled in a topical OTC VVC treatment program. They were given 4 azole topical antifungals to dispense, from 1 to 7 days and surveys regarding their selection of various agents. Patients received an anonymous survey card asking about their satisfaction and treatment success.

RESULTS
A total of 1,821 NP/ CNM/PA’s reported on 12,600 patients and 317 patients completed treatment and returned their surveys.

HCP’s demonstrated specific preferences in dispensing the various products: 34% 7 day miconazole cream, 29% single dose tioconazole ointment, 26% 3 day 200mg miconazole ovules, and 11% single dose 1,200 mg miconazole ovules. A small percent of patients notified their HCPs of treatment responses.

IMPLICATIONS FOR WOMEN’S HEALTH
As most women treat themselves, it’s assumed that many patients seek office treatment only after failure. However, it appears that most women (95%) are treated successfully and are satisfied with OTC therapies. As most patients did not give feedback to HCPs, there may be a bias to HCPs only from patients who failed therapy. As new safety concerns are arising with oral, prescription antifungal, it is helpful for HCP’s to regain an understanding of patient responses to OTC treatment. HCP’s were most comfortable dispensing the traditional 7 day regimen and highly active one dose tioconazole ointment for reasons of fluconazole safety or failures. Therefore, current OTC topical azole treatment for VVC appears to be highly effective with excellent patient satisfaction. All forms (ointment, cream, and suppository) and dosing regimens were equally acceptable to patients regardless of HCP preferences.