

National Survey Reveals Most Unaware of Bacterial Vaginosis, the Most Common Vaginal Infection

- Self-Diagnosis Delays Appropriate Diagnosis and Treatment -

Affecting millions of American women every day, bacterial vaginosis (BV) is more common than yeast infections, but often remains unrecognized and significantly under-diagnosed. In fact, a recent national survey, conducted just in time for Women's Health Week (May 11-17) by Harris Interactive, shows that nearly two-thirds of respondents did not know the most common type of vaginal infection. The treatment of vaginal infections is the No. 1 reason women visit their gynecologists.

Although BV affects as many as 50 percent of women in select populations, too often women with BV incorrectly treat themselves with nonprescription yeast remedies and over-the-counter products, instead of seeking the appropriate diagnosis and treatment. A study of women who self-treated what they believed to be yeast infections with over-the-counter therapies revealed that only one-third (32 percent) of participants actually had a yeast infection.(a)

BV is caused by an overgrowth of potentially harmful bacteria in the vagina. Symptoms may include a foul or "fishy" odor, a white or gray discharge, itching, or burning; however, some women are asymptomatic. BV may be associated with pelvic inflammatory disease, cervicitis, infertility, preterm labor or low-birth-weight babies in pregnant women. Data also suggests that BV may be associated with an increased the risk of HIV transmission.

A recent study examined the link between BV and cervicitis, an inflammation of the cervix, and found that patients diagnosed with both BV and cervicitis whose BV was resolved after metronidazole treatment also showed 100 percent complete resolution of their cervicitis,(b) as compared to the placebo group.

If a health care professional suspects BV, a series of simple, painless tests can be performed within minutes during a routine physical examination. Most women are unaware that annual exams such as a Pap smear and pelvic exam do not primarily screen for vaginal infections. This further underscores how important it is for women to communicate any unusual symptoms to their physician. BV can only be treated by prescription medication. Products such as douches or deodorant sprays that mask vaginal odor only serve to disguise symptoms and delay diagnosis and the proper treatment of BV.

The most widely prescribed intravaginal treatment for BV is MetroGel-Vaginal (metronidazole vaginal gel, 0.75%). In June of 2002, the Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services issued updated Sexually Transmitted Disease (STD) Guidelines that recommend MetroGel-Vaginal as a first-line treatment for BV for nonpregnant patients. The new guidelines uphold the CDC's original treatment guidelines, which were released in 1998 and established MetroGel-Vaginal as the recommended standard treatment for BV.

MetroGel-Vaginal is an intravaginal formulation of metronidazole. MetroGel-Vaginal provides effective, site-specific therapy with minimal incidence of common and sometimes severe side effects often associated with oral metronidazole, including nausea, vomiting, gastrointestinal upset and metallic aftertaste. The most commonly reported side effects for MetroGel-Vaginal include vaginal discharge (12 percent), Candida cervicitis/vaginitis (6 percent to 10 percent), vulvovaginal irritation (9 percent), gastrointestinal discomfort (7 percent) and headache (5 percent).

MetroGel-Vaginal is a water-based gel formulated to a pH of 4.0, the pH of a normal healthy vagina. MetroGel-Vaginal does not destroy protective bacteria such as lactobacilli. Lactobacilli minimize the overgrowth of

pathogenic bacteria and yeast in the normal vagina.

For more information about BV and MetroGel-Vaginal, and for full prescribing information, please visit www.MetroGel-Vaginal.com

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MetroGel-Vaginal (metronidazole vaginal gel, 0.75%) is a trademark of 3M Company.

(a) Ferris et al. Obstet Gynecol, Mar 2002

(b) Schwebke j, et al. Sexually Transmitted Diseases, Jan 2002

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