

# Oesophageal Candidiasis - Treatment for Adult Patients

- For hospital patients please include treatment duration on HEPMA

## NOTES:

- Most infections will be *Candida albicans* and therefore sensitive to fluconazole. If the infection is in a patient with a non albicans species isolated e.g. *C. glabrata* (*Nakaseomyces glabrata*) please contact ID or Microbiology for advice.
- Oesophageal candidiasis requires systemic therapy and sometimes occurs in the absence of oropharyngeal candidiasis
- Doses stated are for non pregnant, adult patients with normal renal and hepatic function
- Some of the doses recommended are higher than those in BNF but are based on [SPCs](#) and references below
- SIGNIFICANT INTERACTIONS – with fluconazole and itraconazole
  - Check [BNF](#) or [SPCs](#) before prescribing or discuss with pharmacist
    - Fluconazole and itraconazole can both prolong QT interval
- Obese patients – discuss with pharmacist
- Prophylaxis after treatment is not recommended as it promotes resistance

## 1<sup>st</sup> line:

### FLUCONAZOLE

- 200mg daily for 14-21 days (if very severe or immunocompromised consider 400mg daily or 200mg bd (off label dosing))
- Can be given IV if oral not tolerated but change to oral as soon as possible (90% bioavailability)
- If patient <40kg or >100kg discuss dosing with pharmacist

## 2<sup>nd</sup> line Fluconazole refractory disease:

### ITRACONAZOLE liquid (taken on empty stomach for maximum absorption – 1 hour before or 2 hours after food)

- 200mg daily or 100mg twice daily for 14 -21 days (in very severe cases 200mg twice daily for 14 days)
- Liquid is more effective than itraconazole capsules
- Up to 80% of fluconazole refractory cases will respond to itraconazole liquid
- Caution in patients with ventricular dysfunction or heart failure
- If patient <50kg or >100kg discuss dosing with pharmacist

### **3<sup>rd</sup> line Non responders**

- **Discuss with ID or Microbiology – samples may need sent for sensitivity testing**
- **Voriconazole, posaconazole, echinocandins are options but echinocandins are associated with a higher relapse rate**

#### **References:**

[Electronic Medicines Compendium](#) accessed on 01/08/2024

[IDSA Candidiasis Guidelines](#) *Clinical Infectious Diseases*, Volume 62, Issue 4, 15 February 2016, Pages e1–e50

Comprehensive Review of Infectious Diseases 2000

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