

Oral Thrush (Candidiasis) - Treatment for Adult Patients

GENERAL NOTES:

- For hospital in-patients state duration on HEPMA/medicine chart
- Refer [here](#) for lifestyle advice/dental care
- If extensive/severe infection treatment may be extended up to 14 days duration
- Topical azoles are more effective than Nystatin
- **SIGNIFICANT INTERACTIONS** – with fluconazole and miconazole
 - In particular with warfarin – see [MHRA](#) warning June 2016
 - Other interactions check [BNF](#) or [SPCs](#) before prescribing
- If no improvement with 1-2 weeks of treatment or recurrent infection, refer for investigation to eliminate possibility of underlying disease eg. HIV infection, cancer, diabetes or haematinic deficiencies.

NYSTATIN LIQUID – 1ml dropped into the mouth FOUR times daily for 7 days or until 48 hours after infection cleared

- Suspension should be taken after food and retained in the mouth for as long as possible (e.g. several minutes) before swallowing
- Recommended if any concerns with interactions with fluconazole or miconazole as detailed below

or

MICONAZOLE 2% ORAL gel – 2.5ml (half a spoonful) FOUR times daily and continue for 7 days after infection cleared

- Gel should be applied after food and retained in the mouth near oral lesions before swallowing
- Miconazole gel may be of particular use in patients with dentures
- Miconazole gel is more expensive than fluconazole and nystatin in primary and secondary care
- Note interaction warning above

or

FLUCONAZOLE 50mg daily for 7 days (if immunocompromised 100mg daily)

- Note interaction warning above
- For patients living with HIV, please refer to [Opportunistic Infection in HIV guidance](#) for dosing information
- If patient has been previously treated with azole antifungals and no response to treatment, consider discussion with ID/Microbiology re. culture and susceptibility testing.

References:

[NICE CKS Candida Oral May 2022](#)

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