

Antimicrobials effective for bacterial vaginosis in non-pregnant women

Clinical question	How effective are antimicrobial agents for bacterial vaginosis (BV) in non-pregnant women?
Bottom line	Clindamycin cream (NNT* 3), clindamycin ovules and tablets, topical metronidazole (NNT 3), oral metronidazole and oral and intravaginal lactobacillus are effective for eradicating symptoms of BV. Intravaginal lactobacillus (NNT 3) performed better than topical metronidizole at four-week follow-up. Oral metronidazole tends to cause a higher rate of adverse events, such as metallic taste and nausea and vomiting, than clindamycin. Oral lactobacillus combined with metronidazole is more effective than metronidazole alone. Hydrogen peroxide douche and triple sulphonamide therapy are ineffective for treatment of BV. * NNT = number needed to treat to benefit one individual
Caveat	Only one trial involved asymptomatic women and the result was inconclusive. There was insufficient evidence to reach a conclusion on the effectiveness of other promising drugs.
Context	BV is a very common cause of symptomatic and asymptomatic vaginal infection. It has been associated with a high incidence of obstetric and gynaecologic complications and an increased risk of transmission of human immunodeficiency virus.
Cochrane Systematic Review	Oduyebo OO et al. The effects of antimicrobial therapy on bacterial vaginosis in non-pregnant women. Cochrane Reviews 2009, Issue 3. Article No. CD006055. DOI: 10.1002/14651858.CD006055.pub2. This review contains 24 studies involving 4422 participants
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