

Fluconazole is used weekly for only 8 weeks and is followed by dose reduction if the patient is symptom, culture, and microscopy free of *Candida*. After a period of 4 months of taking 1 dose every 2 weeks, patients can move on to the next level of maintenance treatment (monthly for 6 months), provided they are still symptom, culture, and microscopy free of *Candida*.

This regimen has several advantages compared with the 6 months/weekly regimen. Most women who experience recurrent vulvovaginal candidiasis do not need weekly fluconazole for 6 months; the optimal, and even suboptimal, responders received significant less total medication after 6 months than in the 6 months/weekly system.

Indeed, even if suboptimal responders stay for longer periods on their level of treatment to avoid clinical relapses, most of them do not need to be on weekly treatment. Clinicians and researchers should be aware of early identification of the group who had recurrences despite maintenance therapy and help them in a timely, more efficient way. Women on the ReCiDiF regimen were recurrence-free for a longer period of time and were shown to need less fluconazole per month than in the 6 months/weekly regimen. Furthermore, this regimen appears to prevent the frequent recurrences that are seen after suddenly stopping the 6 month/weekly period; after 1 year, 79% of the women were recurrence free in the ReCiDiF regimen³ vs 43% after the 6 month/weekly treatment.²

This individualized fluconazole maintenance therapy is currently the standard of care in Belgium, Austria, and Germany⁴ and produces high satisfaction and adherence rates in patients. Hence, we regret that the review failed to inform the reader about the advantages of the ReCiDiF approach and that it is was not highlighted in its summary table. ■

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REPLY



In a recent review of recurrent vulvovaginal candidiasis, treatment options were described for women in whom no preventable triggering stimuli were forthcoming.¹ A suppressive maintenance prophylactic regimen with fluconazole was recommended and indeed this regimen is widely used and appreciated worldwide. In the review, attention was directed at 1 such regimen consisting of the use of once weekly fluconazole (150 mg) for a period of 6 months.² Other alternative regimens were also immediately referenced including a more personalized but similar regimen of Dr Donders et al,³ the text emphasizing that these maintenance regimens have documented therapeutic efficacy and safety. No attempt was made to compare efficacy of the different maintenance fluconazole regimens since there are no data of comparative efficacy. In the accompanying letter Drs Ginc and Donders claim that their regimen of fluconazole called “ReCiDiF” is superior to the widely used once-weekly fluconazole regimen. Unfortunately, as mentioned above, no comparative study has ever been performed! Given the obvious differences in patient populations and treatment regimens utilized, attempts to compare study outcomes are not possible. To claim an advantage of the ReCiDiF regimen is without merit and is contrary to the respected scientific standard. A prospective randomized blinded study comparing the different fluconazole regimens would be welcomed. ■

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