Indication	No of doctors
Persistent facial pain	439
Frequent attacks of acute sinusitis	403
Requests from patient	314
To exclude neoplasm	251
Chronic postnatal drip	220
Suspected nasal polyps	121
Prolonged absence from work	112
Chronic nasal problems in childhood	94

indication seems to be pressure from patients, which it is hoped will be offset by invoking the guidelines.

Most general practitioners are aware of the low weight of the more nebulous findings such as mucosal thickening and haziness and rightly perceive that hard findings include deviated nasal septum and nasal polyps. Such intranasal disease is more appropriately shown by anterior rhinoscopy, which general practitioners can easily perform with an auroscope. Most otolaryngologists now find little benefit from pre-referral sinus radiology; a full trial of topical nasal steroid treatment is of greater value. Although rhinologists prefer computed tomography when indicated, the examination shows a high incidence (over 40%) of abnormalities in symptom free subjects⁵ and entails considerable exposure to radiation (equivalent to that used in 200 chest radiographs⁶).

The revolution in management of nasal disease in the United Kingdom since the introduction of diagnostic and therapeutic nasendoscopy in the mid-1980s supports the implementation of the guidelines. We

propose that general practitioners should no longer request sinus radiography; that they should give a full trial of topical steroid treatment to patients with chronic, non-specific rhinosinusitis; and that they should refer for specialist assessment those who fail to respond and those who are suspected of having a neoplasm, polyp, or other structural nasal abnormality.

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Vulvovaginal candidiasis in young women with cystic fibrosis

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Reported rates of vulvovaginal candidiasis in women with cystic fibrosis and controls

Frequency of vulvovaginal candidiasis	No (%) with cystic fibrosis (n=55)	No (%) of controls (n=76)
Never	11 (20)	31 (41)
Infrequently	16 (29)	24 (32)
Once a year	5 (9)	6 (8)
Twice a year	10 (18)	11 (15)
Once a month	9 (16)	2 (3)
Almost all the time	4 (7)	2 (3)

The great improvement in the survival of young people with cystic fibrosis over the past few decades means that most children with this disease now survive to face the challenges of adolescent and adult life.¹ Little attention, however, has been paid to the reproductive health problems in these young people. In particular, women with cystic fibrosis may be at increased risk of vulvovaginal candidiasis because of frequent use of systemic antibiotics and a relatively high prevalence of diabetes mellitus. We report the rate of vulvovaginal candidiasis in young women with and without cystic fibrosis.

Subjects, methods, and results

Women aged 18 years and over who attended the cystic fibrosis service at our hospital or the Alfred Hospital, Melbourne, Australia, were invited to complete a self administered questionnaire on reproductive health. This covered a wide range of reproductive health concerns, but only the relevant results are reported here. Control subjects from two general practices were asked to complete a modified questionnaire omitting questions related to cystic fibrosis and asking about other illness and drugs. We obtained details of pulmonary function (for cystic fibrosis), antibiotic use, and diabetes from the patients' medical records.

Fifty five of 62 (89%) women with cystic fibrosis completed the questionnaire. The mean age was 23.7 years for women with cystic fibrosis and 23.9 years for controls. In women with cystic fibrosis the mean forced vital capacity (percentage of predicted) was 81 (SD 21) and the mean forced expiratory volume in one second (percentage of predicted) was 64 (24). Ten women with cystic fibrosis had diabetes mellitus, 39 took daily oral antibiotics, and 19 regularly took oral contraceptives. A similar proportion of respondents in each group were sexually active (41/54 with cystic fibrosis v 60/76 controls).

In response to the question, "Have you had vaginal thrush infections (candida infection)?" 13 women with

cystic fibrosis reported suffering from vulvovaginal candidiasis either once a month or almost all the time compared with four controls (P=0.002; table). Thrush that was persistent or difficult to treat was reported by 25 (35%) women with cystic fibrosis and 10 (13%) controls (P=0.005). Twenty five of the 43 women with cystic fibrosis who had had vulvovaginal candidiasis recognised an association with oral antibiotics compared with 14 out of 45 controls (P=0.05). There was no significant association with diabetes (4/10 of those with diabetes versus 9/45 of those without diabetes had vulvovaginal candidiasis at least once a month; P=0.18).

Comment

Although vulvovaginal candidiasis is a common problem, we are unaware of longitudinal studies in all women or those with known risk factors such as regular antibiotics or diabetes mellitus. It has been estimated that 75% of women will have at least one episode of vaginal candidiasis, 50% will experience a second episode, and 5% will have severe, intractable symptoms.²

The health system, and health professionals generally, trivialise illnesses and diseases that are common, easily treated, and not life threatening.³ This is especially true in patients with severe chronic illness, when health professionals focus on disease stability and survival. This may explain why the problem has not been highlighted and suggests that ways of reducing the risk of candidiasis were not explored for many women.

Our results suggest that women with cystic fibrosis should be given advice about candidiasis. As the transition from paediatric to adult health services for people with chronic illness occurs mainly by default⁴ all people providing health care to young women, whether in a paediatric or adult setting, should be capable of meeting their reproductive health needs.

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