

# YOUR GPS CAN TREAT THESE CONDITIONS

n January 2014, Eastern Health Alliance (EHA) launched the GPFirst programme to encourage patients in eastern Singapore to see their general practitioners (GPs) for mild to moderate medical conditions, rather than head to the emergency department first. In this regular series, our EHA community GPs offer advice on common ailments *CARING* readers might face.

Visit www.gpfirst.sg or see your GP for more information on common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers. Read on to learn more about vaginal yeast infection and allergic contact dermatitis.

# **VAGINAL YEAST INFECTION**

I am a 22-year-old female, single and not sexually active. Lately, I have been experiencing uncomfortable itching around the vaginal opening. I have also noticed a thick and clumpy whitish-grey discharge. I tried washing the affected area with feminine wash for the past two days but the condition did not improve. Do I need to see a gynaecologist, or can my GP treat this condition?

A thick, whitish-grey, cottage-cheese-like discharge is the telltale symptom of a vaginal yeast infection. This infection causes uncomfortable itching. You may also experience pain while urinating, especially when the urine comes into contact with the reddened and irritated skin around the vaginal opening.

Your GP can easily manage your vaginal yeast infection. He or she may ask if you have any underlying risk factors that may increase your chances of developing this infection. These risk factors include the following:

- antibiotics use
- diabetes mellitus (DM)



- pregnancy
- a weakened immune system, due to HIV infection or the use of certain medicines like steroids
- stress/lack of sleep
- contraceptive use, including contraceptive devices and hormonal contraceptives

Your GP will conduct a physical examination. Investigations are usually not needed, though a blood-sugar screening may be necessary to exclude DM. If yours is a simple yeast infection, your GP will prescribe a one- to three-day regimen consisting of an antifungal cream, tablets and/or suppository.

Your GP will advise you to stop frequent douching or washing of the vaginal area, as this can upset the healthy bacterial balance or even flush harmful bacteria into the upper genital tracts (such as the uterus and fallopian tubes).

In addition, you should eat a well-balanced diet; include yoghurt and/or lactobacillus supplements. Use underwear made of natural fibre like cotton, and don't wear tight pants and panty hoses. Avoid taking frequent hot-tub baths.



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You will need a follow-up examination in a week's time to check that the infection has cleared and for treatment of any underlying causes. If you get four or more symptomatic infections in a year, your condition is considered to be recurrent. If that happens, your GP will review your risk factors. He or she may send vaginal swabs for laboratory testing and prescribe a longer duration of oral medications.

## **Dr Theresa Yap**

# **ALLERGIC CONTACT DERMATITIS**

I am a 28-year-old female. For the past few days, I have had a rash around my neck. It is red and extremely itchy with slight blistering. I do not recall eating any special foods, nor have I used a new type of body wash. I recently wore a new necklace. Could that be the cause of the rash? Can my GP help me?

It sounds like you have allergic contact dermatitis (ACD). The likely cause is your new necklace, which probably contains a nickel alloy.

Doctors primarily diagnose ACD by taking the patient's medical history and performing a physical examination. Your GP will first ask about your personal and family history of eczema, asthma, allergic rhinitis and food allergies, as well as your experiences wearing costume jewellery and belt buckles. Sometimes, you may have to look back days or weeks to identify the offending agent, as allergies do not usually start straightaway.

Your GP will then examine the extent of the rash, look for other affected areas, and check for fever and other signs of secondary infection. The diagnosis is relatively straightforward as it is related to direct skin contact with an offending agent.

Other diagnoses considered include irritant contact dermatitis, and fungal and bacterial infections. In rare cases of chronic or intermittent rash, your GP may offer a skin allergy testing to determine the exact cause.

For treatment, it is important to remove the offending agent – the necklace, in this case. Choose jewellery that does not contain nickel; go for pure gold or silver jewellery. Avoid metallic belt buckles (if you also wear belts); wear plastic ones instead.

Your GP may prescribe a topical corticosteroid

cream for the rash and a hypoallergenic moisturiser to speed up recovery and soothe the skin.

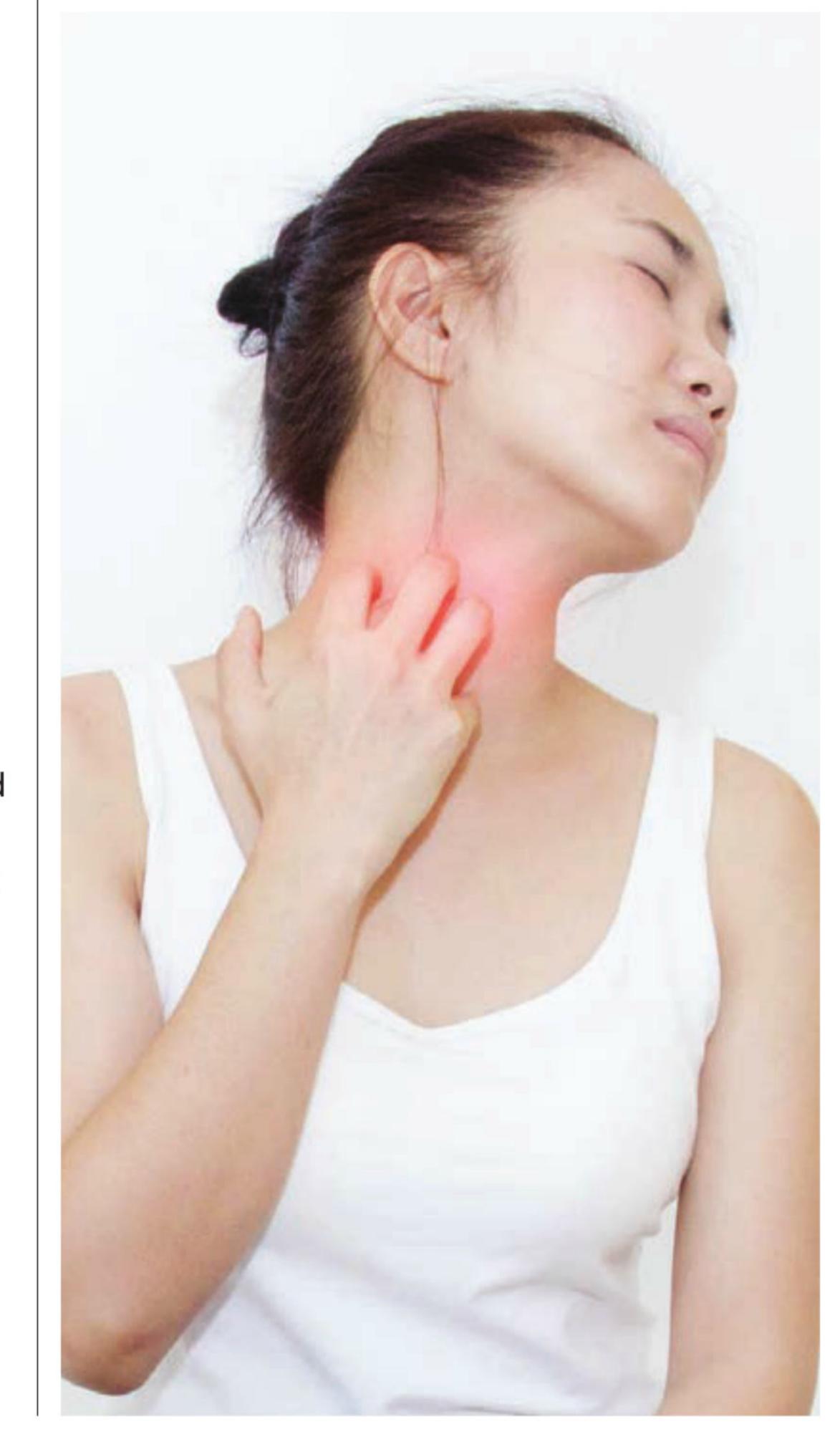
Sometimes, he or she may prescribe an oral antihistamine to manage the itching.

Atopy is the genetic tendency to develop allergic diseases, and ACD is only one aspect of it. If you are allergic to nickel, you may also be allergic to other common substances. For example, the soaps, fragrances and cosmetics that you are using can cause ACD too. The allergy can also present in other ways besides a rash, such as through a cough, runny nose and teary eyes.

If you seek treatment early, you can minimise the risk of complications. Complications are likely related to bacterial or fungal infections of the affected area. For such infections, topical or oral antibiotics may be necessary.

If your ACD does not respond to the initial treatment, your GP may refer you to a dermatologist for other therapeutic options, including systemic corticosteroids and phototherapy.

### **Dr Justin Tan Tze Chong**





Dr Justin Tan Tze Chong, a family physician, practises at Pinetree Medical Clinic in Fengshan Bedok. When he is not working, he is busy looking after his three-year-old child who has atopic dermatitis.