# Quality Improvement Activity

## Why did I think about it?

Felt that I was prescribing a lot of clotrimazole / hydrocortisone cream and wondered if there were any guidelines for its specific use.

Started looking into it, found that there was very little prescriptive advice in the use of canesten HC or any of the thrush treatments in terms of which to use and for how long.

Did search on knowledge network to look for systemic reviews on candidal treatment. Found very little to choose between fluconazole and clotrimazole in terms of efficacy according to the studies ; nothing to guide on canesten HC and nothing on duration of treatment.

Presented the systemic review at journal club to share thoughts – remember most the study looking at microwaving pants to prevent candida! I was surprised to find that fluconazole was so much cheaper than clotrimazole as I had always thought fluconazole was the more expensive treatment.

Thought it would be useful to look at general prescribing practice to see whether I was doing the same as every one else and whether there was a specific regime and treatment which worked.

Huge numbers, not many people coming back for follow up to make a useful assessment.

Suggested reviewing treatment as part of a student project – with student planned review of treatments given, and whether different treatments were given on return appts.

## Outcomes:

Change in practice

Suggestion to change local guidance from clotrimazole cream as first line to fluconazole as lower costs and equal efficacy, in addition studies all cited oral method to be preferential to patients.

Presented in appraisal as “Audit / review of prescribing as submitted on form 3 domain 2 “Safety and quality”