Tinidazole vs Metronidazole in Bacterial Vaginosis

Bacterial vaginosis (BV) is common and potentially dangerous (linked to birth complications and sexually transmitted diseases [STDs]), but, as yet, no treatment exists with satisfactory cure and recurrence rates. Tinidazole, licensed recently in the U.S., has potential—it has a longer half-life than the standard, metronidazole, and a good adverse-effect profile. However, University of Alabama researchers, who compared the 2 drugs, say they were pretty much the same.

The researchers randomly assigned 593 women, who attended the Jefferson County Department of Health STD Clinic with symptomatic BV, to receive 2 dosages of either oral metronidazole 500 mg, tinidazole 500 mg, or tinidazole 1 g for 7 days. Follow-up visits were conducted at days 14 and 28, then monthly for 2 more visits.

The study found no differences in cure rates between the drugs, or between the dosages. At day 14, 80%, 83%, and 73% of the women in the metronidazole, tinidazole 1 g, and tinidazole 500 mg arms, respectively, were considered cured or improved. Overall, the cure rate was 77% at the 14-day follow-up and 65% at the 1-month visit.

Microbiologic cure was defined as a Nugent score of < 7. Using a stricter Nugent criterion of cure (a score of < 4), the researchers still found no significant difference in cure rates between the treatment arms; the cure rate at day 14 was 54%.

The researchers also found no differences in recurrence rates. Overall recurrence rates were 29% and 31% at months 1 and 2, respectively. Women who reported engaging in sexual activity during the study were significantly more likely to have BV at follow-up visits. Of note, the researchers say, nearly 97% of the women in the study reported a history of STD; 83% reported a history of BV, which means they may have represented a more difficult-to-cure group.

Adverse effects were similar across the treatment arms; 15% of the women developed yeast infections.

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