16. THE EFFECTIVENESS OF PHARMACEUTICAL DOSAGE FORMS IN THE TREATMENT OF VAGINAL DISORDERS

Author: Lilia Tiron

Scientific adviser: Rodica Solonari, PhD in Pharmaceutical Sciences, Associate Professor, Department of Drug Technology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Vaginal disorders, particularly bacterial vaginosis (BV), vulvovaginal candidiasis (VVC), and trichomoniasis, account for more than 70% of gynecological visits. These conditions affect the quality of life and reproductive health and are associated with high recurrence rates, requiring careful selection of the pharmaceutical dosage form and active substance to ensure effective treatment.

Aim of study. To evaluate the effectiveness of medicinal products used in the treatment of vaginal disorders by analyzing the pharmaceutical dosage forms and active substances available in the Republic of Moldova.

Methods and materials. A review of scientific literature and the State Nomenclature of Medicines was conducted. More than 70 pharmaceutical products were analyzed, assessing the correlation between the route of administration, bioavailability, and patient compliance.

Results. The analysis of the nomenclature of pharmaceutical dosage forms reveals a strong orientation toward topical treatment, accounting for approximately 85% of the available therapeutic options. Solid intravaginal dosage forms dominate the market due to their precise dosing and stability: ovules represent the largest share (approximately 52%), followed by vaginal tablets (24%) and vaginal capsules (12%). Therapeutic effectiveness is attributed to the use of active substances with either a broad or a specific spectrum of action. In vulvovaginal candidiasis (VVC), the use of medicinal forms containing Clotrimazole or Nystatin in the form of ovules ensures a cure rate of over 80–90%. In the case of bacterial vaginosis (BV), local administration of Metronidazole (gel or ovules) or Clindamycin (vaginal cream) is considered the primary treatment, providing local concentrations up to 20 times higher than those achieved through oral administration, while simultaneously reducing the incidence of gastrointestinal adverse effects. The study also highlights the role of combined dosage forms (e.g., Metronidazole + Miconazole), which allow the treatment of mixed infections, encountered in approximately 20–30% of cases. At the same time, an increased use of vaginal capsules containing probiotics (*Lactobacillus spp.*) has been noticed; these contribute to the restoration of the protective biofilm and reduce recurrence rates by up to 40%.

Conclusions. Local administration via ovules and vaginal tablets remains the first-line therapy due to major advantages: targeted release of the active substance at the mucosal level, avoidance of first-pass hepatic metabolism, and reduction of the required therapeutic dose. The variety of pharmaceutical forms available in the Republic of Moldova allows for personalized treatment; however, long-term therapeutic success depends on restoring the balance of the vaginal microbiota.

Keywords. Vaginal disorders, therapeutic effectiveness, ovules, metronidazole, clotrimazole, local treatment.

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