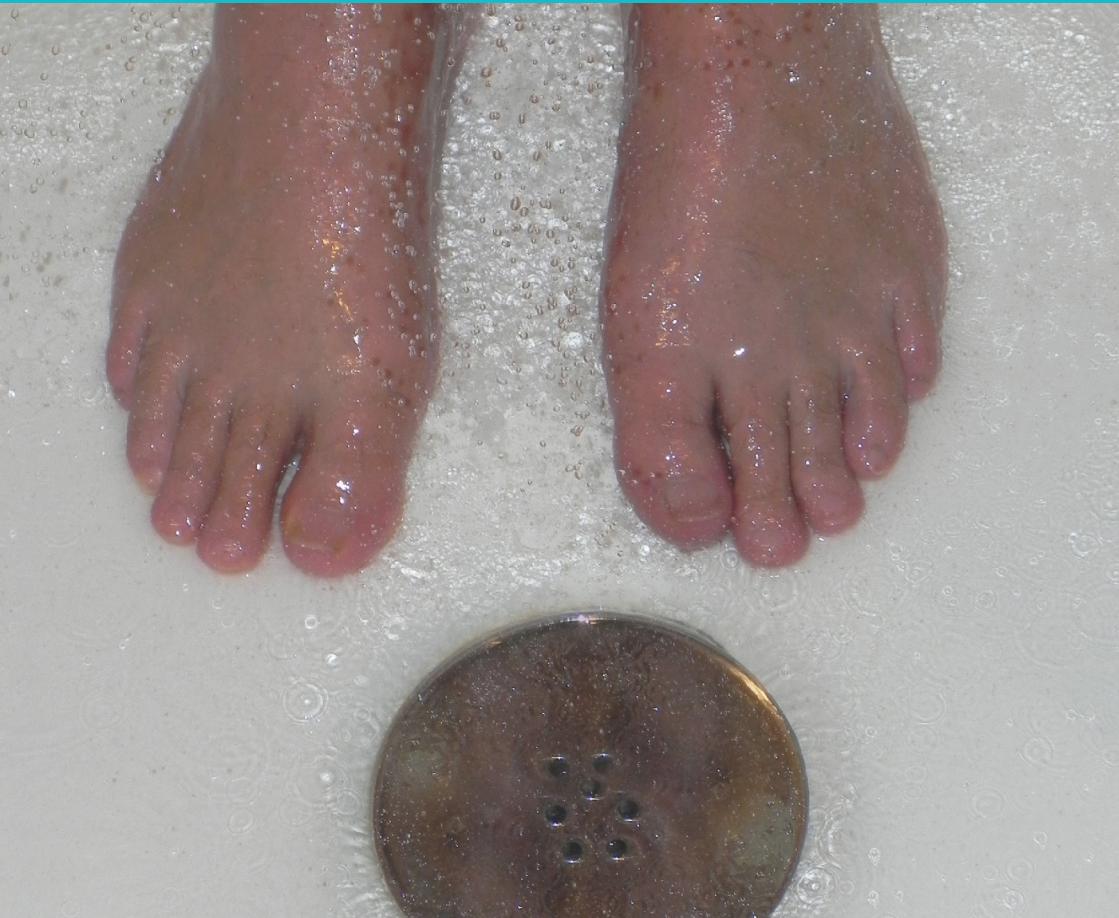


## Athlete's foot and fungal nail infections

Advice for effective treatment and prevention



**RDaSH**

nurturing the  
power in our  
communities

## Signs and symptoms of athlete's foot (tinea pedis)

Between the toes, cracked skin, usually white and macerated (soggy), rubbery texture, red raw beneath and can bleed. Also intensely itchy and sore.

The top or sole of the foot tends to be dry and flaky, often with tiny blisters / vesicles, either pus filled or blood filled. It can also be very itchy and sore.

## Signs and symptoms of fungal toenails

- May affect one or several nails.
- Yellow / brown discolouration of nail.
- May grow thickened and distorted.
- Can be brittle and crumbly with malodorous (smelly) debris beneath the nail.

## Causes

Both are caused by a fungal infection. A common example of a fungus is a mushroom or a toadstool. Don't worry, they don't grow on your feet!

People who attend communal showers / changing rooms, such as swimming baths, are more likely to contract the infection. It is more common with increasing age, due to an inability to reach your own feet, keeping good foot hygiene and lowered immunity against infections. With age you may also develop health conditions that increase the potential for infections to develop.

## Treatment of athlete's foot

The fungus likes an environment which is moist, dark and warm, so the foot is a perfect home. Therefore, regular washing

of feet, careful drying between the toes, changing socks or tights daily and alternating footwear will help to prevent you contracting the infection. Allow air to circulate around your feet (slippers are not recommended as they encourage perspiration due to man-made materials).

If the area is not raw, surgical spirits or witch hazel can be applied to help reduce moisture between the toes. One or two crystals of potassium permanganate in a bowl of warm water (turning the water a very pale lilac) will help to reduce perspiration of the feet (beware, overuse can turn the skin brown!).

You can buy various creams and sprays which can be applied directly to the area affected (e.g. Lamisil, Daktarin, Canesten or Mycota) from the pharmacist, or on prescription from your GP. Use these as per instructions and then once or twice a week, after the symptoms subside, as the infection can still be present and reoccur after the treatment has stopped. Lamisil Once is available from GP or pharmacist and can last up to three months.

If you have a chronic infection (never goes away, or returns periodically), the doctor may prescribe a tablet, dependant on your health (e.g. Lamisil, SporonoX pulse)

## Treatment of fungal nails

1. **Nail lacquers** - If one or two nails are affected, a lacquer such as Trosyl or Loceryl may be prescribed by the GP. In order of success rate:
  - a) Loceryl (Amorolfine 5%): Apply once a week, reviewing every three months to see if the infection has cleared.

b) Trosyl (Tioconazole 28%): Apply every 12 hours for six to 12 months.

If the nails are very thick it is recommended that you see a podiatrist to have them reduced so that the paint can penetrate the nail more easily. In between visits, you can use a nail file once or twice a week, across the top of the nail to keep the thickness down. Urea treatment can be considered to remove affected nail prior to lacquer therapy.

**2. Oral therapy** - If several nails are affected, a tablet may be prescribed by your GP (depending on your general health). A liver function test may be necessary before treatment.

a) Lamisil (Terbinafine hydrochloride 250mg): Take one tablet a day for 3-6 months. New healthy nail should begin to grow from the nail fold. The old fungal nail can take up to a year to grow out fully.

b) SporonoX Pulse (Itraconazole 100mg): Take two tablets twice a day for seven days, then nothing for three weeks. Repeat twice more.

**3. Combination therapy**- use of a nail lacquer in conjunction with oral therapy when multiple nails are chronically infected (i.e. the whole of the nail is totally affected).

Please note, these treatments are very costly and do not guarantee success.

**4.** Occasionally these treatments may fail, which leaves the option of living with the problem, or nail surgery to

remove the nail and the application of a chemical (phenol) so that the nail does not grow again. This is a radical solution and is only used if the nail is painful and conservative self care fails to relieve the problem, and depends on whether the patient's health is satisfactory. Topical antifungal cream such as Lamisil should be applied to the healed nail bed and new nail as it grows.

Sometimes you can develop a secondary bacterial infection. If you notice your skin is inflamed around the nail (you may notice a small discharge of fluid) see a podiatrist or GP for advice.

**Remember, you can become re-infected with a fungal infection at any time.**

It is therefore important to carry out preventative measures, such as regular change of hosiery, alternation of footwear, allowing circulation of air to feet where possible and use of antifungal powders, sprays, gels or creams

Podiatry Foot Protection Services  
Cantley Health Centre  
Middleham Road, Cantley  
Doncaster DN4 6ED  
Tel 03000 211 550

**Further information is available online:**

[www.rdash.nhs.uk/services/podiatry-foot-protection/](http://www.rdash.nhs.uk/services/podiatry-foot-protection/)

[www.rcpod.org.uk](http://www.rcpod.org.uk)

[www.diabetes.org.uk](http://www.diabetes.org.uk)

