

Tinea Pedis and Onychomycosis (foot fungus and toe nail fungus)

Facts

- Tinea pedis is a precursor to onychomycosis.
- Most patients with onychomycosis will also have tinea pedis.
- There is no point in treating onychomycosis without treating tinea pedis and vice versa.
- Infection increases with age.
- Infection increases with diabetes.
- Genetic predisposition – some people are more likely to be infected than others.
- Tinea pedis thrives in a moist, dark, warm environment
- Areas of high risk for infection – pools, shoes, public areas especially carpeted areas.

Treatment options

Topical (applying an anti-fungal on to the infected area)

- Topical antifungal agents can be purchased from the supermarket and chemist.
- Tea tree oil is a natural alternative.
- A tincture is a good option as it sets onto the nail like nail polish.
- Cream is good for the skin i.e. Lamisil® Cream
- When treating the nails you need to apply the treatment to the nail daily until all sign of the fungal infection has grown out and then continue treating for another couple of months.
- Thinning the nail as much as possible to allow the treatment to penetrate is also advisable. Your podiatrist can do this for you at your routine appointments.
- **The problem with this treatment method is that it may take a year or so for the infected nail to grow out.**

Systemic (taking oral medication)

- If you are interested in this treatment option you need to have a sample of infected nail taken and sent to the lab. If they can grow fungus from the sample in the lab, you can then have Lamisil® tables prescribed by your GP.
- **The problem with this treatment method is that it is very difficult to grow fungus in a lab and false negatives are common.**