FUNGAL NAIL INFECTIONS

NHS Wiltshire Clinical Commissioning Group

Medicines Management Team Advisory Summary

Self-care may be appropriate for the majority of asymptomatic patients with fungal infection of the nails. If treatment is deemed necessary, a systemic antifungal is more effective than topical therapy

Topical antifungal therapy offers very little benefit for the management of fungal nail infections

Introduction

- The toenails are affected in 80% of all cases of onychomycosis. Dermatophyte infection, mostly due to Trichophyton rubrum, is the cause in over 90% of cases
- Fungal nail infection is more common in people who already have fungal skin infections and psoriasis. Patients with diabetes mellitus, peripheral vascular disease, and immunocompromised patients are more at risk of secondary infection
- Although fungal nail infections can have negative effects on the patient's emotional, social, and work life, they will not tend to lead to complications that could be of detriment to the patient's health
- The British Association of Dermatologists state that only 50% of cases of nail dystrophy are fungal, and it is not easy to identify these clinically. The length of treatment needed (6-12 months) is too long for a trial of therapy and mycology confirmation is necessary
- While it is clearly possible to achieve clinical and mycological cure with topical nail preparations, these cure rates do not compare favourably with those obtained with systemic drugs

Formulary Status

3Ts	BCAP	ICID
Phytex® Paint (Green)	Amorolfine (Green)	Phytex® (Green)
Amorolfine (Blue)		

Recommended Actions

- As only 45% of dermatology samples received are positive for fungal infection, recommendations are to always send samples before starting lengthy treatment.
- Topical amorolfine (Loceryl®, Curanail®) has evidence of limited effectiveness for dermatophyte infections
- There is no good evidence of effectiveness from randomised controlled trials (RCT) for other topical treatments for dermatophyte nail infections, including topical tioconazole (Trosyl®), topical salicylic acid and topical undecanoates

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Prescribing Guidance

- NICE Clinical Knowledge summaries (CKS) recommend that self-care may be appropriate for people who are not bothered by the infected nail or who wish to avoid the possible adverse effects of drug treatment
- Terbinafine is superior to itraconazole in dermatophyte onychomycosis, and should be considered as first-line treatment, with itraconazole as the next best alternative
- Topical therapy can only be recommended for the treatment of Superficial White Onychomycosis and in very early cases of Distal and Lateral Subungual Onychomycosis where the infection is confined to the distal edge of the nail
- Topical therapy should only be considered if the infection is mild and superficial. In these cases, patients should be advised to purchase over the counter amorolfine 5% nail lacquer for the treatment of a maximum of 2 nails
- Combined topical treatment and oral drug treatment are not recommended
- The NICE CKS states further that specialist advice is needed for children as fungal nail infection is rare in children, and the preferred treatments are not licensed for use in children

Wiltshire CCG Cost Impact

In spite of not being very effective therapies, 3164 items were issued in Wiltshire during the last 12 months. The total expenditure was **over £30,000**. **Amorolfine** nail lacquer was the most prescribed item: **2511 items, £16,000**. **517 prescriptions** were issued for **Tioconazole**, totalling **£13,624**

References

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