



## Toenail Trimmers, LLC

### Prevention and Treatment of Fungal Nails

Fungal nail infections are also termed onychomycosis. Toenails are infected more frequently than fingernails and are more often difficult to treat. Fungal nails are thickened and discolored. Onychomycosis accounts for one half of all nail disorders. It is estimated that 32% of people between the ages of 60 and 70 have nail fungus.

#### Prevention

Fungal nail infections are difficult to treat and have a large incidence of recurrence. Prevention is the key. Treatment will not lead to success unless prevention is put into place. Some methods to reduce the risk or spread of fungal nail infections are as follows:

1. Keep nails short, dry and clean.
2. Keep feet dry – make sure feet and toes are completely dry before putting on socks and shoes. If necessary, use a hair dryer on low heat to dry feet and toes.
3. Wear absorbent cotton socks and change daily.
4. Wear proper fitting shoes and rotate shoes to allow them to dry between uses. Use 2 pair of shoes - wear one on day one and the second pair on day two. Alternate.
5. Do not go barefoot in damp public places – wear shower shoes.
6. Use an antifungal spray or powder according to directions.
7. For feet that perspire excessively, try a spray antiperspirant applied to the bottom of the feet prior to applying socks.
8. Avoid nail polish and artificial nails with fungal infections – this can trap moisture under the nail.
9. Wash hands after touching an infected nail to prevent spread.
10. Use clean equipment to care for non-fungal nails. Trim fungal nails last to prevent spread.

## Topical Treatment

Topical treatment of nail fungus is preferred in people with contraindications to taking therapy by mouth, such as liver disease. Topicals may be used when the infection is mild, but alone are generally unable to cure fungus because of inadequate penetration into/under the nail. Topicals are not curative, but may be used to contain the infection and prevent spread. The key to success is careful attention to application frequency. Some topical treatments are:

- Ciclopirox (Penlac) 8% nail lacquer. Apply ONCE A DAY for a full year.
- Naftifine Hydrochloride (Naftin) 1% cream applied ONCE A DAY for 6 months or 1% gel applied twice a day for 6 months.
- Clotrimazole (Lotrimin, Mycelex) 1% solution applied TWICE A DAY for 6 months.
- Miconazole (Micatin, Monistat-Derm) 2% applied TWICE A DAY for 6 months.
- Tolnaftate (Aftate, NP-27, Tinactin) 1% applied TWICE A DAY for 6 months.
- Undecylenic Acid (Cruex, Desenex) applied TWICE A DAY for 6 months.
- Tea Tree Oil 100% applied TWICE A DAY for 6 months.
- Vicks VapoRub rubbed into and around the nail ONCE A DAY for a full year.

## Oral Treatment

Oral medications (by mouth) are more effective and convenient than topical treatments, but have more side effects, drug interactions, and are more expensive. Oral therapy is preferred over topical agents in people with painful nails, significant nail involvement, diabetes or immunodeficiency, when other treatments have failed.

Check with your doctor if you are interested in oral therapy or prescription topical treatment options.