

ATHLETES FOOT

Introduction

Athlete's foot is a common fungus infection of the skin of the foot. The fungus called a dermatophyte lives on dead skin, hair and toenails and thrives and multiplies in warm, moist environments (for example between your toes), leading to infection.

The infection is called athletes foot because it is easily spread in changing rooms and communal showers, shared by athletes, sports people and swimmers. However, anyone can develop the infection if their feet come into contact with tiny flakes of skin from another infected person. For example, sharing sock with a person with athletes foot will mean you will pick up the infection.

Symptoms

The symptoms of athlete's foot are a red rash between your toes, which is flaky and very itchy. This can crack, become white and peel off, or blister and become very sore. Cracks in the skin sometimes lead to a secondary bacterial infection. The space between your 4th and 5th toes is the most commonly affected. Your feet may also smell unpleasant. If untreated, the infection can spread along the other toes and to adjacent areas of the foot, causing the whole area to be red, dry and itchy.

The infection can also spread to the toenails, causing them to go flaky and yellow. Fungal nail infections take longer to treat than athlete's foot and often require antifungal tablets only available with doctor's prescription.

Causes

Athlete's foot is very contagious and can be spread through direct contact with someone with the infection, or indirectly through towels, the floor, shoes etc. The fungus enters your foot through a cut or abrasion. Under certain conditions, such as in the warm enclosed environment between your toes, the fungi multiply and cause infection. Unfortunately even when the symptoms clear up the fungus remains dormant in the skin and can flare up again if the conditions are right. Some people can have the fungus but never encounter the side effects.

Treatment

Athlete's foot is treated with antifungal drugs. These are available as creams, powders and sprays, most of which can be bought over the counter (*OTC*) at your pharmacy.

Most people can successfully treat their athlete's foot in about four weeks. The two main antifungals are terbinafine and a group of medicines called azoles. It's best to start treatment as soon as possible as the infection is harder to treat if it spreads.

PRODUCTS AND TREATMENTS

Terbinafine comes as a cream that you rub into your skin. It is available OTC, and requires between one and four weeks of treatment. It may work slightly faster than creams, powders and sprays that contain an azole medicine. Therefore I would recommend it as first choice for athlete's foot. In Whelehans, we sell the generic version of terbinafine, called Lanafine AFR[®], which is equally effective yet half the price of the branded version. There is now a once off treatment called Lamisil Once[®] which simplifies treatment.

A **topical azole** comes as a cream, lotion or powder that you put on your skin. There are a number available OTC, including clotrimazole (canestan[®]), miconazole (daktarin[®]). You will need to use one of these treatments for between one and six weeks to get rid of your athlete's foot. It is a good idea to use the powder (daktarin powder[®]) in your socks and shoes while using the cream for your feet as this will prevent future reinfection.

Tolnaftate (mycil[®]) is available as a cream, a powder or a spray. Tolnaftate acts by reducing the growth of the fungus and stopping the infection spreading. There is good evidence that tolnaftate cures athlete's foot, but the evidence is not as strong as for azoles or terbinafine.

Undecenoates (Desenex[®] or Pedamed[®]) are also likely to kill the fungi that cause athlete's foot. They come as paint or as a cream and are available to buy OTC from your pharmacist.

Always read the instructions carefully and apply the antifungal for as long as advised. You will usually need to apply it for a week or so after the rash has gone, to completely clear the fungi from your skin. Always rub any cream or lotion into your rash really well and include the surrounding 4-6 cm of normal skin.

If symptoms do not improve, see your doctor, who will make sure the diagnosis is correct and may be able to prescribe alternative treatment. You may be prescribed azole or terbinafine antifungal tablets if the infection has not cleared up with a cream or spray, or if it has spread. However these tablets may cause side effects such as liver problems.

While you are treating your infection, keep your feet covered in communal changing areas until the rash has completely gone

Prevention

- Wash your feet and toes daily and dry thoroughly between your toes.
- Do not wear shoes without socks or tights.
- Change your socks or tights daily.
- Wear socks and shoes made from natural materials.
- Do not share towels.
- Wear plastic shoes or flip-flops in communal showers, changing rooms and around pools.
- Try to spend time in bare feet, leaving your shoes and socks off as much as possible.

Disclaimer: Information given is suitable for the person above only; Please ensure you consult with your healthcare professional before making any changes recommended

For comprehensive and free health advice and information call in to Whelehans or log on to www.whelehans.ie or dial 04493 34591.