

## Fungal Nail Infections

### What is a fungal nail infection?

Onychomycosis is an infection of the nail plate and surrounding structures by fungi including dermatophytes, yeasts and moulds. The dermatophyte *Trichophyton rubrum* is the commonest cause of subungual onychomycoses, or fungal nail infections. Dermatophytes also cause skin infections such as athlete's foot (*tinea pedis*) and ringworm (*tinea corporis*). Yeasts, such as *Candida*, and moulds are less common causes of nail infection.

### What does a fungal nail infection look like?

It is not always easy to identify a fungal nail infection, and people often mistake other conditions for fungal nails. It is best to seek the advice of a podiatrist for identification of a nail condition. Even taking clippings and having them tested will often give a false negative. Usually the nail will have yellow or orange stripes running up the nail with crumbly material under the leading edge of the nail, sometimes with thickening of the nail, but this can apply to other conditions too. If in doubt, seek professional advice.

### Who gets fungal nail infections?

Between 3% and 10% of people in the UK will have a fungal nail infection at some stage, with toenails more commonly affected than fingernails. It is more common in people over 55, and in younger people who share communal floor areas such as showers and changing rooms.

### How did I catch it?

It is an opportunist infection requiring damage to the nail. It may have been be harmlessly present on the skin of the foot for some time, and is often following a trauma to the toe that the fungal nail infection becomes noticeable.

### What will happen if I don't treat it? Will it spread?

If you already have athlete's foot, that may have spread to the nail and visa versa. Once a nail is infected the infection may spread further within that nail, eventually resulting in its loss. Usually the condition is painless and other than the possibility of spreading locally won't cause any systemic problems.

### Can I take medication for it?

Yes there is oral medication available through your GP, but in a small number of cases this can have side effects so suitability must be discussed on an individual basis. Minimum treatment periods for this tend to be six weeks for fingernails and three months or longer for toenails.

### Is antifungal nail paint/laquer effective?

The effectiveness depends on how established the infection is. Nail paints and lacquers tend to work best when the infection is new or only affecting a small area as they can't penetrate the nail plate in well-established conditions. Even then it will need to be applied regularly for at least six months to be effective.

#### Opening times

Mon - Thurs	08.00 - 20.00
Friday	08.00 - 17.00
Saturday	08.00 - 12.00

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### How can I prevent it or reduce the risk of it spreading?

As soon as you think you have athlete's foot you must treat it immediately using the appropriate creams, powder or spray suggested by your podiatrist or pharmacist. Here is a list of further important do's and don'ts.

- Keep toenails cut short so as to minimize trauma or injury.
- Wear shoes that fit properly and alternate shoes.
- Use antifungal powder to control perspiration which may promote fungal infections of the feet.
- Treat nail fungus to avoid complications especially in diabetics and immuno-suppressed people.
- Be certain of the correct diagnosis by seeing a podiatrist, GP or dermatologist.
- Wash and dry the feet properly.
- Do not share clippers, scissors or files, ensure fungal nails are treated last to avoid cross infection and make sure all implements are thoroughly cleaned after use.
- Avoid going barefoot in public facilities like locker rooms and pools, wearing flip flops is a good idea.
- Never wear someone else's shoes and never let them wear yours.
- Avoid wearing trainers or tennis shoes as regular shoes.
- Wear "outside shoes" for outside work.
- Use antifungal sprays and powders in the shoes weekly, if not more often.
- Don't pick the toenail with your fingers as there is a risk of transferring the infection to the hands.

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