ABSTRACT The American Academy of Dermatology guidelines for managing patients with onychomycosis, published almost 2 decades ago, provide sound, basic recommendations for clinicians. This article provides a quick reference for clinicians and includes a handout for patients to support the health care provider's educational efforts.

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Guidelines for managing patients with onychomycosis were last published in 1996. (1) In the absence of the availability of new medications since that time or of new data on existing agents that suggested the need for a change in the guidelines, an update has not been necessary. The management of onychomycosis is straightforward and can be summarized as follows:

* Inspect clinically and take a thorough personal and family history.

* Consider the differential diagnosis. Onychomycosis accounts for at least half of all cases of nail infection, particularly toenail infections. In patients who are not immunocompromised, psoriasis and lichen planus should be the first two considerations in the differential diagnosis.

* Confirm the diagnosis with a laboratory study: potassium hydroxide, periodic-acid Schiff stain, or fungal culture. (In the future, analysis by polymerase chain reaction may become widely available.)

* Consider the treatment options. If onychomycosis is confirmed, consider the available, treatments. Factors to include are the site of disease (toenails or fingernails), the extent of disease, and the patient's age, immune status, and concomitant conditions that may limit systemic choices or are likely to affect treatment efficacy, including severely thickened nails, compromised peripheral circulation, and the presence of diabetes mellitus. In addition, consider the patient's health insurance coverage in the equation; some carriers will cover topical therapy only after a systemic treatment has been tried first.

* Discuss your recommendations with the patient. If the infection is limited to 50% or less of the nail plate of only one or a few toes, topical therapy is an option. Be clear about the cure rates associated with the proposed therapies. If systemic therapy is considered, discuss the potential side effects of the available systemic agents and inform the patient about any baseline and follow-up blood testing that will be required.

* Discuss realistic expectations for immediate anti long-term treatment results. Patients must understand that one course of treatment may not produce the optimum result and that recurrence of onychomycosis is very common. It is also important to advise patients about the point in time that visible results can be expected (ie, the rate of nail growth), and that, clearance of an infection will be evident only as nails grow.

* Emphasize the role of preventive measures to avoid reinfection. For example, one of the most common ways that patients acquire infection with organisms such as T. rubrum is walking barefoot in pools, spas, gymnasiums, and locker rooms-areas where moisture is present and where fungi can thrive. Another common source of infection is the nail salon, individuals should bring their own nail clippers, files, and emery boards to the salon, and ensure that the technician washes the nail-soaking dish or pedicure tub with bleach between clients. Prompt treatment at the first signs of athlete's foot infection can also reduce the recurrence of onychomycosis.

Boni Elewski, MD, has been an investigator for Anacor and Valeant.

David Pariser, MD, has been a consultant and/or investigator and/or advisory board member with Abbott Laboratories, Amgen, Astellas Pharma US, Inc, Basilea, Celgene Corporation, Dow Pharmaceutical Sciences, Inc., DUSA Pharmaceuticals, Inc., Eli Lily and Company, Galderma Laboratories, L.P., Genentech, Inc., Graceway Pharmaceuticals, LLC, Intendis, Inc., Janssen-Ortho Inc, Johnson & Johnson Consumer Products

Phoebe Rich, MD. has been a principal investigator and/or consultant for Valeant, Dow Pharmaceuticals, Topica, and Tolmar.

Richard K. Scher, MD, is an advisor/consultant to Valeant.

Address reprint requests to: David Pariser, MD, Professor of Dermatology, Eastern Virginia Medical School, Department of Dermatology, Pariser Dermatology. 601 Medical Tower, Norfolk, VA 23507. E-mail: dpariser@pariserderm.com

Reference


RELATED ARTICLE: Onychomycosis Patient Handout

An educational handout accompanies this article on the following two pages. The handout may be freely copied by clinicians and distributed to patients. Other uses, such as inclusion in published materials or presentations, require proper attribution for the authors and permission from the publisher. A Spanish-language version of this handout is available online at at www.globalacademycme.com/sdef in the CME Library under the title, "Onychomycosis Information for Patients."


* Professor of Dermatology, Eastern Virginia Medical School Department of Dermatology, Pariser Dermatology, Norfolk, VA

[dagger] Clinical Professor of Dermatology, Weill Cornell Medical College New York, NY

[double dagger] Vice-Chair for Clinical Affairs, Professor of Dermatology University of Alabama School of Medicine, Birmingham, AL

[section] Clinical Adjunct Professor of Dermatology, Oregon Health Science University. Portland, OR

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Pariser, David^Scher, Richard K.^Elewski, Boni^Rich, Phoebe

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