

If Your Doctor Prescribes Lamisil Or Sporanox...

These drugs have dramatically changed the outlook for nail fungus

IF YOU DREAD BARING YOUR toes because ugly fungi have invaded your nails, you're not alone. Up to 40 percent of adults over 60 have *onychomycosis*. It looks gross. Nails turn white, yellow, brown or black. They get thick, dry and brittle. They may change shape, crumble, fall off or smell foul.

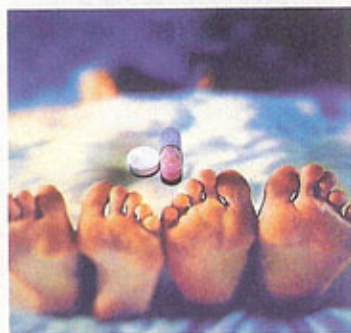
Until recently, cure rates have been abysmal—3 percent for toenails, as low as 40 percent for fingernails—and required taking potent drugs for a year or more. But two medications, Lamisil and Sporanox, have changed all that, shortening treatments, reducing side effects and dramatically improving results.

The Fungus Among Us

Fungi are tiny plants that are ubiquitous in our homes and on our bodies. A nail fungus may be caused by *dermatophytes*, yeast or mold; but in the US, it's most likely to be dermatophytes. These parasites live off the protein in skin and nails and can reside on us quietly for months or years before an infection appears.

What opens the door to them? "Often it's something as simple as stubbing your toe, a little cuticle damage during a manicure, or just ill-fitting shoes," says John E. Mancuso, DPM, clinical instructor in podiatry, Cabrini Medical Center, NYC. "Immune-system changes that come with aging can make it harder to fight off a fungal invasion." So can diabetes and circulatory problems. A history of athlete's foot or habits like not changing out of sweaty socks right after exercise also up the odds: Fungi thrive in moist, dark places. Artificial nails can invite fungal growths under them. But sometimes there's no clue why fungus gets a toehold.

FUNGUS FIGHTERS



MICHAEL HEIRD/STONY STONE IMAGES

LAMISIL and SPORANOX

WHAT THEY DO Kill fungi where they grow, underneath nails and in their hidden roots

TYPICAL DOSES 250 mg daily for Lamisil; 200 mg daily for Sporanox; 12 weeks for toenails, six weeks for fingernails. Also sometimes taken in "pulses"—twice a day for one week, then no medication for three weeks; three months for toenails, two for fingernails.

TYPICAL COST Lamisil, about \$8 per dose; Sporanox, about \$14

BEST WAY TO TAKE THEM Lamisil can be taken at any time; Sporanox must be taken with a meal because food increases its absorption.

STORAGE Keep at room temperature in a tight container, away from light and moisture.

TRIVIA Before the days of anti-fungal drugs, people used to fight nail fungi by soaking their nails in water spiked with bleach. It ate through the nail and killed the fungi. Unfortunately, it also killed skin, usually doing more harm than good.

Stopping The Spread

Some fungal nail infections (usually the white ones) are just surface problems and can be treated with creams or liquids. But most creep in from the edges and spread downward. They infect the nail bed (the skin to which the nail is attached) and the matrix (the hidden root of the nail). Pills are the only way to reach these areas. They travel through the bloodstream to the matrix and prevent the fungus from spreading into new nail growth.

"Older drugs, such as *griseofulvin* (Fulvicin) and *ketoconazole* (Nizoral), have to be taken for as long as 18 months to keep the matrix constantly saturated until the healthy nail grows out," says Mancuso. That's a long time to take potentially hazardous drugs—liver damage is the big risk—with low cure rates.

"In contrast, Lamisil (*terbinafine*) and Sporanox (*itraconazole*)—have a 'reservoir' effect," says Mancuso. "They remain in the nail matrix and bed for months after you stop taking the drug." So you may only need to take these pills for two or three months—or maybe just a week per month for several months. And cure rates are as high as 95 percent for fingernails and 80 percent for toes, plus relapse rates are far lower.

Which One Is Best?

"It depends on the type of fungus, the infection's severity, if it has been treated before, if the person's taking any other meds and the patient's general health—particularly whether he or she has allergies or a liver or blood disorder," says Richard K. Scher, MD, professor of clinical dermatology, Columbia University College of Physicians and Surgeons, NYC. →

The Dispensary

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However, there's only about a 3 percent risk of liver damage when the pills are taken for just a few months. Still, you'll need blood tests to check liver health every four weeks or so. And if you already have liver problems, it's unlikely either drug will be prescribed. (Lamisil also isn't for people with kidney trouble.) Only about 15 percent of users get headaches and even fewer get diarrhea, indigestion or skin rashes.

Drug interactions are trickier. Taking Lamisil with *cimetidine* (Tagamet) may increase the fungal fighter's risks. Mixing it with the anti-tuberculosis drug *rifampin* (Rifadin) may reduce its effectiveness. Interactions may knock out Sporanox if you're taking *cisapride* (Propulsid), *triazolam* (Halcion), *midazolam* (Versed), *lovastatin* (Mevacor) or *simvastatin* (Zocor). And Sporanox interferes with diabetes drugs, but Lamisil doesn't, according to Mancuso.

Although these drugs get into the nail bed as soon as a week after you start taking them, nails grow slowly—one to two millimeters a month for toes, a little faster for fingers—and you have to wait until the infected part grows out to see improvement. So if you start treatment for a big toe today, you won't see a totally clear nail for nine months to a year. On the other hand, the nail on a pinky finger should be healthy in three to four months. Age may slow this somewhat: "The older you are, the more slowly nails grow and the longer you may need to be treated," says Scher.

Not every case is 100 percent cured, especially severe ones that have festered for years. But most people with moderate infections will get complete healing or a significant improvement. If the cure isn't total on the first round, your doctor may recommend a second, or perhaps one pill every two weeks to keep up the anti-fungal action for a while.

Why Bother?

Many people don't even ask their doctors about treating nail fungi. One reason is cost. The new fungus fighters aren't cheap. Depending on the drug and the regimen, three months may run \$1,200 or more.

Why go through all this for a "cosmetic" problem? Because it can turn into something more. "Thickened, painful nails may interfere with your grip, the circulation in your hands or feet, or even walking," warns Scher. "It may also worsen diabetic foot problems and delay healing of any injuries."

Finally, don't assume that an ugly nail is just a fungus. Even doctors can't always tell just by looking. Lab tests on nail clippings or debris from under the nail are the only way to be positive it's not something else, such as psoriasis, an inflammatory disease or even a nail tumor. So at least have it checked and with faster, safer treatments available, you may want to consider the pleasure of sandals again! **R**

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and search under "fungus."