

Topical Antifungals

Information for clinicians



Assessing and treating common fungal infections

	Presentation	Location	Treatment
Tinea (dermatophytes)	<p>Ring shaped with a defined edge and central clearing ('ringworm')</p> <p>OR</p> <p>Scaly and itchy areas between toes, ('athlete's foot'), or in groin ('jock itch')</p> <p>OR</p> <p>Thickened discoloured pitted nails</p>	<p>Scalp (<i>tinea capitis</i>)</p> <p>Face (<i>tinea faciei</i>),</p> <p>Trunk and limbs (<i>tinea corporis</i>)</p> <p>Feet (<i>tinea pedis</i>)</p> <p>Groin (<i>tinea cruris</i>)</p> <p>Nails (<i>tinea unguium</i>)</p>	<p>Topical therapy</p> <p>Terbinafine 1% cream or gel once or twice daily, for 7 to 14 days for infections in the trunk, limb, face or between fingers or toes</p> <p>Topical azoles (see below) are an alternative but need to be given for 14 days*</p> <p>Nystatin is <u>not</u> effective for tinea</p> <p>Oral therapy is indicated for infection that is widespread, severe, recurrent, or not responding to topical therapy. It is often required for scalp lesions and for nail infections. Terbinafine is typically used - refer to the Therapeutic Guidelines for oral therapy recommendations.</p>
Cutaneous candidiasis (thrush)	<p>Can be itchy</p> <p>Moist</p> <p>Red skin rash</p> <p>Sometimes with surrounding pustules, blisters, or satellite lesions</p> <p>Usually minimal scaling</p>	<p>Skin folds:</p> <ul style="list-style-type: none"> • Flexures • Submammary area • Under arms • Groin - vagina, scrotum, buttocks <p>Can complicate dermatitis e.g. 'nappy rash' or 'incontinence dermatitis'</p>	<p>Topical therapy</p> <p>Clotrimazole 1% / econazole 1% / miconazole 2% cream twice daily, for 14 days*</p> <p>OR</p> <p>Bifonazole 1% cream once daily, for 14 days*</p> <p>OR</p> <p>Nystatin 100 000 units/g cream twice daily, for 14 days*</p> <p>Oral therapy may be considered if there is poor response to topical therapy. Fluconazole is typically used - refer to the Therapeutic Guidelines for oral therapy recommendations.</p> <p><i>Seek expert advice for immunocompromised patients with persisting candidiasis despite treatment.</i></p>

*If not improving after 14 days, a clinical review and consideration for alternative diagnoses is required

This fact sheet is intended as a guide only and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with local variations, a patient's current condition and formal clinical review. Our recommendations are based on review of the current literature and expert consensus. For further information or If unsure, refer to the Therapeutic Guidelines or seek expert advice.