



Athlete's foot

Athlete's foot (*tinea pedis*) is so common (affecting about one in five Americans) that most people are familiar with the telltale signs—red, itchy and irritated feet. The condition is caused by a type of fungus that is typically spread from one person to another in public areas where water collects—showers, saunas, locker rooms, and pools.

Once it infects the feet, the fungus thrives in the warm, moist environment inside the shoes and socks. Warm weather often promotes flare-ups. It rarely affects children, but becomes common from the teenage years onward. The prognosis for athlete's foot varies widely and some people never really get rid of it entirely.

Note your symptoms

Athlete's foot can range from being mildly irritating to causing extreme pain. In addition to intense itching, redness and irritation, there may be tenderness, soreness, scaling, and burning. In more severe cases, the skin between the toes or even the soles of the feet may become unnaturally soft, and peel or even crack. This can ultimately lead to inflammation, secondary bacterial infection, or weeping blisters. Toenails that become yellow, crumbly, or thickened and distorted have probably become infected as well. Toenail infections can be very resistant to treatment and often require prescribed oral antifungal medications.

What you can do

- Wash the affected area twice a day with soap and water.
- Always use a clean wash cloth.
- After washing your feet, make sure you dry them completely, especially between the toes (a hair dryer set on low may help).
- Gently, remove any loose, peeling skin.
- After drying, rub antifungal cream or lotion on the top and bottom of the feet and between the toes (follow package directions). Popular nonprescription medications include Lotrimin, Desenex and Zeasorb-AF. In addition to applying antifungal cream, powder may be lightly sprinkled into socks and/or shoes to help keep the area dry and fungus free.
- Keep feet dry and well-ventilated. Wear cotton socks or any of the newer "breathable" blends, such as DuPont CoolMax and some acrylics (labels list moisture absorbency qualities). Change socks once or twice a day and wear well ventilated shoes or sandals over the socks.
- Use your own towel and don't go barefoot to avoid spreading the infection to others.

- If someone in your household has a tendency to develop athlete's foot, wash the tub or shower regularly with a disinfectant cleanser such as Lysol or Pinesol to help prevent spreading infection.
- If athlete's foot seems to have gone away and then comes back, wash all your socks in hot water before wearing them again.

Foot coverings

It's best to go barefoot, if possible, to help maximize ventilation on your feet. People with diabetes, peripheral vascular disease, or other conditions that require wearing footwear should wear sandals or canvas sneakers whenever possible.

- Do not wear the same shoes day after day, and let each pair dry fully before wearing them again.
- Always wear sandals or some other protective covering when walking through an area where water collects and lingers, such as a locker room, shower stall, sauna or steam room.

If the problem persists

You may want to try a nonprescription antifungal medication such as miconazole topical cream (2 percent) or clotrimazole topical cream or lotion (1 percent). Be sure not to rub the feet too vigorously or apply too much medication—this can irritate them even more.

What your doctor may do

If you have symptoms that might indicate athlete's foot, a health care provider may scrape skin cells from the affected area and examine them under a microscope to identify the infectious agent. Other diseases must be ruled out. *Contact dermatitis* (an inflammatory skin condition that may be due to sensitivity to the materials in shoes), *candidiasis* (yeast infection), *dyshidrosis* (a sweating disorder), *psoriasis* (a chronic skin disease) and *scabies* (mite infestation) all have similar symptoms. If athlete's foot is diagnosed, your healthcare provider can prescribe powerful antifungal medications, such as terbinafine (Lamisil), haloprogin topical (Halotex) and ciclopirox topical (Loprox).

In severe cases, and those involving the toenails, your healthcare provider may prescribe an oral form of terbinafine (Lamisil) or another oral medication called itraconazole (Sporanox). Fungal infection of the nails may be particularly stubborn, requiring seven months or more of treatment.

Final note

Athlete's foot is a common fungal infection that is easily spread. To prevent it, practice good hygiene and wear footwear whenever you shower or change your clothing in public facilities like gyms, locker rooms and public showers.

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