



Athletes Foot

Patient Information

What is it?

Athlete's foot which is also known as '*Tinea Pedis*' is a fungal infection of the skin on the feet. It is very common, up to one in four people have athlete's foot at some point in their lives. It's when fungal germs (fungi) occur in small numbers on human skin, usually they do no harm, however, if the conditions are right they can invade the skin, multiply and cause infection. The conditions fungi like best are warm, moist and airless areas of skin, such as between the toes.

What causes it?

It is more common in people who sweat more, or who wear shoes and socks which make their feet more sweaty. Athlete's foot can also be passed on from person to person. For example, it may occur from walking barefoot in communal showers or swimming pools, a tiny flake of infected skin from someone with athlete's foot can fall off whilst showering and may then be trodden on by others who can then develop the infection. It typically starts at the little toe before spreading along the skin. Once a small patch is infected, a rash then develops that becomes itchy and scaly, the rash may spread gradually along the toes if the athlete's foot is left untreated. In some cases it spreads to the soles, occasionally, causing a scaling rash on the entire sole and side of the foot. In other cases athlete's foot causes more of a blistering rash on part of the sole of the foot.

The skin may become cracked and sore, and large splits (fissures) in the skin can develop between the toes, which can be very painful. Sometimes the infection can spread to the skin on other parts of the body, these are usually the moist and airless parts of the skin such as the groin. Fungi do not usually spread deeper than the skin. However, other germs (bacteria) may enter through the cracked skin of untreated athlete's foot, which can occasionally cause more serious infections of the foot or leg.

Athlete's foot infection can also sometimes spread to a nail, this however can be treated, it will take several weeks of antifungal tablets to clear the infection. Therefore, it is best to treat athlete's foot as soon as symptoms start.

How do I treat it?

Athletes foot can be treated with a topical antifungal treatment from any pharmacy, or on prescription. Topical means it is applied directly to the affected area, i.e. the skin of the feet. There are various brands - for example, [Terbinafine](#), [Clotrimazole](#), [Econazole](#), [Ketoconazole](#) and [Miconazole](#). These are usually creams but can also be bought in the form of sprays, liquids or powders, whichever is preferred. All these treatments are good at clearing fungal skin infections. There is no evidence that one is better than another. For children clotrimazole, econazole or miconazole should be used. Other options are Undecanoic Acid or Tolnaftate, which is available over the counter.

Apply for as long as advised, it will vary between the different treatments, so read the instructions carefully. Although the athlete's foot rash may seem to go quite quickly, it will need to be applied

for 1-2 weeks after the rash has gone to clear the fungi completely and prevent the athlete's foot rash from returning.

- Terbinafine: apply once or twice a day for seven days. Not suitable for children.
- Clotrimazole: apply 2-3 times a day for at least four weeks.
- Econazole: apply twice a day until the skin is back to normal.
- Ketoconazole. apply twice a day for seven days. Continue for a further few days if more severe. Not suitable for children.
- Miconazole: apply twice a day and continue for 10 days after the skin is back to normal.
- Undecanoic Acid: apply twice a day and continue for a week after the skin is back to normal.

Creams that have steroids in them, like Hydrocortisone, should be avoided. Although the hydrocortisone can help with the itching, it can lead to spreading the fungi which makes the athlete's foot worse. It is better to stick with creams that only contain the antifungal ingredients and nothing else.

An antifungal tablet is sometimes prescribed for adults with athlete's foot if the infection does not clear with a cream, or if the infection is severe. Tablets are also sometimes needed if the infection is in other places on the skin as well as the toes. Tablets used include [Terbinafine](#), [Griseofulvin](#), or [Itraconazole](#). They are generally taken once a day but an eight week course might be necessary.