



## Service Priorities and Programmes Electronic Presentations

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### **A clinical review on the use of terbinafine in treating cutaneous fungal infections in Cheung Sha Wan Jockey Club General Outpatient Clinic (CSW GOPC)**

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#### **Keywords:**

terbinafine

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#### **Introduction**

Cutaneous fungal infections including onychomycosis and tinea pedis are commonly encountered in GOPC. Before the introduction of terbinafine into the CSW GOPC drug formulary in May 2013, patients were often repeatedly prescribed castellanis paint and clotrimazole cream, with no obvious clinical effect. Latest guideline recommended that microbiological diagnosis should be confirmed before treatment of onychomycosis. However, it did not comment on whether liver function should be checked routinely before starting terbinafine.

#### **Objectives**

To review 1. The effectiveness and tolerability of terbinafine in treating fungal infections in CSW GOPC 2. The clinical practice of doctors prescribing terbinafine

#### **Methodology**

Clinical records of patients prescribed terbinafine in CSW GOPC during 1/3/2015-31/9/2015 were extracted. Patient demographics, conditions requiring terbinafine and their outcomes, liver function and microbiological test results were analyzed retrospectively.

#### **Result**

34 patients' records were reviewed. Indications for prescribing terbinafine included tinea pedis, manuum, cruris, corporis, toenail and fingernail onychomycosis. Toenail onychomycosis and tinea pedis were the commonest. 9 patients (26%) had two or more conditions requiring terbinafine. 2 patients (11%) with tinea infections and 13 (68%) patients with toenail onychomycosis received microbiological testing. 6 patients (46%) of those with toenail onychomycosis with nail clipping done showed positive results, all growing *Trichophyton rubrum*. 33 patients (97%) received baseline or intermittent liver function test. Two (6%) showed elevation of alanine aminotransferase to abnormal range at post-treatment testing with subsequent termination of terbinafine. 10 patients (78%) with tinea pedis and 13 patients (68%) with toenail onychomycosis received terbinafine of the recommended duration. Two

patients (6%) had terbinafine discontinued due to gastrointestinal upset. 10 patients (77%) of patients with tinea infection and 12 patients (63%) with toenail onychomycosis showed significant improvement with terbinafine. Conclusion: Tinea pedis and toenail onychomycosis are the commonest conditions requiring terbinafine in CSW GOPC. Doctors are largely compliant with treatment duration, and clinical improvement is observed in more than half of patients received terbinafine. However, doctors should be reminded to obtain microbiological diagnosis before starting terbinafine for onychomycosis, as suggested by current guidelines. Terbinafine is an effective and safe alternative for patients with dermatophyte infections resistant to anti-fungal topical treatments.