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Improving Clinical Outcomes When Treating Dermatophyte Infections

Joshua A. Zeichner MD

Dermatophyte infections are common and, if untreated, may lead to potentially serious medical complications. The incidence of fungal infections is rising, with up to 25% of the worldwide population suffering from dermatophyte infections.[1] One study evaluating the number of office visits for fungal infections over a 10-year period found that 8.8 million Americans came to the office for tinea corporis, 7.5 million for tinea pedis, and 3.6 million for tinea cruris.[2] We commonly see these patients in our practices and must be prepared to treat them.

With several new antifungal medications on the market to choose from, it is important to understand the published efficacy and safety data for each drug and translate that data to fit our real world practices. Commonly reported study outcomes include complete clearance, mycological cure, and clinical cure, which can help quantifiably capture efficacy in a study environment. However, clinical trial efficacy does not necessarily translate to real world effectiveness. A happy patient in your office may actually be considered a treatment failure in a clinical trial. Take for example an onychomycosis patient suffering for years from moderate nail dystrophy. Even some improvement may make the patient very happy, even though it may not be enough to reach a study's efficacy endpoint. What are unfortunately not commonly published in publications are photos of the treatment "failures," which many of us dermatologists may actually consider to be real world successes.

> "A happy patient in your office may actually be considered a treatment failure in a clinical trial."

Proper drug selection is only one part of achieving a successful clinical outcome. The other, perhaps even more important, part is patient education. We must explain to patients the need to adhere to a regimen and the consequences of not treating properly. These include primary treatment failure, recurrence, or spread to other body parts or close contacts. Moreover, realistic expectations must be set to put patients in the same mindset as the practitioners.

In the following educational activity, my colleagues Dr. Ted Rosen and Dr. Boni Elewski will join me in addressing the following objectives:

- Increasing awareness of the clinical impact of common cutaneous superficial fungal infection
- Understanding the safe and efficacious use of new topical treatment options
- Optimizing clinical outcomes in the treatment of onychomycosis, tinea corporis, tinea cruris, and tinea pedis
- Minimizing the potential for recurrence of fungal infection

Most uncomplicated dermatophyte infections can be effectively treated with topical antifungal drugs. It is our job both to recognize the infections and be educated on the need to treat them.

Joshua A. Zeichner MD
Department of Dermatology, Mount Sinai Hospital, New York, NY

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