

MINISTRY OF PUBLIC HEALTH OF UKRAINE
NATIONAL UNIVERSITY OF PHARMACY

**TOPICAL ISSUES
OF NEW DRUGS DEVELOPMENT**

Vol. 2

April 20, 2017

Kharkiv

Kharkiv

NUPh

2017

MODERN PHARMACOTHERAPY OF ONYCHOMYCOSIS

Lavrova A. D.

Scientific supervisor: PhD, associate prof. Ryabova O. O.

National University of Pharmacy, Kharkiv, Ukraine

kuroki06@gmail.com

Introduction. Onychomycosis is a fungal infection of the toenails or fingernails that may involve any component of the nail unit, including the matrix, bed, or plate. Onychomycosis is a widespread disease. It accounts for half of all nail disorders. The incidence of onychomycosis has been reported to be 2-13% in North America, 6.5% in Canada and 3-8% in United Kingdom, Spain, and Finland. Onychomycosis affects persons of all races. The incidence of onychomycosis has been increasing, owing to such factors as diabetes, immunosuppression, and increasing age.

Aim. Reviewing of evidence-based guidelines and treatment recommendations for the management of onychomycosis.

Materials and methods. Investigation of medical guidelines from Medscape and MSD Manual Professional Edition.

Results and discussion. The goals of pharmacotherapy for onychomycosis are to reduce morbidity and to prevent complications. Medications for onychomycosis can be administered topically or orally. A combination of topical and systemic treatment increases the cure rate.

A systemic treatment is always required in proximal subungual onychomycosis and in distal lateral subungual onychomycosis involving the lunula region. Systemic treatment recommendations are as follows: Terbinafine as first line of treatment 250 mg once/day for 12 weeks (6 weeks for fingernail) achieves a cure rate of 75 to 80% (level A); Itraconazole as first line of treatment 200 mg twice/day, 1 week on, 3 weeks off, for 12 weeks achieves a cure rate of 40 to 50% (level A); Fluconazole may be an alternative in patients unable to tolerate terbinafine or itraconazole 150 mg once/week for 6-12 months (level B); combination treatment recommended if response to topical monotherapy is likely to be poor (level D).

White superficial onychomycosis and distal lateral subungual onychomycosis limited to the distal nail can be treated with a topical agent. Topical treatment recommendations are as follows: Amorolfine once/week for 9-12 months (6 months for fingernail) (level D); Ciclopirox is useful for patients in whom systemic therapy is contraindicated once/day for 48 weeks (level D); Efinaconazole once/day for 48 weeks (level D); Tavaborole once/day for 48 weeks (level D).

Conclusions. Systemic treatment is more effective than topical. A combination of systemic and topical treatment increases the cure rate.

13. MODERN PHARMACOTHERAPY	149
Aravina V. V.; Sc. s.: Kireev I. V.	150
Bunyatyan N. D., Oborotova N. A., Nikolaeva L. L.	151
Butenko O. F.; Sc. s.: Ryabova O. O.	152
Dercach A. O.; Sc. s.: Tryshchuk N. M.	153
Gubenko E. S.; Sc. s.: Kashuta V. E.	154
Kovalenko I. S., Semchenko A. S.; Sc. s.: Zhabotynska N. V.	155
Krivykh M. A., Kornilova O. G., Bunyatyan N. D., Mosyagin V. D., Bondarev V. P., Olefir J. V.	156
Lavrova A. D.; Sc. s.: Ryabova O. O.	157
Lukianchuk J. O.; Sc. s.: Drogovoz S. M.	158
Lytvynenko Y. Y.; Sc. s.: Kashuta V. E.	159
Mirenkova P. V.; Sc. s.: Savokhina M. V.	160
Morgunov A. V.; Sc. s.: Tryshchuk N. M.	161
Prystenska A. V.; Sc. s.: Ryabova O. O.	162
Putnenko N. A.; Sc. s.: Zhabotynska N. V.	163
Rakeev P.; Sc. s.: Drogovoz S. M.	164
Tolmacheva K. S.; Sc. s.: Kireev I. V.	165
Vodolazskaya Y. A.; Sc. s.: Tryshchuk N. M.	166
Żmudzka E., Lustyk K., Jakubczyk M., Jaśkowska J., Kołaczkowski M.; Sc. s.: Sapa J., Pytka K.	167
	168
14. PHARMACOECONOMIC STUDIES OF DRUGS	170
Ashfennar Sarah; Sc. s.: Gerasymova O. A.	171
Berdnik O.G.; Sc. s.: Tsubanova N. A.	172
Gorbachenko C.; Sc. s.: Matyashova N.A.	173
Jaloliddinova M. Sh, Zufarova Z. Kh.; Sc. s.: Yunusova Kh. M.	174
Lotfi El Mehdi; Sc. s.: Tkachova O. V., Sakharova T. S.	176
Podgainaya V. L.; Sc. s.: Bezditko N. V.	177
Sharifov Ch. Sh.; Sc. s.: Zaychenko G. V., Mishchenko O. Ya., Khalieieva O. L.	178
Voznyak I. V., Bondarenko O. I.; Sc. s.: Mishchenko O. Ya., Ostashko V. F.	179
15. MANAGEMENT AND MARKETING IN PHARMACY	180
Al Batat Alaa Kadhim Ali; Sc. s.: Sofronova I. V.	181
Aliyeva L. S., Kobets M. N., Kobets Yu. N.	182
Al-Obaidi Mustafa Sameer Abdolwahhab; Sc. s.: Sofronova I. V.	183
Mala Zh. V.; Sc. s.: Posylkina O. V.	184
Postoy V. V.; Sc. s.: Vyshnevskaya L. I.	185
Pyrlyk D. O.; Sc. s.: Bondarieva I. V.	186
Rouached R.; Sc. s.: Zhadko S. V.	187