SAFER®
SAFER USE OF HIGH RISK MEDICINES

Waitemata District Health Board
Best Care for Everyone

TERBINAFINE - SAFE PRESCRIBING - NAIL IT!

- BE AWARE THAT TERBINAFINE CAN CAUSE SERIOUS ADVERSE REACTIONS
- ADVISE PATIENTS TO REPORT SYMPTOMS OF HEPATOTOXICITY AND ANY SKIN REACTIONS
- ALWAYS CONFIRM PRESENCE OF SUSCEPTIBLE FUNGAL ORGANISMS BEFORE PRESCRIBING
- CONSIDER THE BENEFITS OF TERBINAFINE AGAINST POTENTIAL FOR HARM

Oral terbinafine is indicated for dermatophyte infections of the nails, and ringworm infections where oral therapy is appropriate (eg due to the site, severity or extent of infection). If pharmacological treatment is appropriate, oral terbinafine is usually considered first line, but its use is associated with a number of rare, but potentially serious adverse reactions.

BE AWARE THAT TERBINAFINE CAN CAUSE SERIOUS ADVERSE REACTIONS

The most frequently reported adverse reactions associated with oral terbinafine are abdominal discomfort, anorexia, nausea and diarrhoea. Rash and urticaria can also occur, sometimes associated with arthralgia or myalgia. Taste disturbance or loss has also been reported.

More serious adverse reactions including hepatotoxicity, dermatological reactions, blood dyscrasias, and severe neutropenia can also occur. Due to the rarity of these adverse reactions, routine haematological monitoring is not indicated; however, baseline LFT (liver function tests) and FBC (full blood count) may be appropriate for some patients. On-going monitoring may be indicated if concomitant hepatotoxic or myelosuppressive medicines are taken.

Serious adverse reactions usually occur within 1 - 2 months of starting oral terbinafine, and often resolve within a week of ceasing therapy. Some reactions, such as taste disturbance can be prolonged, and may last for years.

ADVISE PATIENTS TO REPORT SYMPTOMS OF HEPATOTOXICITY AND ANY SKIN REACTIONS

Advise patients to be alert for symptoms of infection or neutropenia (fever, sore throat, mouth ulcers), symptoms suggestive of liver impairment (abdominal pain, jaundice, persistent nausea), and other reactions associated with terbinafine including progressive skin rash, taste perversion or loss, or hair loss.

Educate patients about these symptoms and the importance of reporting them immediately so that blood tests can be arranged and terbinafine therapy stopped.

ALWAYS CONFIRM PRESENCE OF SUSCEPTIBLE FUNGAL ORGANISMS BEFORE PRESCRIBING

Terbinafine should only be used when there is a clear indication for its use; empirical therapy should be avoided.
Nail clippings or skin scrapings should be sent for microscopic examination and culture. Samples may be incubated for up to 4 weeks before being reported as culture negative.

Non-fungal conditions which may present with similar symptoms include trauma, lichen planus, and vascular disorders.

CONSIDER THE BENEFITS OF TERBINAFINE AGAINST POTENTIAL FOR HARM

The **benefits** of using oral terbinafine to treat relatively common fungal infections of the skin or nails should be weighed against the **risk of harm** to the patient.

Terbinafine requires a long duration of treatment (up to several months), and there is no guarantee that it will result in a cure. A review of 8 studies concluded that terbinafine achieved a disease-free nail in 44% of patients. If initial treatment fails; confirm mycology and check adherence to treatment. An alternative medicine may be more appropriate.

The usual adult dose of terbinafine is 250mg daily. Patients with renal impairment (creatinine clearance less than 50mL/min) should receive half the normal dose; terbinafine should be avoided if the creatinine clearance is less than 20mL/min. The duration of treatment depends on the site and extent of the infection.

Terbinafine is not recommended for patients with chronic or active liver disease, psoriasis or systemic lupus erythematosus (SLE) because these conditions can be exacerbated.

There are a number of clinically relevant medicine interactions; see the data sheet and The New Zealand Formulary for details.

Terbinafine is pregnancy category B1, so due to the lack of information available in pregnant women, it is best avoided unless the potential benefit outweighs the risk. Terbinafine should also be avoided if breastfeeding, again due to the lack of data.

➥ continued

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KEY REFERENCES

1. New Zealand Formulary Terbinafine www.nzf.org.nz/nzf_3341.html?searchterm=terbinafine (Accessed 07-03-14)
2. Douglas Pharmaceuticals Limited. Terbinafine-DP tablets data sheet 10-12-12. www.medsafe.govt.nz/profs/datasheet/t/Terbinafine-DPtab.pdf (Accessed 07-03-14)
3. Management of fungal nail infections. Best Practice Journal 2009;19:18-23 www.bpac.org.nz/BPJ/2009/february/docs/bpj19_fungalnail_pages_18-23.pdf (Accessed 07-03-14)

CLICK HERE FOR MORE INFORMATION ON TERBINAFINE INCLUDING A FULL REFERENCE LIST

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