

## MEDICAL BRIEFS

## Pharmacy Week

Thousands of Americans are unnecessarily harmed or die annually because of medication errors made by anyone who handles medicines, including the patient. Studies have shown that many of these medication errors can be prevented if patients talk with their pharmacist about all of the medications they are taking, including prescriptions, over-the-counter and herbal supplements.

During National Pharmacy Week, Oct. 21-27, pharmacists throughout Michigan are encouraging the public to take an active role in their health care by practicing the following tips:

■ Ask your pharmacist how best to take your medicine.

■ Be sure you have received the right medicine. Take a look at the label on your prescription and at the container's contents before you leave the pharmacy. Be sure you understand the directions before leaving.

■ Call your pharmacist or doctor if you have any questions once you leave the pharmacy.

Pharmacists are medication experts. They can provide information about possible drug-drug, drug-food, and drug-herbal interactions as well as how to properly store and take medications. Source: Karl Widak, RPh, Pharmacy Information Systems Specialist, Oakwood Healthcare System and chairman of the Michigan Pharmacist Association Public Affairs Committee.

## Free Mammograms

As part of national Breast Cancer Awareness Month, the Oakwood Healthcare System is offering free mammography screenings at several of its mammography sites in October, including the Oakwood Breast Care Center on Ford Road in Dearborn. The screenings will take place the week of October 29, and depending upon the patient's age group, can include a clinical breast exam, a mammogram and a risk assessment.

To qualify for the free screening, women must be uninsured and over the age of 35. Call (800) 543-WELL for times and locations.

## Male incontinence

A new treatment for male urinary incontinence is the focus of a clinical research trial being conducted by urologists at Beaumont Hospital in Royal Oak. Urinary incontinence is a loss of bladder control or the involuntary loss of urine, a condition that affects one in five older American men.

To be eligible for the study, men must have had prostate surgery. Participation will last two years. Potential participants will be given an implant screening, evaluation of past medical history, a physical examination, and urine and bladder function tests.

Contact Beaumont's Urology Research Department at (248) 651-3355.

## Weight loss

Learn to become a healthier person so you can better take care of yourself, your family and friends. Learn to channel personal grief and negative emotions into positive emotions. The TOPS Take Off Pounds Sensibly #1499 support group will hold a Fall Visitors Night 6 p.m. Tuesday, Oct. 16 at the Newburgh Methodist Church, 36560 Ann Arbor Trail (between Wayne Road and Newburgh), Livonia. New members welcome.

For more information on this event, contact Marie (734) 762-0386.

## We want your health news

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Databook (upcoming calendar events), Medical Newsmakers (appointments/new hires in the medical field), and Medical Briefs (medical advances, short news items from hospitals, physicians, companies). We also welcome newsworthy ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

## CALL US:

(734) 953-2128

## WRITE US:

Observer & Eccentric Newspapers  
(Specify Databook, Newsmakers or Briefs)  
Attn: Renée Skoglund  
36255 Schoolcraft Road  
Livonia, MI 48150

## FAX US:

(734) 953-7279

## E-MAIL US:

rskoglund@oe.homecomm.net

## Nail fungus



BY ALICE ASHMORE  
STAFF WRITER  
Aashmore00a.homecomm.net

During a recent pedicure, a Canton woman got a little more than she expected: She acquired a case of nail fungus.

Diane (not her real name) used a salon gift certificate she received for Mother's Day and had a pedicure in early June. "I noticed a little white spot on my toenail in July," she said. "It wasn't going away and began to get sensitive to pressure. It was a little bit uncomfortable."

A trip to the family doctor revealed Diane had onychomycosis.

Onychomycosis is an infection of the nail bed and plate underlying the surface of the nail. It is caused by various types of fungi that are commonly found in the environment.

A change in toenail color or a spot on the nail is often the first sign of infection. An injury to the nail can also cause the fungus to develop.

In many cases, says the American Podiatric Medical Association, a change in color is the start of an aggravating disease that ultimately could take months to control. As the fungi takes hold, the nail may become thicker, yellowish-brown or darker in color, foul-smelling and deformed.

If it is ignored, nail fungus could impair one's ability to work or even walk. As the nails thicken, they become hard to trim and may cause difficulty wearing shoes.

Information from the National Onychomycosis Society Web site said the fungus can be easily spread from a routine manicure or pedicure through the use of unsterilized equipment.

Estimates are that 11 million cases of nail fungus are diagnosed each year, and women are more often affected than men. However, pedicures are not the main culprit when it comes to spreading toenail fungus.

## Beware your shoes

The most common source of infection is in your own shoes," said Dr. Michael Lefkowitz of Canton Foot Specialists. "We do spend a lot of time in our shoes."

He explained that the warm, moist environment in shoes is the perfect breeding ground for foot fungus. "It is very easy to catch."

Lefkowitz recommends that people never wear the same pair of shoes two days in a row to give them time to dry out. "If your feet sweat, bring an extra pair of socks to change into during the day," he said.

He also recommends disinfecting shoes with a disinfectant shoe spray such as Lysol.

Age is also a factor for toenail fungus. "Approximately 60 percent of those over age 75 have toenail fungus," Lefkowitz said. "The incidence increases proportionally with age."

He said diabetics and those with compromised immune systems are also more susceptible to nail fungus.

## Treatments

Diane is taking Lamisil, a prescription medication, for 90 days to combat the fungal infection. She is concerned about the side effects of the drug.

"It is apparently very hard on the liver. They had to do a liver test before I started taking them."

She must return to her doctor at one month inter-

■ 'The most common source of infection is in your own shoes. We do spend a lot of time in our shoes.'

—Dr. Michael Lefkowitz  
Canton Foot Specialists

vals for more liver assessments. Alcohol was also forbidden by her physician during the course of the medication.

"I figured it up. I can't have a glass of wine with dinner until Christmas Eve," Diane said.

Lefkowitz said his office uses Lamisil "very commonly" for the treatment of nail fungus. "We take a liver test before we put anyone on it, but we have not had any problems," he said. "It's pretty safe."

Lefkowitz said information he is acquiring at seminars indicates "lab tests at the start of treatment are adequate."

He is also having success with a new topical treatment called Penlac. "It is actually working better on the worst cases," Lefkowitz said.

## How to get a safe pedicure

Theresa Gantner has worked for two years as a nail technician at Gerald's of Northville and worked previously as a skin care specialist for 10 years. "I don't see much nail fungus, but the majority is in older clients," she said.

Gantner keeps the tools of her trade scrupulously clean. "Gerald's is aware of the necessity for very high levels of sanitation," she said. "Everything we use is cleanable and sanitizable. We sterilize our metal instruments and our files."

The salon utilizes a stainless steel-lined whirlpool for their pedicures, which is sanitized after each use. "I took off the plastic filter because you couldn't clean it. I pitched it," Gantner said.

Even the solution a client's feet are soaked in is designed to promote sanitation, said Gantner. "In every (foot) bath we use an antiseptic."

Lefkowitz cautions against pushing back the cuticle on toenails. "It is there to protect against infection. By pushing it back you open up the door for infection to your body."

"The biggest culprit for spreading nail fungus would be the nail file," she said. "It happens when pedicurists are not following strict guidelines."

Gantner takes no chances. "If I see someone with fungus, I will throw it (the file) out at the end of the session."

She will also run a bleach solution through the whirlpool tub, in addition to regular sanitation procedures.

Some salons will use a warm paraffin bath as part of a pedicure, but Gantner is strongly opposed to that. "There is no way to sanitize the paraffin, and it is a perfect breeding ground for bacteria."

Diane said her pedicure included the paraffin treatment.

Gantner recommends asking the salon or spe-

cialty store about their sterilization techniques before scheduling a pedicure, and that if you have doubts, go elsewhere.

"I just think there is just an overall problem with many salons not understanding basic sanitation," she said. "It's unfortunate that people associate a great deal of shame with nail fungus, she added. "It isn't because you are dirty, or that you don't bathe."

The Sally Beauty Supply Web site said the best way to prevent nail fungus spread by manicures and pedicures is to provide your own instruments.

"Providing the nipper, file, buffer and orange wood stick reduce your risk," the Web site said. "These are all tools that can irritate and puncture the skin leaving you vulnerable to bacteria."

"That does sound like a good idea," Lefkowitz said.

Diane said the whole experience has changed her outlook about salons. "I'm definitely not going to have another pedicure," she said. "I'm not going to risk it."

## Avoid nail fungus



The toenails are especially vulnerable to fungi around dump areas where people walk barefoot—swimming pools, locker rooms and showers. Injury to the nail bed may make it more susceptible to fungus infection. Those who suffer from diabetes, cir-

culatory problems, or immune-deficiency conditions, are especially prone to fungal nails. Other contributory factors may be a history of athlete's foot and excessive perspiration.

The American Podiatric Medical Association offers the following tips for preventing nail fungus:

■ Wash feet with soap and water daily. Dry thoroughly. Remember, clean, dry feet resist disease.

■ Wear shower shoes in public areas when possible.

■ Change shoes, socks or hosiery daily.

■ Clip toenails straight across so that the nail does not extend beyond the tip of the toe.

■ Use a quality foot powder—talcum, not cornstarch—in conjunction with shoes that fit well and are made of materials that breathe.

A warning about artificial nails and polish: Moisture collecting underneath the surface of the toenail would ordinarily evaporate, passing through the porous structure of the nail. The presence of an artificial nail or polish impedes that process, and the water trapped below can become stagnant and unhealthy, ideal for fungi and similar organisms to thrive.

Always use preventative measures when applying polishes. Disinfect home pedicure tools and don't apply polish to nails suspected of infection.

## Drug kills nail infection, improves appearance

(Bethesda, MD - March 29, 2001) - Fungal nails, or onychomycosis, is a fungal infection and one of the most common nail disorders, accounting for approximately 50 percent of all toenail problems in the United States. According to a recent study in the *Journal of the American Podiatric Medical Association*, (March 2001), there is new data supporting the effective use of the drug terbinafine for the treatment of fungal nails. The drug is proven to kill fungal nail infection and keep it from recurring 72 percent of the time.

Fungal nails are characterized by a progressive change in a toenail's quality and color, which is often thick and painful. People who suffer from onychomycosis may be embarrassed about the appearance of their nails and avoid social interactions where their feet may be visible.

The results of this study are especially important for people with diabetes, who are more at risk for

developing foot complications. According to the study's primary author, Richard Pollak, DPM, MS, of San Antonio, Texas, "diabetic patients with fungal nails are three times more likely to have serious foot problems such as bacterial infections, foot ulcers and amputations compared to diabetic patients who aren't affected by fungal nails. Clearly, treating the diabetic patient for onychomycosis is most important. This new treatment will decrease their chances of foot complications and not interfere with daily insulin injections."

In the study, over 1,600 patients (77 diabetic patients) with fungal nails were given one 250-mg tablet of terbinafine, an antifungal drug that can be taken by mouth, once daily. Patients were divided into three treatment groups that were evaluated at 12, 18 and 24 weeks of continuous therapy with terbinafine. Treatment was continued for additional six or 12 weeks, depending on the extent of the

infection.

After the studies were completed, more than 80 percent of patients in each treatment group felt that the terbinafine treatment improved the quality of their lives. Patients were satisfied with how their toenails looked at the end of the study and more than 75 percent were satisfied with the aspects of the infection that had bothered them the most (walking pain, too numbness, etc.).

Doctors were able to conclude that terbinafine is a safe and effective treatment for onychomycosis. Follow up clinical visits were conducted a year and a half after patients were treated with terbinafine and the recurrence rates for fungal nails remained low for all three treatment groups.

For more information about fungal nails, visit AFMA's Web site at [www.afma.org](http://www.afma.org), or call 1-800-FOOTCARE (366-8227).