

It's Costing A Lot Of Money To Make Those Toenails Fungus-Free



You might be able to get fungus-free toenails, but it could cost you.

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The bills can rack up fast when trying to cure toenail fungus, and it's not always easy to know which drug to use. Costs can range from over \$2,000 for treating one nail to just \$10 for a pill that treats all 10 toes but could have bad side effects. Then there are the costly lab tests to confirm that the curling yellow rot chewing through a toenail is in fact mold.

Right now, the most effective treatment for toenail mold or [onychomycosis](#) is a pill called terbinafine. It costs about \$10 for a full treatment, which can take up to six months. It's so cheap that it would be more cost-effective to administer the drug to everyone that clinicians think has toenail fungus, rather than spending extra money to confirm the diagnosis in a lab, which can cost up to \$148, according to a study published in [JAMA Dermatology](#) on Wednesday.

Considering that at least 10 percent of Americans have toe fungus, the health care system could be saving between \$18 million and \$90 million by skipping the testing, the researchers say.

But some people are reluctant to use terbinafine because there's a risk of liver damage, a fact that was emphasized when it came on the market decades ago.

"Practitioners were uncomfortable giving it because of the consequences, and we unfairly discouraged a lot of people from taking it," says [Dr. Arash Mostaghimi](#), a dermatologist at Brigham and Women's Hospital and Harvard Medical School and senior author on the study. That's the reason why doctors almost always order lab tests, so that people without a fungal infection wouldn't be taking that risk.

Dermatologists know now that the chance for liver damage from terbinafine is less than 1 in 100,000, and yet the message persists. "I think that 'people' think that terbinafine is dangerous because their primary care doctors and even dermatologists have told them that!" [Dr. Matt Kanzler](#), a dermatologist at Palo Alto Medical Foundation, tells Shots in an email.

Under the influence of this misconception, Kanzler says both physicians and patients elect to use more expensive topical treatments, like a new drug called Jublia that costs thousands of dollars per nail and works about 15 percent of the time. They want to avoid any potential liver injury and malpractice lawsuits. "The problem with this drug is that it isn't 'lifesaving' like cardiac medicine," he says. "As soon as there are articles mention 'you should use this safe topical medicine,' doctors say, 'I am not going to put myself at risk.'"

The cumulative cost of all these decisions results in a needless burden on the health system, says [Ankur Pandya](#), a health decisions scientist at Harvard University who was not involved with the study. "These extra health care costs are coming from somewhere. Either our tax dollars or our paychecks as we pay more in premiums and deductibles increase. These are dollars that could trickle back into our pockets on a societal level."

This is part of the reason why health care is so expensive. Insurance premiums hurt, even for cheap plans. The cost to treat even minor nuisances can skyrocket. Then, a toenail fungus is not just a toenail fungus. It becomes an insatiable cash-scarfing beast latched onto the end of your foot. It would be better, Pandya says, to slash procedures that don't make economic sense.

But other doctors say it's not that simple. "Just assuming [terbinafine] is safe, [saying] let's prescribe it for every clinical diagnosis for onychomycosis doesn't translate perfectly into practice," says [Dr. Chris Adigun](#), a dermatologist practicing in North Carolina who did not work on the study.

For one, the pills work only about half of the time and must be taken for up to six months,

depending on how severe the fungus is, and Adigun says there's still a 2 percent chance for other side effects. "The incidence of liver injury is low, but [terbinafine] causes stomach upset, taste disturbance, fatigue — it's often enough that people discontinue the drug."

Adigun thinks that's good enough reason to order the lab tests to make sure the patient really does have toenail fungus. "It damages the patient-doctor relationship to go on six months of a systemic drug for something they might not need."

What's more, Adigun says, this study doesn't take into account that the elderly and people with other complications are more likely than healthy people to have toenail fungus. "[These patients] are often on a lot of other medications, so adding terbinafine to the mix without taking that into account is not totally responsible," she says.

But Mostaghimi thinks it could be irresponsible not to recommend terbinafine as the front-line treatment for toenail fungus. "We're spending 18 percent of our GDP on health care," he says. "As a society, when we decide we're going to spend an additional \$80 million of testing for terbinafine, that's \$80 million we're not spending on things that could be more valuable for us."

Adigun agrees there's a significant cost issue, but that doesn't mean the decision is simple. "The take one for the team mentality is tough when it comes to your health and you're the one swallowing that pill," she says. "I think fiscally responsible medicine needs to be ingrained in us."

At the same time, she says, she took an oath to do no harm. That means doing whatever she can to protect each patient from needless suffering, including side effects from a drug they didn't need.