

End of the road for terbinafine? Think of compliance to treatment

Sir,

We read with interest the publication entitled “End of the road for terbinafine? Results of a pragmatic prospective cohort study of 500 patients.”¹ In this paper, 500 patients diagnosed with dermatophytic infections (tinea corporis, tinea cruris and tinea faciei) were enrolled and prescribed oral terbinafine. After 4 weeks, the cumulative cure rate was low (30%) and the authors concluded that terbinafine is losing its efficacy.

The study conducted by Singh and Shukla¹ is interesting because terbinafine has been considered for a long time as the treatment of choice for dermatophytic infections with high efficacy and tolerability.^{2,3} The authors describe their study as being a pragmatic trial. Neither compliance to treatment nor *in vitro* assessment of antifungal resistance was analyzed.

We noticed similar low cure rates in Tunisia, concerning especially onychomycosis treated with terbinafine, and we performed a study trying to assess the reasons of treatment failure.

We conducted a prospective, descriptive and analytical study, enrolling all patients with mycologically proven hand and nail onychomycosis, between April 2016 and July 2017. Patients were treated according to the British guidelines.³ Onychomycosis related to dermatophytic fungi was confirmed in 184 patients and terbinafine was prescribed to 66.3% of them. Only 24, 3% of the patients, responded to treatment after 6 months.

In our study, when patients were interviewed about compliance to treatment, 30% of them revealed that they did not take any pill and 21% of them said they only received a treatment

for <4 months. The leading reasons of poor therapeutic compliance were the excessive cost of the drug (55%), and the fear of related side effects (36.23%).

Therefore, more studies should be carried out to evaluate compliance to terbinafine and *in vitro* antifungal resistance before drawing the conclusion about the “end of the road for terbinafine.”⁴

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

**Noureddine Litaïem, Manel Karray,
Sabrine Bouhleb, Takwa Bacha, Faten Zeglouï**

Departments of Dermatology and ¹Parasitology, Charles Nicolle Hospital, University of Tunis El Manar, Tunis, Tunisia

Correspondence: Dr. Noureddine Litaïem,
Department of Dermatology, Charles Nicolle Hospital, University of Tunis
El Manar, Tunis, Tunisia.
E-mail: noureddine.litaïem@gmail.com

References

1. Singh S, Shukla P. End of the road for terbinafine? Results of a pragmatic prospective cohort study of 500 patients. *Indian J Dermatol Venereol Leprol* 2018;84:554-7.
2. Sahoo AK, Mahajan R. Management of tinea corporis, tinea cruris, and tinea pedis: A comprehensive review. *Indian Dermatol Online J* 2016;7:77-86.
3. Ameen M, Lear JT, Madan V, Mohd Mustapa MF, Richardson M. British Association of Dermatologists' Guidelines for the management of onychomycosis 2014. *Br J Dermatol* 2014;171:937-58.

4. Bhattacharjee R, Dogra S. 'End of the road for terbinafine' in dermatophytosis: Is it a valid conclusion? Indian J Dermatol Venereol Leprol 2018;84(6):706-7.

Access this article online	
Quick Response Code:	Website: www.ijdvl.com
	DOI: 10.4103/ijdvl.IJDVL_844_18

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Litaïem N, Karray M, Bouhlef S, Bacha T, Zegloui F. End of the road for terbinafine? Think of compliance to treatment. Indian J Dermatol Venereol Leprol 2019;85:83-4.
Received: October, 2018. **Accepted:** October, 2018.
© 2018 Indian Journal of Dermatology, Venereology and Leprology | Published by Wolters Kluwer - Medknow