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## Athlete's foot (Tinea pedis)

Athlete's foot is a common skin infection caused by a fungus. The medical name for athlete's foot is "tinea pedis". Treatment with an antifungal cream usually works well. The tips given below may help to prevent athlete's foot coming back after it has been treated.

### What is athlete's foot?

Athlete's foot is a common fungal infection of the skin on the feet. Up to one in four people have athlete's foot at some point in their lives.

Fungal germs (fungi) often occur in small numbers on human skin where they usually do no harm. However, if conditions are right they can invade the skin, multiply and cause infection. The conditions fungi like best are warm, moist and airless areas of skin, such as between the toes.

# What does athlete's foot look like?



By Falloonb on en.wikipedia, Public domain, via Wikimedia Commons

## Athlete's foot symptoms

Common symptoms include:

- Itchy, white or scaly rash between the toes or on the feet.
- Cracked, sore skin between the toes or on the feet.
- Painful splits (fissures) in between the toes.
- Infected skin becoming flaky and falling off.

The rash may spread gradually along the toes if the athlete's foot is left untreated. In some cases it spreads to the soles or the nails.

# What causes athlete's foot?

Athelete's foot is caused by a fungal infection. Anyone can get athlete's foot. It is more common in people who sweat more, or who wear shoes and socks which make their feet more sweaty. People with weakened immune systems are more likely to develop infections, including fungal infections. Athlete's foot can also be passed on from person to person.

## Is athlete's foot contagious?

Yes, the fungus can spread from person to person. For example, infected flakes of skin can be shed and then come into contact with another person's skin. Sometimes the infection spreads to the skin on other parts of the body. These are usually the moist and airless parts of the skin such as the groin. The infection can also affect nails if the skin near the nail is infected. This can be treated. However, it takes several weeks of antifungal tablets to clear the infection from a nail. [See the separate leaflet called Fungal Nail Infections \(Tinea Unguium\)](#).

Fungi do not usually spread deeper than the skin. However, other germs (bacteria) may enter through the cracked skin of untreated athlete's foot. This can occasionally cause more serious infections.

## How is athlete's foot diagnosed?

Often the infection is diagnosed by a doctor, nurse or pharmacist examining the skin and asking questions, without the need for any tests. If they are uncertain, the doctor or nurse may scrape a small sample of the flaking skin and send it to a laboratory to look for the fungus.

## How to get rid of athlete's foot

### Antifungal medication

You can buy [topical antifungal medications](#) from pharmacies, or get one on prescription. Topical means it is applied directly to the affected area, ie the skin of the feet.

There are various types and brands of antifungal cream – for example, [terbinafine](#), [clotrimazole](#), [econazole](#), [ketoconazole](#) and [miconazole](#). They are usually creams but can also be sprays, liquids or powders that will help in treating athlete's foot.

These treatments are all good at clearing fungal skin infections. There is no evidence that one is better than another. For children clotrimazole, econazole or miconazole should be used. Other options are undecenoic acid or tolnaftate, which are available over the counter.

Apply for as long as advised. This varies between the different treatments, so read the instructions carefully. Although the athlete's foot rash may seem to go quite quickly, you may need to apply the treatment for 1-2 weeks after the rash has gone. This is to clear the fungi completely from the skin, which will prevent the athlete's foot rash from returning.

Creams that have steroids in them, like hydrocortisone are not usually necessary – however, the hydrocortisone can help with the itching or any inflammation around the skin. These creams should not be used for more than 7 days.

If the problem does not get better after using the creams for the advised length of time it is sensible to consult your pharmacist or medical centre.

### **Antifungal tablets**

An antifungal tablet is sometimes prescribed for adults with athlete's foot if the infection does not clear with a cream, or if the infection is severe. Tablets are also sometimes needed if the infection is in many places on the skin in addition to the toes. Tablets used include [terbinafine](#), [griseofulvin](#), or [itraconazole](#). They are generally taken once a day but a course of eight weeks might be necessary.

[See the separate leaflet called Antifungal Medicines.](#)

Not all treatments are suitable for everyone. Women who are pregnant or breastfeeding and people with liver disease who suffer with athlete's foot may not be able to use antifungal tablets. Some people may be on other medication which interacts with antifungal tablets. Children are not usually prescribed antifungal tablets.

## **Management**

You do not need to stay away from work, school or sports if you have athlete's foot. However, in communal areas, try to keep your feet covered until the rash is gone. Also, try not to touch the affected skin, as this may spread infection to other sites.

## **How to prevent athlete's foot**

- Wash and dry your feet daily. Dry well between your toes and ensure your feet are completely dry before putting on socks or shoes.
- Avoid sharing towels.
- Do not wear the same shoes on consecutive days, in order to allow the shoes to dry out fully after wearing them. This reduces the chance of the fungus affecting your shoes.
- Change your socks daily. Fungi may multiply in flakes of skin in unwashed socks. Cotton socks and leather footwear are probably better than nylon socks and plastic footwear, which increase sweating. Wearing sandals or flip flops to air your feet may help.
- Ideally, not being barefooted in communal areas. This prevents the soles of your feet coming into contact with the ground, which may contain flakes of skin from other people.
- Ideally, when at home, leave your shoes and socks off as much as possible to let the air get to your feet. However, this may not be practical for some people.

- ash your feet daily, and dry the skin between your toes thoroughly after washing. This is perhaps the most important point. It is tempting to put socks on when your feet are not quite dry. The soggy skin between the toes is then ideal for fungi to grow.

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## Further reading

- [Athletes foot](#); DermNet NZ
- [Fungal skin infection – foot](#); NICE CKS, July 2022 (UK access only)

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