

Tinea capitis: Children

Drug	Dose	Duration	Notes
1st choice			
Griseofulvin**	10mg/kg every 24 hours	6-8 weeks	<p>Take with a fatty meal to increase absorption.</p> <p>Only licensed form is a 500mg film coated tablet therefore only suitable for children who can swallow, and >50kg.</p> <p>Not recommended in patients with active or chronic liver disease.</p> <p>Use with caution in cases of a history of penicillin allergy.</p> <p>Griseofulvin is contraindicated in pregnancy**.</p> <p>Supply issues may preclude the use of griseofulvin in the community. Please contact your community pharmacist prior to prescribing.</p>
OR Itraconazole* (unlicensed in children)	Child 1–17 years 3–5 mg/kg every 24 hours (max. per dose 200 mg)	2–6 weeks	<p>Unlicensed indication.</p> <p>Take capsules immediately after a meal for maximum absorption.</p> <p>Oral solution should be taken on an empty stomach, at least one hour before food.</p> <p>Not recommended in patients with active or chronic liver disease.</p> <p>If treatment is for longer than one month then pre-treatment LFTs should be performed and then monitored.</p> <p>Avoid itraconazole (and all oral azoles) in pregnancy*.</p>
OR Terbinafine (unlicensed in children)	20-40kg: 125mg (half of 250mg tablet) every 24 hours >40kg: 250mg (one 250mg tablet) every 24 hours	2-4 weeks	<p>Not recommended in patients with active or chronic liver disease.</p> <p>Pre-treatment LFTs should be performed. If treatment is to continue beyond 4 weeks then repeat LFTs should be performed.</p>

Tinea capitis: Adults

Drug	Dose	Duration	Notes
1st choice options (Adults)			
Terbinafine	250mg every 24 hours	4 weeks	Unlicensed indication. Not recommended in patients with active or chronic liver disease. Pre-treatment LFTs should be completed. If treatment is to continue beyond 4 weeks then repeat LFTs should be completed.
OR Itraconazole*	5 mg/kg every 24 hours (maximum 400 mg per day)	4 weeks	Unlicensed indication. Not recommended in patients with active or chronic liver disease. Avoid itraconazole (and all oral azoles) in pregnancy*. Take capsules immediately after a meal for maximum absorption.

* Women of childbearing potential taking itraconazole should use contraceptive precautions. Effective contraception should be continued until the menstrual period following the end of itraconazole therapy

2nd choice Option (Adults)

Griseofulvin**	500mg every 12 hours or 1000mg every 24 hours NB: Dose no less than 10mg/kg every 24 hours	6-8 weeks	Take with a fatty meal to increase absorption. Not recommended in patients with active or chronic liver disease. Use with caution in cases of a history of penicillin allergy. Griseofulvin is contraindicated in pregnancy**. Supply issues may preclude the use of griseofulvin in the community. Please contact your community pharmacist prior to prescribing.
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** Women of childbearing potential have to use effective contraception during (and up to 4 weeks after) treatment. In respect of effect on oral contraceptives, and contraceptive precautions: efficacy of oral contraception is reduced during griseofulvin therapy and for four weeks post therapy cessation. In view of the contraindication in pregnancy and of the possible sequelae of male patients fathering a child during therapy, all sexually active patients should use additional barrier contraception, such as condoms, throughout griseofulvin therapy, and for four weeks (female) and 6 months (male) post therapy cessation