

Scabies Treatment



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Typical Treatments

- Two primary treatments exist
 - Topical permethrin
 - Oral ivermectin
- MULTIPLE other options do exist
 - Comparisons to primary treatments are limited or unfavorable
 - Not readily obtainable at pharmacies
 - Potential adverse effects

Topical Permethrin

- Apply 5% product head to toe x 8-14 hours then wash off
 - Consider reapplication 14 days later
- Works on voltage-gated sodium channels in parasites
- Ovicidal
- Resistance?

Permethrin Tips

- Leave nothing uncovered
 - For “resistance,” many spaces were actually just not covered
- Rash/itching may worsen at first
 - Partially from permethrin in some cases
 - Often just come increased reaction to the dead mites

Oral Ivermectin

- 200 mcg/kg once (available in 3 and 6 mg tablets)
 - Repeat after 7-14 days
 - Obesity considerations?
- Works on glutamate-gated chloride channels in parasites
- Limited ovicidal activity
- Resistance limited

Ivermectin Tips

- Round to closest 3 mg dose
- “Mazzotti reaction”
 - Not typical for scabies treatment
 - Generally mild if it occurs in this context
- Neurotoxicity
 - More prevalent in animals than humans
 - Usually occurs within hours but may be delayed up to one week
 - Avoid use if body weight < 15 kg
- Food increases bioavailability

Crusted Scabies

- More severe infestation requiring aggressive treatment
- CDC recommends permethrin + ivermectin combo
 - Dosing is the same but intervals are not concrete
 - Ivermectin can be 3 doses (days 1, 2, 8), 5 (1, 2, 8, 9, 15), or 7 (1, 2, 8, 9, 15, 22, 29)
 - Permethrin can be daily or every 2-3 days for 1-2 weeks
- May combine with a topical keratolytic such as urea
 - Can improve crusting

Limiting the Spread

- Treat all close contacts, especially household members
 - Regardless of their symptoms or lack thereof
- Stay home until at least one day from treatment start
- Notify skin-to-skin contacts within the past 8 weeks
- Wash everything used over the past few days and vacuum
 - $T \geq 50^{\circ}\text{C}$ x 10 minutes kills mites and eggs when washing/drying
 - If unable to wash, seal in a bag for 3-7 days

Working with Scabies

- Wear gloves and avoid skin-to-skin contact with scabies patients
- If spread in an institution, treat suspected staff and family
- Typically no need for changing mattresses

Managing the Itching

- Itching may persist for up to four weeks after treatment
- Symptomatic relief should not be overlooked
- Constant itching can lead to secondary bacterial skin infections
 - In one study, 2.5% mortality in admitted patients with crusted scabies
- At a minimum, oral antihistamines may be sufficient
- Topical/oral steroids may be required for severe cases

Other Treatments

- Sulfur ointment 5-10%
- Lindane lotion 1%
- Malathion lotion 0.5%
- Spinosad topical suspension 0.9%
- Crothamiton 10% lotion or cream
- Benzyl benzoate 25%

Conclusion

- Around 200 million people may currently have scabies worldwide
- Treatment is simple though failure often caused by poor usage
- No resolution at four weeks may be treatment failure or reexposure
- Itching a significant contributor to secondary infections/problems