using 5.07 Semmes-Weinstein monofilament and pain sensation using neuro-tip at 8 predetermined anatomical sites. Absence of sensation on more than 3 areas was classified as neuropathy. A composite score, which is used locally for screening, was used to determine whether the patient was in high, medium or low risk category. The clinician inspected the toenails and made the clinical probability of diagnosis of onychomycosis by using a 4 point score (unlikely, less likely, likely and most likely to have TOM) during the study. Subungul material and nail clippings were collected from the great and the 4th toe on each side and transported to the laboratory in a sterile pot as per standard clinical practice. Once the sample was received in the microbiology department, part of the sample was digested in 20% KOH for microscopy and remaining sample cultured on Saboraud's agar with chloramphenicol and actidione.

Asymptomatic toe nail onychomycosis (TOM) was defined as the presence of fungus on microscopy and/or growth of typical dermatophytes on culture in the screened patients as they did not have any symptoms related to TOM. Isolation of other fungus on culture was considered contamination in the absence of positive microscopy. Laboratory staff that performed these tests was blinded to the clinical data. The result of HbA_{1c}, lipids, creatinine and microalbuminuria performed within last year were obtained from central pathology database. No treatments were offered to subjects with TOM as the benefit of treating asymptomatic cases has not been established.

Statistical analysis

Mann-Whittney test was used to compare continuous data between subjects who did and did not have onychomycosis. Chi square test and Fischer exact test was used to compare association between various risk factors and onychomycosis.

	Bcf a U`	CbmW\c a mWcg]g
Number	62	26
Sex M:F	25:37:00	14:12
Mean age (years)	69.7 (± 10.9)	73.7 (± 7.5)
Mean diabetes duration (years)	7.3 (± 7.1)	9.5 (± 10.0)
Mean HbA_{1c} (%)	7.0 (± 1.7)	6.8 (± 0.9)

several conditions such as previous trauma, onychogryphosis, psoriasis, lichen planus etc. may be associated with nail dystrophy. Many conditions such as bacterial infection, yellow nail syndrome can cause a change in the appearance of the nail [17]. In a study in Belgium, the positive predictive values of the dermatologist's diagnoses of onychomycosis performed by two independent dermatologists were