

## SHINGLES

The name comes from the Latin word for belt or girdle, but it barely begins to describe the rash!

### Preventing Shingles

A vaccination for shingles (Zostavax) is recommended for adults over 50 years of age. The vaccine may reduce the incidence of shingles by about 50%. It will not treat current outbreaks of shingles or postherpetic neuralgia. In those who still develop shingles, being vaccinated can help improve the healing time of the illness and reduce the risk of postherpetic neuralgia (nerve pain lasting several months or years).

The vaccine contains live, but weakened (attenuated) virus that stimulates the immune system to produce antibodies. It is administered as a single shot. Side effects are mild and may include redness, swelling, pain/itch or bruising at the injection site.

People with weakened immune systems, such as from HIV/AIDS, leukemia or lymphoma, medications and pregnant women should not receive the shingles vaccine.

The vaccine contains gelatin and neomycin and should not be used if allergies to any components exist.

A healthy lifestyle and managing stress can reduce the likelihood of developing shingles. Adults who come in contact with children who are experiencing chickenpox can receive an immunity boost from the exposure.

### What is Shingles?

*Shingles*, also called herpes zoster or zona, is caused by the varicella zoster virus – the same virus that causes chickenpox. First time exposure to the virus, usually during childhood, causes chickenpox. After the chickenpox subsides, the virus can become dormant or inactive, hiding out in nerve cells for years, or even decades. At some point, the virus is activated and travels down a specific nerve to the skin where it produces a very painful and itchy rash.

Shingles can develop in about 20% of people who have had chickenpox – and about 95% of Canadians have had chickenpox! It can occur at any age, however more than half of cases occur in people over 50. What causes the dormant virus to be activated is not completely clear, but it does seem to be related to a weakened immune system due to stress (psychological or physical), fatigue, certain medications (such as chemotherapy) and medical conditions such as cancer and HIV.

The shingles rash usually appears along the course of the affected nerve, causing a painful rash, most often on one side of the body only. Some people may experience headache, fever and general lack of energy followed by tingling and pain in the skin at the nerve endings prior to the rash developing. The rash begins as red bumps that progress to fluid-filled blisters (filled with contagious chickenpox virus) that eventually dry and crust over in about 10 days. The skin heals in about 4 weeks and, although the rash can be itchy, the dominant symptom is pain. For some shingles patients, this pain can persist for months, or even years, afterwards; this pain is termed *postherpetic neuralgia*.

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## Am I contagious?

Since the shingles blisters contain the same virus that causes chickenpox, it can be spread to anyone who has not yet had chickenpox. This can be of particular concern for newborns, pregnant women and debilitated people. The virus is transmitted through contact with the fluid from the blisters and causes chickenpox, not shingles, in those who are exposed. You may be contagious from about 2 days before the rash appears until it is completely crusted over.

## Are there Complications?

While shingles is not considered a life-threatening condition and typically resolves on its own, even without treatment, there are some potentially serious complications that can occur.

In addition to the possibility of an infection occurring, about 1 out of 5 shingles patients can develop postherpetic neuralgia – a chronic nerve pain that can persist for months, or even years, after the shingles rash clears.

Depending on which nerve fibres are affected with shingles, other complications can arise. This can take the form of muscle/motor impairment, visual problems/blindness, deafness, facial paralysis, balance issues and even encephalitis. For these reasons, it's important to see a physician as soon as possible so steps can be taken to treat shingles properly and reduce the risk of permanent damage.

## Summary

*There are more options than ever before for the management of shingles. Prompt diagnosis and treatment can significantly improve the condition and reduce complications. If you have shingles – or suspect you may have it – talk to your Medicine Centre pharmacist for advice and assistance. There are ways to make shingles more bearable.*

## DIAGNOSIS

People don't usually get diagnosed with shingles until they develop the shingles rash. Once the characteristic rash appears, an accurate diagnosis can be made by looking at the skin. Although other diagnostic tests are rarely necessary, they can include viral culture, microscopic examination of a smear from a blister, blood tests for blood cell counts and viral antibodies and polymerase chain reaction (PCR) analysis.

## TREATMENT

Time is of the essence. Although shingles almost always resolve spontaneously, initiating oral antiviral medication (acyclovir, famciclovir, valacyclovir) within 72 hours of the appearance of the rash can shorten the illness, reduce the severity and reduce the incidence of complications.

Oral antiviral medications are generally recommended and effective; they should be started immediately and taken as directed until the prescription is finished. In cases of severe inflammation, a physician may also prescribe an oral corticosteroid, such as prednisone. For mild pain, acetaminophen or ibuprofen can provide relief, but often the pain can be quite intense and narcotic pain-relievers are prescribed to help manage it.

In rare cases with severe pain, medications which act on nerve tissue, such as gabapentin or amitriptyline, may be prescribed. Local anaesthetics (numbing creams), such as lidocaine, may also be used.

An over-the-counter ointment containing capsaicin, a chemical extracted from red chili peppers, can also help to manage the pain of shingles. It should not be used until the blisters have crusted over. It should be applied 3-4 times daily, routinely for best effect, until the pain has gone. Be sure to wash your hands thoroughly after applying this product.

### **Several other remedies can help manage symptoms:**

- *Cold packs often bring some pain relief. Apply the cold pack for a maximum of 20 minutes at a time with a towel between the cold pack and the skin to avoid frostbite.*
- *Apply cool, wet compresses to the blisters three times daily to reduce pain and itch. You can make your own compress solution by mixing 1 oz (2 tablespoonfuls) of vinegar with 32 oz (4 cups) of water.*
- *Some people find oatmeal baths (Aveeno) help soothe the skin.*
- *Once the blisters have crusted, applying an emollient, such as petroleum jelly, can reduce uncomfortable dryness and cracking.*

Try not to scratch or pick at the rash. This can lead to a bacterial infection and complicate things further. Get plenty of rest, eat a healthy diet and avoid stress. Distract yourself and try to keep busy with activities to keep your mind off the discomfort.