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SHINGLES INFORMATION:

Shingles, also known as Herpes Zoster, is reactivated Chickepox virus in a nerve from the spine. It manifests itself is a unilateral (one sided) rash of red spots/tiny blisters.

Shingles is a reactivation of an infection in your own body...it is not caught from someone else. The cause of Shingles is reactivated Chickenpox from childhood, but why that occurs is unknown. It can be related to a suppressed immune system due to medication or illness, but in an otherwise healthy person, there is no definite explanation, and no testing is needed to look for an explanation.

Shingles occurs in about 0.3% of adults under 50 and 1% of adults 50-90.

There is virtually no risk of 'catching' shingles from someone else or of giving it to someone else. Shingles is generally not contagious unless a person is directly exposed to the skin, topically and has never had chicken pox. This is very unlikely, so for all practical purposes.

RECOGNITION OF SHINGLES:

Pain associated with a rash that occurs in a striplike distribution on only one side of the body is 'classic' for Shingles.

Sometimes, pain will proceed the rash by a few to several days. Often, after the rash occurs, pain increases.

TREATMENT:

Earlier treatment is best. As soon as it is diagnosed we like to treat with an Antiviral medication as pills. Topical antiviral creams are not effective.

The medications are Acyclovir, Famcyclovir, and Valcyclovir. All are effective.

- Acyclovir is generic and less expensive but has to be taken 5 times per day.

- Famcyclovir and Valcyclovir are taken three times per day. They may be slightly better than acyclovir.

These medications are extremely safe and there are no major side effects to mention. They are taken for 1 week only and then stopped, even if the rash is still resolving.

FOR PAIN:

The pain from Shingles is different than other pains as it is a neuralgia—a nerve pain. For this type of pain you can use the following medications:

- Tylenol, Aspirin, Advil, or Aleve—These standard pain pills can be effective but are rather weak and may not work well enough.
- Narcotic Pain Pills (Vicodan/Hydrocodone, Percocet/Oxycodone)—These are strong pain pills and are often needed for treatment.
- Tricyclic Medications (Amitryptilline/Nortryptilline)—These medication and quell pain from the nerve and are particularly good for night-time pain
- Gabapentin/Lyrica—These medications are similar and also are good for nerve pain in particular.

EXPECTATIONS/COURSE:

Courses are variable, but general observations are true;

Rash: This tends to last 2-3 weeks until it resolves, but gets significantly better after 1 week.

Pain: This tends to increase with time and will linger for several weeks. The first 4 weeks is when it's most painful generally, but this varies a great deal and some pain can linger over the longer term, but this is relatively rare.

PREVENTION:

There is a new vaccination to prevent Shingles. It is generally recommended for people above age 60 (but can be given as young as 50 years old).

Since 99% of adults over 60 have had chicken pox, generally there is no need to prove infection with blood testing or history.

The immunization is an 'attenuated' virus, which means it is alive. Rare occurrences of chicken pox have been noted in housemates of people recently

immunized and this should be considered when determining timing for the immunization.

The Shingles Vaccine is 70+% effective. It is not a perfect vaccine. If you do get the Shingles after being vaccinated, the person tends to have a much milder case....so taking the vaccine is a good decision.