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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 in 33% 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 that has not yet scabbed, then a person who has not had chicken pox can, in theory, be exposed. 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. During this phase the disease is difficult to diagnose. Eventually the rash breaks out and the diagnosis is made. 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).

SHINGLES SHOT: New...SHINGRIX. Old shot ZOSTAVAX...no longer recommended

Who:

- Anyone over the age of 50. Definitely important the older you get as shingles risk increases with age. There is no age limit, so even in your 80's this is a good vaccine.
- Anyone who has already had the previous shingles shot (Zostavax)
- Anyone with compromised immune system (it is a 'dead' virus and cannot cause infection like the Zostavax could)

What:

- Two shot series
- 1 shot now and the 2nd shot in 2-6 months (You can get it later if you miss the 2nd shot)

Where:

- At your pharmacy...It is not available in our office due to short supplies and distribution only to large pharmacies.

Why:

- Shingles is reactivated chicken pox that comes from your own body. It is a painful condition that can last weeks to years.
- You have a 33% chance of having shingles in your lifetime and 50% chance of getting shingles once you are in your 80's

When:

- After the age of 50 and more importantly after 60
- Risk for shingles increases with age.

Cost:

- \$200 per shot (total \$400 dollars)
- Medicare covers under Part D
- Private Insurance coverage is unknown and varies.

Reactions:

- 1 in 10 chance of feeling like you have the flu after you take the shot. It may make you feel tired/achy for 1-2 days ...so be prepared

Negatives:

- It is a new immunization and well-studied, but has not been used broadly in the population, so the exact nature of how people react to the shot is not certain at this time. In the studies done to date, the shot is very tolerable and without major side effects (over 10,000 people studied)