

Title: Doc, I got the Shingles! Now what?

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Abstract:

Shingles (herpes zoster) is a painful rash caused by a reactivation of the virus Varicella zoster. Varicella zoster also causes the infection chicken pox, and following resolution of chicken pox the virus can hide out in the nerves of your body. When a person has a weakened immune system, this virus can reproduce in this nerve and reappear as a painful blistering rash on your skin. This is generally a self-limited rash, but some complications exist including blindness if the rash involves your eye, persistent pain, and bacterial infection in areas of open lesions. Treatment usually includes pain medications and antiviral medications to control your pain, decrease the duration of the rash, and decrease the prevalence of postherpetic neuralgia. Other treatment options may include steroids, antidepressant medications, and topical treatments as directed by your physician.

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Doc, I got the shingles!



Now what?

What is Shingles?

Shingles (otherwise known as herpes zoster) is a painful, often blistering rash that usually occurs in one location of your body. It is caused by the same virus that causes chicken pox, *Varicella zoster*. In fact, shingles is simply the reactivation of the virus that caused your chicken pox! How does this happen you ask? When your immune system fought the chicken pox virus when you were a kid, the virus hid out in one of your nerves. If your immune system becomes weaker at any time, then the virus starts to reproduce in the affected nerve creating the painful rash.

Is this common?

Overall, the CDC estimates that 32 percent of persons in the United States will experience shingles in their lifetime. Patients with weakened immune systems, which include the elderly, people taking immunosuppressant medications, HIV-infected patients, and transplant recipients are at the greatest risk.

Symptoms

The most common initial symptom is pain. Generally, an outbreak of shingles starts as a discrete area of a burning or stabbing sensation on the back, face, legs or arms. Several days later, a red rash with blisters will develop.

What will happen to me?

Most cases of shingles are self-limited infections. This means that they will usually go away on their own. The blisters usually appear 2-3 days after the start of the red rash. New blisters may appear for 3-5 days, but generally start to crust over by 7-10 days at which point they are no longer infectious. The rash usually resolves within 2 weeks, but the pain may remain for up to 1-4 months.

Is it contagious?

Open lesions contain active virus and direct contact with open lesions may spread the virus to at risk individuals. These people include those

with weakened immune systems and those who have not previously had chicken pox or received the chicken pox vaccine. Non-immune individuals exposed to open lesions should be immunized.

People who have had chicken pox or who have been immunized against the virus are not at risk of becoming infected after exposure to open lesions.

Any complications?

The most common poor outcome of shingles is pain that persists for longer than 4 months. This is called post-herpetic neuralgia. Many of the treatment strategies used by your doctor are aimed at

trying to prevent this complication.

The most serious cases of shingles are those that have a rash located on the face with blisters near the eye. In some instances, the infection can involve the eye, thus putting you at risk of blindness. This requires immediate treatment to prevent blindness.

Secondary bacterial infection of the open lesions may occur in some patients. These infections can be serious and demand prompt recognition and treatment.

If you are worried about possible complications, see your doctor.

Treatment

Treatment of acute shingles infection is primarily aimed at relieving your pain and discomfort and preventing complications, the most important being postherpetic neuralgia.

Over the counter or prescription strength pain medications are usually used to minimize your pain.

An antiviral medication such as acyclovir, valacyclovir, or famciclovir may be used. These medications reduce the risk of postherpetic neuralgia, promote healing of skin lesions, and reduce the severity of your pain.

An antidepressant medication called amitriptyline may also be used in the acute phase of your shingles infection to minimize the likelihood of developing postherpetic neuralgia.

Your doctor may also employ the use of steroids if your pain is not controlled by other methods. Cool damp cloths are generally soothing to the area, and keeping the area protected can minimize irritation that can make your pain worse. Keeping the area clean can minimize the risk of bacterial infection.

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