



SHINGLES

What are the aims of this leaflet?

This leaflet has been written to help you understand more about shingles. It will tell you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is shingles?

Shingles (also known as herpes zoster) is a painful blistering rash caused by the same virus that causes chickenpox (the varicella-zoster virus).

What causes shingles?

If you have chickenpox, the virus that caused it may live on after the spots have cleared, in an inactive state, in the nerves linked to your spinal cord. If the virus becomes active again, it will multiply and move along the nerve fibres to the parts of the skin supplied by them. Shingles then appears in the skin. About 20% of those who have had chickenpox will have an attack of shingles later in life.

Shingles, therefore, is not caught from someone who has shingles, but follows an earlier attack of chickenpox. However a person with shingles can infect someone who has not had chickenpox – handing on an attack of chickenpox, but not shingles.

Most attacks of shingles occur for no obvious reason, but an attack is most likely:

- If you are old.
- If you are under stress.
- If you have an illness that weakens the immune system such as leukaemia, a lymphoma (for example Hodgkin's disease), or AIDS.
- If you are given treatments that suppress the immune system - including irradiation for cancer, chemotherapy, cortisone-like drugs, and drugs taken to prevent organ rejection.

Is shingles hereditary?

No.

What are the symptoms of shingles?

Pain is the first and main symptom, sometimes there is also a tingling or burning sensation; but it will be a day or two before the rash comes up. You may also feel ill, and have a fever and a headache.

What does shingles look like?

The first sign is the appearance of groups of red spots, lying on a pink background, which quickly turn into small blisters, containing clear fluid at first. Some of the blisters burst; others will fill up with blood or pus. The area then slowly dries out; and crusts and scabs form. The scabs drop off over the course of the next 2-3 weeks.

The rash will cover a well defined area of skin, on one side of the body only, and not crossing the midline. Its position and shape will depend on which nerves are involved. Shingles can affect any area, but common patterns include a band running round one side of the chest, or down an arm or leg.

A chickenpox-like rash occasionally comes up at the same time as shingles. This may be a hint that an underlying disease is weakening the defences against the virus (see above). Sometimes pale scars follow shingles, particularly after a severe attack.

How is shingles diagnosed?

Early on, before the rash has come up, it is easy to make mistakes in diagnosis. For example, if the shingles rash is going to appear over the lower abdomen, pain in that area beforehand may be mistaken for appendicitis. Later on, the diagnosis is usually easy, based on the story of pain appearing before the rash, and on the typical appearance of the rash.

Treatment must be given as early as possible, but it takes several days to grow the virus in the laboratory. This is too slow to be of much use. If there is real doubt about the diagnosis, quicker tests can be done, such as using a microscope to look at scrapings taken from a blister.

Can shingles be cured?

It clears on its own in a few weeks anyway, and seldom comes back, though the virus will remain in a dormant state in the body. Modern treatments can

make the rash of shingles go away more quickly and can reduce its unpleasant effects.

These depend largely on which nerve is involved:

- Shingles of the area served by the nerve that carries sensation from the front of the eye can lead to ulceration there, and later to scarring. Blisters coming up on the side of your nose will alert your doctor to this risk, and you should get advice from an eye specialist.
- Muscles supplied by the nerves taking part in the shingles occasionally become weak. For example, a facial paralysis can accompany a shingles rash on the ear.

The pain of shingles may go on long after the rash has cleared (postherpetic neuralgia), particularly in the elderly. Usually this goes away within 6 months, but a few people are in pain for a year or more. A bacterial infection may make the shingles rash worse, and may need antibiotics.

How can shingles be treated?

The goals of treatment are:

To shorten the attack. Antiviral drugs (such as aciclovir, famciclovir and valaciclovir) are safe and can do this, but only if they are given within the first few days of an attack. The value of giving steroid tablets at the same time as an antiviral drug is still debated.

To make it less painful. Rest, and the use of pain-killing medications, can help here. Calamine lotion can be soothing.

To deal with complications. A bacterial infection on top of the rash may require an antibiotic cream or tablets. Eye complications need specialist ophthalmic help.

To prevent postherpetic neuralgia. Many doctors believe that taking antiviral drugs during a bout of shingles cuts the risk of getting postherpetic neuralgia, and shortens its duration if it does occur.

To treat the pain of postherpetic neuralgia. Treatments that are sometimes used include antidepressants, such as amitriptyline, and anticonvulsants, such as carbamazepine, as well as pain killing drugs, such as non-steroidal anti-inflammatories. A cream containing capsaicin, a chemical extracted from pepper, may help too, though sometimes it creates a nasty burning sensation.

What can I do?

- It is wise to keep away from other people, particularly newly born babies and anyone with a poor immunological defence, until the blisters have dried up (usually 7-10 days).
- You should see your doctor as early as possible if you think you have shingles, particularly of the face, as antiviral treatment works best if taken early in an attack.
- You may need to take 2 or 3 weeks off work.

Where can I get more information about shingles?

Links to other Internet sites:

www.emedicine.com/emerg/topic823.htm

www.medinfo.co.uk/conditions/shingles.html

www.aad.org/pamphlets/herpesZoster.html

Links to other Internet sites

www.emedicine.com/emerg/topic823.htm

www.medinfo.co.uk/conditions/shingles.html

www.aad.org/pamphlets/herpesZoster.html

(Whilst every effort has been made to ensure that the information given in this leaflet is accurate, not every treatment will be suitable or effective for every person. Your own doctor will be able to advise in greater detail.)

PATIENT INFORMATION LEAFLET PRODUCED AUGUST 2004