

Is Shingles in Your Future?

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Published in August 2008 CONTACT magazine of the California Retired Teachers Association

Miki's back hurt so badly that she thought she was passing a kidney stone. The doctor at the urgent care clinic thought so too, but when nothing showed up on the x-rays, and he couldn't diagnose anything from her pain, she went home to suffer. Five days later and feeling worse, she went to her own doctor.

"I felt like was beat with a bat, and rolled in prickly pear," said Miki Elizondo, 59. By this time Miki had a blistering rash growing along her spine. Her doctor immediately recognized it and diagnosed shingles. Over the next few days the rash grew to wrap around the right side of her torso, reaching from her navel to her spine.

One million people in the US will develop shingles, or herpes zoster, this year. Although it's most prevalent in people over 50, anyone can find themselves with shingles. Sue K., 39 (requested anonymity, and you'll probably figure out why) found herself with a case of shingles.

"I got this really painful rash on my left buttock," Sue said. "The doctor said I had shingles and he gave me ointment to put on it. I had to change bandages on my butt twice a day for three weeks. I work at a desk, and as painful as this was, I had to sit on it!"

WHAT IS SHINGLES?

If you had chicken pox, then you have the herpes zoster virus dormant in your system, which may become shingles later in your life. It's not clear why shingles develops after being dormant for so many years, or why it hits primarily people over 50, but researchers believe a weakened immune system is the catalyst behind an outbreak, and immune systems do typically decline with age. Shingles is so named because of the manner in which the rash presents itself—in rows—giving an appearance much like shingles on a roof.

GREAT—SO WHAT ARE THE SYMPTOMS? DIAGNOSIS

"Achy, achy, achy," Miki said. Your first symptoms might include chills, a tingling on your skin, fever, a headache, upset stomach or back pain. Before the rash outbreak, these early symptoms can be mistaken

for the flu, ulcers, heart attack, migraine, appendicitis among other ailments. A few days later the rash begins to develop and diagnosis simpler. These fluid-filled blisters are very painful, and people describe them as an itchy, burning, stabbing sensation. The affected skin becomes highly sensitive and painful, due to the inflammation of the nerve fibers traveling to the skin. The herpes zoster virus can attack the face, trunk, arms, legs, and eyes, but seems to primarily affect the torso.

NOW WHAT? TREATMENT

"I took Valtrex, and Motrin helped quite a bit," Miki said. "Tylenol didn't help at all, and Vicodin was my new best friend at night." Antiviral agents (such as acyclovir, famciclovir, or valacyclovir) are the most commonly prescribed treatment and can speed the healing process and reduce pain and swelling. It's recommended that treatment begin within 72 hours of the onset of symptoms because it might prevent nerve damage. Ibuprophen and acetaminophen (Motrin, Advil and Tylenol) are also used for pain; and topical or local treatments include calamine-containing lotions and Aspercreme and, as is Sue's case, wet dressings are prescribed to prevent rubbing the painful lesions against clothing.

HOW LONG DOES THIS LAST? PROGNOSIS

"It's been three weeks, and the pain has greatly diminished, but I'm still really itchy and fatigued," Miki said. Miki's case is typical. An outbreak normally runs its course in three to five weeks. The older you are, the longer the rash will last. But once the rash is gone complications may arise which can result in long term pain, scarring, bacterial skin infections, paralysis on one side of the face, muscle weakness, and even loss of hearing or vision.

Long-term pain is known as postherpetic neuralgia pain (PHN) and can range from tenderness, burning or throbbing pain, to shooting, or stabbing pain, and can last for months after the rash has healed. Sheila Bolton, 70, had shingles five years ago. Her outbreak lasted around three weeks. Then she developed PHN on her back; the site of her rash.

"It was so painful that I had no appetite, and I couldn't sleep at night; I was constantly waking up from the pain." Sheila said. She couldn't bear for her sheets or nightgown to touch her skin, and of course she couldn't lie on her back. Sheila had to sleep without covers or clothes to get any rest at all. Ultimately, she decided to try a pain management clinic.

“The trip in the car was so painful that the clinic visit wasn’t even worth it. I had to sit sideways to keep from my back from touching the car seat. People in the other lane must have looked at my grimacing face and figured my husband and I were having an awful fight.” Sheila tried many options, but found that Oxycotin helped more than anything else she tried—it lasted 12 hours and helped her get some sleep.

The treatment options available for PHN can be complex and certain cases might require more than one medication. Treatment may include anticonvulsants, narcotics, topical non-steroids, and local anesthetic agents, all of which you will discuss with your doctor. PHN is more common in older adults, and the risk increases with age. What causes the pain? It’s believed to be caused by an amino acid, Substance P, which is normally released by nerve fibers after there has been nerve damage. Researchers believe that a leak of Substance P by the shingles-damaged nerve fiber causes the persistent pain. This is the reason doctors encourage early treatment— it might prevent or lessen the effects of this condition. Sheila’s pain lasted six months.

“One day I realized I wasn’t in pain anymore. It was over!” Sheila said. People with compromised immune systems are at a greater risk of developing complications such as Sheila experienced, but most healthy people heal with no complications.

RISK FACTORS/ Things to Keep In Mind

Who is at risk? Anyone who has had chickenpox is at risk for developing shingles. It’s also important to keep in mind that, while you have shingles you can pass the virus to a child or adult who hasn’t had chickenpox. (However, they will get chickenpox, not shingles.) Nine out of ten adults in the US have had chickenpox, and about 20% of them will be affected by herpes zoster at some time in their lives; with men and woman affected equally. Of the one million shingles cases which will occur this year, 40% to 50% will be people over 60; and one out of two people 85 years or older will have shingles.

VACCINE

A vaccine, Zostavax, approved in 2006, reduces the risk of developing shingles. Zostavax contains a weakened chickenpox virus which creates antibodies to help your immune system fight off Shingles. However, some people over 70 years still developed shingles after receiving the vaccine. Fortunately, the frequency of PHN appears to have been reduced in these cases.

Who is the vaccine recommended for? People 60 and older, who had chickenpox. This vaccine is not recommended for people under 60, or for those who've had shingles. Nor is it recommended for those with a compromised immune system or that are taking medication that affects the immune system, those taking high doses of steroids, those who are pregnant or plan to become pregnant, or people with allergies to any vaccine components. The duration of the vaccine's efficacy beyond four years is unknown, and the need for revaccination has not yet been defined. Research for shingles treatment continues and if you would like to view information on the latest clinic trials go to www.clinicaltrials.gov and search for shingles clinical trials. You might even choose to participate in one.

Can there be an upside to all this? As unlikely as that seems, there was for Miki; she got some much needed rest from work.

"I got to spend time in bed with all the Chihuahuas and read all the Lonesome Dove series, from start to finish, and I certainly identified with all the references to cactus!"

SIDE BAR?

QUESTIONS TO ASK YOUR DOCTOR If you are beginning treatment

- Are there any diagnostic tests to be done?
- Will medicines be prescribed? Why or why not?
- If so, what are their side effects?
- Will pain medication be prescribed?
- What can you do to prevent irreversible nerve damage?
- What should you do to prevent spreading shingles to others?

