

SHINGLES AND POSTHERPETIC NEURALGIA

Dr David Bowsher, from the Pain Relief Foundation's Pain Research Institute, discusses these two conditions and research into their treatment

Shingles is a painful disease caused by the chicken-pox virus, which mainly (but certainly not exclusively) attacks older people.

In many people who have had chicken-pox in childhood, after the acute disease is over, the virus lurks harmlessly in the body for perhaps the rest of the individual's life. When immunity is low, as in illness or old age, the virus may infect a nerve and cause shingles. In the course of a lifetime, as many as one person in every five may get shingles and the longer life expectancy becomes, the more likely we are to see an increase in the disease.

Shingles is characterised by the appearance of a painful itchy rash on one side only (if it's on both sides, it almost certainly isn't shingles). It is most commonly found on the chest ("a belt from hell"), then on one side of the face (particularly on the forehead and round the eye or neck), and least commonly on the limbs or pelvis.

The first thing to be aware of is that chicken-pox can be caught from shingles while the shingles rash is still present, but shingles CANNOT be caught from chicken-pox. While elderly people with shingles are often advised to avoid grandchildren and others who haven't had chicken-pox while the rash is still present, some mothers may wish their children to catch chicken-pox and get it over with!

In the USA and Japan there is a vaccine (OKA vaccine) which prevents chicken-pox. We will have to wait 50 or 60 years to see if it prevents shingles as well — but it probably will. While preventing chicken-pox is not a very serious consideration in the developed world, preventing shingles and its possible consequences certainly is.

Antiviral Drugs

There are now a number of antiviral drugs which shorten the rash duration and relieve the pain. The first of these to be available was acyclovir, but now other similar drugs such as valaciclovir and famciclovir are also available. But these drugs must be started within 2 or 3 days of rash appearance to be effective. So, if you think you may have shingles, don't 'wait and see'; go to your doctor immediately. Untreated shingles usually leaves scars, which can be very unsightly, especially on the face. Treatment with one of the antivirals prevents scarring, which is a great advantage.

The real bugbear of shingles, which "naturally" lasts a fortnight or so, is **postherpetic neuralgia (PHN)**. This is defined as pain persisting or recurring at the site of shingles three or more months after the first appearance of the rash, and which may last a lifetime. On average, about 15% (one person in between every 6 or 7) of shingles sufferers may develop postherpetic neuralgia.

There is considerable controversy as to whether treatment of acute shingles with antivirals does or does not prevent the subsequent development of postherpetic neuralgia. Whether it does or not, it certainly makes postherpetic neuralgia much easier to treat. (Moral: so EVERYONE with shingles should have an antiviral drug, starting as soon as possible).

Treatments

The classical treatment of postherpetic neuralgia was not conventional painkillers, but one of a group of drugs originally developed for depression — but which have a quite separate action on nerve pain. They are called tricyclic antidepressants (TCAs), of which the most-used are amitriptyline and nortriptyline. They act on postherpetic neuralgia in a quite different way than they act on depression — sooner, and in lower dose.

Amitriptyline and nortriptyline have some quite frequent side-effects, such as dry mouth and drowsiness, which some people find intolerable. As stated above, if people who've had shingles treated with an antiviral drug are nevertheless unfortunate enough to develop postherpetic neuralgia, treatment with tricyclic antidepressants is much more effective and cure more rapid.

It had been noted that the sooner after the 3-month deadline for postherpetic neuralgia treatment with tricyclic antidepressants was started, the greater was the likelihood of cure. This led to the notion that these drugs might have a role in preventing the possibility of postherpetic neuralgia. It was found that if patients with acute shingles were given a low dose of tricyclic antidepressants from the very beginning (preferably along with an antiviral), the number of patients subsequently developing postherpetic neuralgia was reduced by half.

Recently, a new drug, gabapentin — which usually doesn't have any side-effects — has been found to be very effective in the relief of postherpetic neuralgia. A dose rising to 600 milligrams taken three times a day successfully relieves the majority of cases of postherpetic neuralgia. Again, though the statistics are not yet available, it's probably more effective the sooner it's started. And we don't yet know whether, if it's taken during the phase of acute shingles, it will prevent postherpetic neuralgia.

A treatable condition

Much of the research on postherpetic neuralgia and its prevention and treatment were carried out at the Pain Research Institute. Twenty years ago, in the clinic we used to see at least 120 patients a year with postherpetic neuralgia. As a result of telling family doctors about the prevention and treatment of postherpetic neuralgia, we now see fewer than 30. This knowledge has now spread nationwide, and postherpetic neuralgia is becoming a rarer, at least treatable, condition.

There are a number of nerve pain conditions similar to post herpetic neuralgia on which we are now working at the Pain Research Institute. With your help (for the work can't be done for free), we will make as much progress with these conditions as we have with postherpetic neuralgia. ■

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