



SHEDDING LIGHT

On Shingles

Did you ever have chickenpox? If so, you're at risk for getting a disease called shingles. After you've had chickenpox, the virus becomes inactive and hides in your body. Shingles is caused by the virus becoming active again, but its symptoms can be much more severe. As you get older, your risk for getting shingles grows. Shingles most commonly occurs in adults over 50, but it can appear at any age.

SIGNS & SYMPTOMS

The first symptom of shingles is often burning or tingling pain, or itch, generally in a band-like distribution on one side of the body, i.e., around the waist, chest, stomach, or back. Shingles pain can be mild or intense. Some people have mostly itching; some feel severe pain from the gentlest touch, such as the weight of bed linens or clothing. A few people may have general symptoms of a viral infection, like fatigue, fever, and headache.

After several days or up to two weeks after the first symptoms are felt, a rash of fluid-filled blisters (vesicles) appears. These are similar to chickenpox but occur in a cluster rather than scattered over the body. The number of vesicles is variable. Some rashes merge and produce an area that looks like a burn. Other people may have just a few small scattered lesions. The clusters most often appear in a band called a dermatome, which contains nerves that branch out from the virus-affected nerve root exiting the spine. The second most common location is on one side of the face around the eye and on the forehead. However, shingles can involve any part of the body, including internal organs.

Recent studies have shown that subtle cases of shingles with only a few blisters, or none, are more common than previously thought. These cases may remain unrecognized.



TREATMENT

Currently there is no cure for shingles, but attacks can be made less severe and shorter by using prescription antiviral drugs such as *acyclovir*, *valacyclovir*, or *famcyclovir* as soon as possible after symptoms begin. Early treatment can reduce or prevent severe pain and help blisters dry faster. Antiviral drugs can reduce by about half the risk of being left with postherpetic neuralgia, which is chronic pain that can last for months or years after the shingles rash clears. Doctors recommend starting antiviral drugs at the first sign of the shingles rash, or if the telltale symptoms indicate that a rash is about to erupt. Other treatments to consider are anti-inflammatory corticosteroids such as *prednisone*. These are routinely used when the eye or other facial nerves are affected.

Most people with shingles can be treated at home. People with shingles should also try to relax and reduce stress (stress can make pain worse and lead

to depression); eat regular, well-balanced meals; and perform gentle exercises, such as walking or stretching to keep active and stop thinking about the pain (but check first with your physician). Placing a cool, damp washcloth on the blisters—but not when wearing a topical cream or patch—can help blisters dry faster and relieve pain. Keeping the area clean can help avoid a secondary bacterial infection.

CAN SHINGLES BE PREVENTED?

In May 2006, the Food and Drug Administration (FDA) approved a VZV vaccine (Zostavax) for use in people 60 and older who have had chickenpox. In March 2011, the FDA extended the approval to include adults ages 50-59. A new shingles vaccine called Shingrix was licensed by the FDA in 2017 for adults age 50 and older. Talk with your healthcare professional if you have questions about shingles vaccination.

