FAST FACTS: Shingles/Postherpetic Neuralgia

Singles, also known as herpes zoster, affects approximately 1 in 3 adults in the US with about half of all cases affecting adults over the age of 60. The same virus that causes chickenpox, varicella zoster, causes singles. Unfortunately, exposure to chickenpox does not provide immunity to singles. This painful virus presents on one side of the face or body causing rash-like lesions which raise, blister, then scab over and clear in a process that lasts anywhere from two to four weeks. Postherpetic neuralgia (pain along nerve endings), is a complication of singles. The risk for postherpetic neuralgia increases with age and causes moderate to severe pain that can last months or even years. The following FAST FACTS provide a brief overview on the care and treatment of both singles and postherpetic neuralgia.

- Vaccination (Zostavax) is the ONLY prevention and is recommended for adults 60 and older.

- Lesions are infectious until crusted over & dry. Individuals most at risk are pregnant women & those who have never had chicken pox or the varicella vaccine.

- Antiviral medications such as acyclovir, valacyclovir, and famciclovir are used to shorten time of infection and intensity.

- Most commonly presents with pain and/or rash across the body trunk (along thoracic dermatomes), but does not cross the midline of the body.

- Other than rash, symptoms may include pain, itching, tingling, headache, light sensitivity, and fatigue.

- Complications such as scarring, muscle weakness & skin infection may occur. Additional risk of hearing or vision loss may occur if rash is across face or head.

- Analgesia for pain should be part of treatment regimen such as:
  - Lidocaine skin patches
  - Tricyclic Antidepressants
  - Anticonvulsants
  - Opioids

References
