

PAIN RELIEF FOUNDATION

www.painrelieffoundation.org.uk

SHINGLES & POSTHERPETIC NEURALGIA

WHAT IS SHINGLES?

- ◆ Shingles is a painful disease. It starts with a pain in the skin and then a painful, tender rash develops with blisters. The pain and rash occur in a band on one side of the body or face. Sufferers feel generally unwell.
- ◆ The pain caused by shingles is a nerve pain. It may be a throbbing, shooting, stabbing or burning pain. The area can be very tender to touch and cold. However, the rash usually heals in 2-3 weeks but can leave scars and the pain can persist.
- ◆ Shingles is more common in older people and in people whose resistance is low due to illness or stress. However, it can occur at any age.

WHAT CAUSES SHINGLES?

- ◆ Shingles is caused by the chicken-pox virus. It is a herpes virus, called herpes zoster. (It is quite distinct from genital herpes or herpes, which causes cold-sores). The virus remains in the nervous system of the body for life, long after the chicken pox has cleared up.
- ◆ The virus may suddenly flare up and attack the nerves for the skin in one part of the body. This is due to reduced immunity which becomes more likely as you age, during other infections, cancer HIV and with new drugs used for inflammatory conditions and organ transplantation. The nerve or nerves become inflamed which causes the pain and rash to occur in the chest, abdomen, arms and legs and sometimes on the neck and in the face.
- ◆ You cannot catch shingles from someone with either shingles or chickenpox. BUT you can catch chickenpox from someone with shingles.

DIAGNOSIS AND TREATMENT OF SHINGLES

- ◆ It is very important to recognise the symptoms of shingles as early as possible. Treatment is more effective early in the disease. Do not delay going to your doctor if you have a painful rash.
- ◆ Antiviral drugs, such as Acyclovir (Zovirax®), famciclovir (Famvir®) and valaciclovir (Valtrex®), can help the pain of shingles and shorten the time it takes for the disease to get better. However, they will only help if started within 3 days of the appearance of the rash. These drugs can also help to reduce scarring and may reduce the risk of persistent pain.

WHAT IS POSTHERPETIC NEURALGIA (PHN)?

- ◆ PHN is a complication of shingles. 20% of people with shingles will develop long-term pain. This is a severe nerve pain called postherpetic neuralgia (PHN).
- ◆ The risk of developing PHN increases with the age at which shingles occurs. 50% of shingles sufferers over 60 years of age will develop PHN.
- ◆ PHN is diagnosed if the pain persists or returns, 3 months after the shingles rash started.
- ◆ PHN is a severe nerve pain felt in the same area as the shingles rash and beyond. The pain is often described as burning, shooting or throbbing. The painful area is very tender. Light touch, rubbing of clothing, draughts or a slight breeze can cause excruciating pain. This is called allodynia. Some patients also experience severe itching.

WHAT CAUSES PHN?

- ◆ After shingles, the affected nerves usually recover. However, in some cases the nerves may be permanently damaged and this leads to numbness and abnormal messages from these damaged nerves to the brain which can register as pain and itch.

DIAGNOSIS AND TREATMENT OF PHN

- ◆ It is very important to recognize the development of PHN as early as possible. If pain persists 3 months after the shingles attack or returns after 3 months, you must tell this to your doctor straight away.

- ◆ If treated early the chances of improvement are greater.
- ◆ Most patients with PHN experience improvement of pain over time. This depends on the duration of the pain. If PHN is still present 6 months after the shingles infection, then the chance of improvement is 60% in the next 12 months. If pain has lasted for more than a year, only a minority will improve, and after 3 years there is practically no chance of recovery.
- ◆ Simple painkillers and antiviral drugs have little or no effect in PHN.
- ◆ Drugs which have a direct effect on the nervous system are the most helpful. Drugs used to treat depression can be effective against the nerve pain of PHN. Antidepressants such as amitriptyline or nortriptyline must be taken regularly for them to work and they can cause side effects. You may experience a dry mouth, feel drowsy, or become constipated or nauseous. Newer antidepressants like duloxetine and venlafaxine might be better tolerated.
- ◆ Newer drugs with fewer side effects are gabapentin and pregabalin (Lyrica®).
- ◆ Some hospitals offer topical treatments like high dose capsaicin patches which can result in long lasting pain relief after a single application but might need repeating after several weeks or months.
- ◆ Strong painkillers, such as morphine, methadone and oxycodone may help to relieve pain in some patients.
- ◆ It is important to realise that patients respond differently to these drugs. Various drugs and combinations of drugs may be tried before the best balance of pain relief and side effects is found. In many cases there will only be partial pain relief.
- ◆ A skin patch containing lidocaine (an anaesthetic) solution has been shown to be effective in some patients for relief of PHN pain.
- ◆ There are some creams and lotions, which can be applied to the rash for pain relief. Capsaicin cream may be helpful in some cases, but it stings or burns when first applied and can sometimes make the pain worse.
- ◆ Relaxation can help relieve the pain if it is made worse by stress and anxiety. Relaxation tapes, warm baths or soothing music may all help.

WHERE TO GET HELP AND SUPPORT

The Shingles Support Society, www.shinglessupport.org

Helpline 0845 123 2305 (low rate in UK)

Help for people with pain following shingles.

British Brain and Spine Foundation, www.brainandspine.org.uk

Helpline 0808 808 1000

Provides a very informative booklet about Face Pain, including PHN.

The British Pain Society, www.britishpainsociety.org 3rd Floor, Churchill House, 35 Red Lion Square, London WC1R 4SG. Tel. 0207 269 7840

Can provide a booklet "Understanding and Managing Pain: Information for Patients."

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www.thewaltoncentre.nhs.uk

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Copies of this leaflet are available from The Pain Relief Foundation, Clinical Sciences Centre, University Hospital Aintree, Lower Lane, Liverpool L9 7AL, UK.

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Disclaimer: If you have a pain problem which needs treatment you must contact your own doctor. He can refer you to a pain clinic in your area. This leaflet is for information only and should not be treated as a substitute for the medical advice of your doctor. The Pain Relief Foundation cannot offer individual medical advice.