



SHINGLES

What are the aims of this leaflet?

This leaflet has been written to help you understand more about shingles. It will tell you what it is, what causes it, what can be done about it, and where you can find out more about it.

What is shingles?

Shingles is a painful blistering rash caused by the same virus that causes chickenpox (the varicella zoster virus).

What causes shingles?

After you have had chickenpox, the virus that caused it is still present (in a dormant state) in the nerves linked to your spinal cord. If the virus becomes active again, it multiplies and moves along the nerve fibres to the area of skin supplied by those nerves; shingles then appears in this area. About 1 in 5 people who have had chickenpox will have an attack of shingles later in life.

Shingles is not caught from someone who has shingles, but follows an earlier attack of chickenpox. However, a person with shingles can infect someone who has never had chickenpox, causing an attack of chickenpox. A person with shingles is infectious from the point of blister development up until the blisters crust over (approximately 7 days).

Most attacks of shingles occur for no obvious reason, but an attack is more likely if:

- you are elderly
- you are experiencing physical or emotional stress
- you have an illness that weakens the immune system, such as leukaemia, a lymphoma (e.g. Hodgkin's disease), or HIV

- you are taking treatments that suppress the immune system, including irradiation for cancer, chemotherapy, cortisone-like drugs, and drugs taken to prevent organ rejection.

Is shingles hereditary?

No.

What are the symptoms of shingles?

Pain is the first and predominant symptom and sometimes there is also a tingling, aching or burning sensation. The rash usually appears a day or two after these symptoms. You may also feel ill and have a fever and a headache.

What does shingles look like?

The first sign is the appearance of groups of red spots on a pink-red background, which quickly turn into small fluid-filled blisters. Some of the blisters burst, others fill up with blood or pus. The area then slowly dries out, and crusts and scabs form. The scabs will drop off over the next 2-3 weeks.

The rash usually covers a well-defined area of skin on one side of the body only, and not crossing the midline. Its position and shape will depend on which nerves are involved. Shingles can affect any area, but common patterns include a band running round one side of the chest, or down an arm or leg. Sometimes pale or dark scars follow shingles, particularly after a severe attack.

A chickenpox-like rash occasionally comes up at the same time as shingles. This may indicate a more serious and widespread attack of shingles or that there is an underlying reason for the shingles.

How is shingles diagnosed?

Early in the course of shingles, before the rash is present, it may be difficult to make the diagnosis. Later on the diagnosis is usually straightforward, based on the story of pain appearing before the rash, and on the typical appearance of the rash.

If there is doubt about the diagnosis, scrapings may be taken from a blister and looked at under a microscope.

Can shingles be cured?

Shingles resolves on its own within a few weeks. Oral medication can make the rash of shingles clear more quickly and can reduce its unpleasant effects.

These effects depend largely on which nerve is involved:

- Shingles of the area served by the nerve that carries sensation from the front of the eye can lead to ulceration there, and later to scarring. Blisters coming up on the side of your nose will alert your doctor to this risk, and you should also get advice from an eye specialist (ophthalmologist).
- Muscles supplied by the nerves taking part in the shingles occasionally become weak. For example, a temporary facial paralysis can accompany a shingles rash on the ear.

The pain of shingles may persist long after the rash has cleared (this is called post herpetic neuralgia), particularly in the elderly. Usually this goes away within 6 months, but a few people can experience pain for a year or more.

How can shingles be treated?

- *To shorten the attack.* Antiviral drugs are safe and can do this, but only if they are given within the first few days of an attack.
- *To make it less painful.* Rest and taking pain-killers may help.
- *To deal with complications.* A bacterial infection complicating shingles may require an antibiotic cream or tablets. Eye involvement will need a specialist ophthalmic review, and eye drops may be prescribed.
- *To prevent postherpetic neuralgia.* Using an anaesthetic ointment (lidocaine 5%) before applying a topical analgesic cream (capsaicin cream) may help. Taking antiviral drugs during an attack of shingles may reduce the risk of getting postherpetic neuralgia, and can shorten its duration if it does occur.
- *To treat the pain of postherpetic neuralgia.* Treatments that are sometimes used also include antidepressants, and anticonvulsants, as well as pain killers, such as non-steroidal anti-inflammatories.

What can I do?

- Since newborn babies, people with reduced immunity, and those who have not previously had chickenpox could catch chickenpox from the shingles it is advised to avoid contact when shingles is present.

- You should see your doctor as early as possible if you think you have shingles, particularly of the face, as antiviral treatment works best if taken early in an attack.
- You may need to take time off work, (usually 2 to 3 weeks), until the rash disappears.

Where can I get more information about shingles?

Link to patient support group:

Shingles Support Society

Tel: 0845 1232305

Email: info@shinglessupport.org.uk

www.shinglessupport.org

Herpes Viruses Association

Tel: 0845 1232305

Email: info@herpes.org.uk

www.hva.org.uk

Web links to detailed leaflets:

www.emedicine.com/emerg/topic823.htm

www.medinfo.co.uk/conditions/shingles.html

www.aad.org/pamphlets/herpesZoster.html

<http://www.dermnetnz.org/viral/herpes-zoster.html>

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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