Hot spots, pox and shingles

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It is not often that we as doctors walk in the shoes of our patients, but when the doctor becomes the patient, the patient experience and journey certainly takes on a totally different meaning. I recently became a patient with shingles and it was clear to me that my patient experience was far different from my (usual) understanding as a doctor. It was not a lot of fun!

For those of you who don't know much about shingles, in lay terms, shingles is an outbreak of herpes zoster and, in fact, is the same virus that causes chicken pox early in life. It is often surprising to many people that 20 to 30 per cent of Australians will have an episode of shingles in their lifetime. That is a high statistic, and it is often more complicated if we are over the age of 60. After the age of 60, we are more likely to have shingles complicated by post-herpetic neuralgia (PHN), a potentially serious chronic pain syndrome affecting the nervous system. Sufferers often experience this chronic pain for weeks, months or (rarely) years.

In the majority of patients, shingles presents as an acute self-limiting rash, which is often quite painful and lasts approximately 10 to 15 days. Shingles can be associated with headaches and fever, and when the rash develops, it is usually on one side of the body, such as the chest, lower back area or face. Prior to the development of the rash, there are often symptoms such as itching, tingling or severe pain. There are a number of circumstances that make the reactivation of the chicken pox virus (herpes zoster) and the development of shingles more likely to occur.

These include:

- being aged over 50;
- period of increased stress;
- long term use of steroids as part of the treatment for other medical conditions;
- cancer treatments such as chemotherapy or radiotherapy; or
- any medicine affecting the immune system.

Some common complications may include skin pigmentation and scarring, secondary bacterial infection of the rash, nerve palsies, eye involvement and increased sensitivity of the skin.

The aim of the treatment of shingles is to accelerate the healing of the zoster rash, reduce the duration of the severity of pain and decrease the risk of complications, including PHN. Aggressive treatment early in the acute phase of shingles using anti-virals and analgesics improves patient comfort and reduces the likelihood of PHN. It is worth pointing out however, that appropriate anti-viral therapy is available but should be initiated within 72 hours for optimal treatment benefit.

In terms of the prevention of shingles, there is a vaccine available if you have a Gold Card or White Card with appropriate accepted disabilities. The provision of Zostavax (shingles vaccine), is on the basis of a prior approval application from your doctor to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC). Approval of Zostavax is dependent on meeting specific immunisation criteria. You can discuss the benefits of the vaccine with your doctor. I certainly think this is a discussion worth having.