Coping with shingles

Advice for older people

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This leaflet was written in association with the Pain Relief Foundation, a medical research charity.

If you would like this leaflet in another format, such as large print or audio tape, please contact the Information Resources Team on 020 7278 1114.
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Shingles is a common disease that causes a painful rash, usually across one side of your body or face. It is caused by the same virus as chickenpox and you can only get shingles if you have already had chickenpox. The chickenpox virus stays in your nervous system and you develop shingles if it becomes active again and attacks the nerves.

Shingles can affect people of any age, but it occurs much more often in older people. It can be very painful but you may be able to lessen the severity of an attack if you visit your doctor as soon as the symptoms appear.

This leaflet explains more about shingles, so that if it ever happens to you, you will be able to recognise it and get help from your doctor as soon as possible. It also gives information on the treatment and management of shingles pain.

Is shingles infectious?

Shingles isn’t spread through the air and, as far as we know, you can’t ‘catch’ shingles from someone else. No amount of contact, not even touching the rash, will make you catch it. If you have never had chickenpox, it is possible to catch chickenpox from someone with shingles, but you can never catch shingles from somebody with chickenpox. This means that if you have shingles you should avoid contact with the following people:

- babies and young children who haven’t had chickenpox
- pregnant women who haven’t had chickenpox
- people with weakened immune systems, such as people with cancer or HIV
Who is at risk from shingles?

There is often no obvious reason why the chickenpox virus becomes active again and causes shingles. However, it is more likely to happen when your immune system becomes weaker, which is something that happens with age. Certain diseases may also make you more susceptible, such as some forms of cancer and HIV. Some treatments and drugs can make you more vulnerable, such as radiation, chemotherapy, and high doses of steroids. Infections, injuries and surgery may also weaken your immune system, as well as physical and emotional stress.

Recognising shingles

Most cases of shingles occur in people over 60, so it is particularly important for older people to recognise the symptoms as early as possible, when treatment is likely to be most effective. Unfortunately, the early symptoms of shingles are often vague and can easily be mistaken for other illnesses. These are some of the signs of an attack:

- The first sign is often a tingling or prickling sensation.
- Another sign is pain or numbness on one side of the body.
- The pain may be an 'ache', or it could be a 'shooting' or 'stabbing' pain.
- You may feel like you have flu and have a high temperature.

During these early stages, you may not have developed a rash. The rash will appear some time within the first few days of the illness. It will be made up of blisters containing fluid, and appears in groups or bands on one side of the body or face.

It is very important to see your doctor as soon as possible and report all your symptoms.
Once the rash has appeared, the blisters will usually form scabs and then heal over the next two to three weeks. Some people will continue to feel pain for up to a month or even longer after the blisters have healed. You might also notice that your skin is a bit discoloured or scarred.

The pain caused by shingles varies from person to person. For some people, it is very like chickenpox; the rash may sting and then itch as it heals. Sometimes these symptoms can be helped with cool water compresses or by wrapping ice cubes or a bag of frozen peas in a towel and pressing it on the rash. Calamine or menthol lotions and ordinary painkillers, like paracetamol, can also help. Try and keep your rash clean, but don’t use scented oils or soap on it.

For other people, shingles may be much more painful, with the pain lasting weeks or months after the blisters have healed. This pain can be difficult to treat, but the earlier you see your doctor and get treatment, the more effective it could be.

**Treating shingles**

There are some steps you can take which may reduce the severity of an attack. The most important thing is to see a doctor as soon as you feel any of the signs and symptoms (see page 5).

There are treatments for shingles, but many of them depend on you reporting the illness early enough. The choice of treatment depends on where the rash is and on how badly you are affected.
Some antiviral drugs such as acyclovir, famciclovir (Famvir) or valaciclovir (Valtrex) can shorten the attack of shingles, and will usually relieve the pain of the attack. However, for these drugs to work, they should be started **within two to three days of the rash appearing**. In addition to shortening the attack and relieving pain, these drugs, if taken in time, ensure that no permanent scars will be left by shingles – important if the rash is on your face or neck. Don’t worry if you are still in pain after finishing the one-week or ten-day course of antiviral drugs; your doctor will treat your pain separately (provided you tell him or her about it).

You might find that your doctor will prescribe antibiotics for you if you develop a secondary infection, or painkillers for your pain. A drug called gabapentin (Neurontin) can also be prescribed in the acute phase of shingles to treat nerve pain.

**If you’re not sure about what you are being prescribed, or how long you should take it for, don’t be afraid to ask your doctor.**

Although they were originally developed to treat depression, many doctors prescribe a low dose of antidepressant drugs (such as amitriptyline or nortriptyline) every night, starting as soon as shingles is diagnosed. This can help to **prevent** long-term pain. Higher doses of antidepressant drugs can also **relieve** nerve pain, but it may take a few weeks before they have any effect. If you are still in pain six weeks after you began taking the drugs, your doctor may increase the dose. Once your pain has stopped, your doctor might want you to carry on taking the drugs for another month or so.

Your doctor may be interested to know that the **Pain Relief Foundation** (address on page 14) produces information for doctors and patients on the treatment of long-term pain.
It's important to try and keep eating a healthy diet while you're unwell with shingles as it may help you to get over your illness more quickly and reduce the risk of suffering from long-term pain. For more advice, see our free advice leaflet 'Healthy Eating'.

**Complications**

Shingles can have some complications, including problems with your sight or hearing. This is not very common but it may happen if shingles affects your face. If your immune system is weakened, infections can spread to internal organs, such as the lungs and the central nervous system, but this is extremely rare.

Shingles can come back, particularly if you are under any physical or emotional stress.

*You should see your doctor immediately if you experience any signs of the above.*

**Long-term pain**

The most common complication of shingles is pain that continues or returns three months after the shingles rash started. The medical term for this condition is *post-herpetic neuralgia* or PHN. Many thousands of people suffer from PHN each year and older people are more likely to be affected.

Unfortunately, PHN is sometimes not properly treated. People with PHN often suffer from intense pain that makes their life miserable. It is usually described as a tender, burning pain but some people say that it is 'aching', 'throbbing' or 'stabbing'. Clothes rubbing against the body or the effect of wind on the face can make the pain unbearable. People suffering from PHN can also suffer from depression, weight loss and difficulty in sleeping.
What causes PHN?

When the chickenpox virus becomes active again and causes shingles, the nerves it attacks either recover completely or become permanently damaged. PHN pain happens when the nerves are damaged. The nerves send confused messages to the brain that register as pain. Unfortunately, taking the antiviral drugs early on doesn’t guarantee that PHN will not develop later on, but it does mean that it will be easier to treat.

What can be done about PHN pain?

If PHN is diagnosed and treated early, there is often a good chance of a cure. If treatment is delayed, the chance of a cure becomes considerably less.

It is important to tell your doctor if you have had shingles and you are still in pain, or if the pain returns three months after the rash first appeared. Don’t ‘wait and see’ what happens – you may risk making your illness worse.

The best way to deal with PHN is to treat it early on and this means going to your doctor straight away.

Unfortunately ordinary painkillers have little effect on PHN but there are some drugs available through your doctor. Ask your doctor for more advice on these:

- A drug called gabapentin (Neurontin), originally developed as an anti-epileptic drug, is effective in treating nerve pain. You may have to take this drug for up to two months, until your symptoms disappear.