



SHINGLES SUPPORT SOCIETY

41 North Road, London N7 9DP

Helpline 0845 123 2305, office phone 020 7607 9661

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Leaflet for patients

Website: www.shinglessupport.org.uk

Email: info@shinglessupport.org

Introduction to medical treatments for shingles pain (postherpetic neuralgia or PHN)

These treatments are explained in more detail in the 'Guidelines for GPs' leaflet enclosed – your doctor might find this useful

Explanation

Shingles pain – or discomfort - may get better by itself, but in some cases it can continue for years. As we get older, it becomes more likely that this problem may be long lasting, particularly for patients who are over 60. It is then called postherpetic neuralgia (PHN). If it prevents you from living a normal life, you should arrange to start treatment as soon as possible. Read the leaflet "What you need to know about shingles" for more information on shingles.

PHN is the result of nerves being irritated or damaged by virus at the time of a shingles outbreak. The function of the damaged nerve becomes abnormal, as is shown by the loss of ordinary sensation and it also sends pain messages to your brain. This makes it a very difficult kind of pain to treat.

People experience this pain in different ways – it may seem like itching, tingling, stabbing, burning, numbing or intense soreness. However you experience it, if it is annoying or agonising you should talk to your doctor about treatment. If it is mild or insignificant, you may choose to ignore it.

Treatments

Everyday painkillers like aspirin, paracetamol and ibuprofen are often suggested, though they may have little effect on PHN. Even stronger prescription painkillers may not help. If you need stronger painkillers, ask your doctor about other drugs – such as tramadol – that may help with the pain for a few weeks while the long-term pain-block treatments get to work (see next paragraph). Talk to your doctor about the possible side-effects of painkillers and whether they are suitable for you. Painkillers are short-term treatments: they work at once but the effect wears off in a few hours.

The best treatments set up a long-term pain-block. They don't give immediate relief – they may take a few weeks to become fully effective. These long-term treatments include tablets, a cream and patches/plasters.

Tablets that your doctor may prescribe

Both the drugs listed below are started at a low dose and gradually built up to a useful (therapeutic) dose. They must not be stopped suddenly but tapered off over a week or even more slowly. Some people get side-effects at first (mainly drowsiness) but these are expected to wear off after a while. Doctors sometimes start some patients (e.g. frail, slight) on lower doses and increase the dose more slowly than the 'recommended' in the hope of reducing the severity of side effects.

A sub-group of the Herpes Viruses Association - **SPHERE**, Reg. Charity No 291657

Patrons: Professor M W Adler, CBE MD FRCP FFCM, Dr Raj Patel FRCP Dr B A Evans, FRCP,
Dr Colm O'Mahony MD FRCP BSc DIPVen, Dr Miriam Stoppard MD FRCP, Dr Phil Hammond MB BChir MRCGP

1. **Antidepressant drugs** such as **amitriptyline** or **nortriptyline** are started at a low dose, usually 10 mg, taken at bedtime and gradually increased to 50 mg or even 75mg. One of the main side effects is a dry mouth. Sipping water, sucking on (sugar-free) sweets or chewing gum can offer a degree of relief. Side effects should decrease as you become used to the treatment. **As Mrs S. reported: ‘... it did ease the dreadful pain. I had one or two side effects when taking the pills but I could cope with them ... to ease the pain was the main thing and amitriptyline did that.’**
2. **Gabapentin** and **pregabalin** are now widely used for treating neuropathic pain such as PHN. Usually **gabapentin** is started off with a low dose of 300 mg twice a day and is increased – this can be up to a maximum of 1200 mg, 3 times a day. The dosage for **pregabalin** starts at 75 mg twice a day - and can be 300 mg twice a day.

Cream that your doctor may prescribe

3. **Axsain cream** (capsaicin – or chilli pepper cream) has been found to be effective at stopping pain in some trials, but not in others. It is massaged on (or near) the painful place three or four times a day for about three weeks. Follow the directions, being very careful to avoid the eyes if the pain is on the face or head. This cream can cause a burning sensation so some people use an anaesthetic cream first to numb the area – about 15 minutes before applying Axsain. Use Instillagel 2% gel, lidocaine 5% ointment or Xylocaine 10% spray – they are not expensive can be bought from the chemist without a prescription. These items can also be prescribed by your doctor.

Patches that your doctor may prescribe or may be able to arrange

4. **Anaesthetic plaster** - “Versatis” is a lidocaine patch that is applied to the affected area for 12 hours on, 12 hours off every day.[4] It can be cut to fit the affected area. One consultant who treats people with PHN has told the Shingles Support Society that he suggests that his patients may like to wear the patch for up to 36 hours on and then 12 hours off if they wish; he finds that it continues to be effective when used like this.
5. **Chilli pepper patch** - “Qutenza (capsaicin) 8%” is a new treatment that medical personnel at specialist pain centres around the country are being trained to use. It is a skin patch containing a synthetic equivalent of the naturally occurring capsaicin compound found in chilli peppers. A doctor or nurse will numb the area using an anaesthetic cream and the patch is then applied for one hour. This treatment should reduce or eliminate the pain of PHN for three months, after which the treatment can be repeated if required.

Treatments that that we do not recommend

Cutting the affected nerve is unlikely to cure the pain of PHN - the severed nerve ends still transmit pain signals to the brain. (This is similar to ghost pain felt by people who have had a limb amputated.) Doctors Kanazi, Johnson and Dworkin report that “the use of sympathetic nerve blocks [injections] **do not appear to provide prolonged relief** in patients with longstanding PHN.”

Support groups for related conditions/rare complications

- Trigeminal Neuralgia, PO Box 234, Oxted, Sy, RH8 8BE (www.tna.org.uk) 01883 370 214
- Bell’s Palsy (www.bellsalsy.org.uk)
- Ramsay Hunt Syndrome (shingles on the face) has active forums for sharing and comparing experiences: <http://www.ramsayhunt.org>