**AETIOLOGY**
- Shingles is caused by reactivation of the varicella virus that has lain dormant in the dorsal root ganglion.
- The varicella zoster virus is believed to enter the sensory nerve endings in the skin during a chickenpox infection, travelling up the nerves to the ganglia.
- Painful blisters develop following the underlying route of the nerves that are inflamed by the virus.

**INCIDENCE**
- Every year about 200,000 people in the UK have an attack of shingles.
- It mainly affects adults: 60 per cent of people who have shingles are over 50 and five per cent are under 15.
- It more frequently affects people with weakened immune defences and is, therefore, more common in older people or those with chronic conditions such as leukaemia or AIDS.
- Most people only have shingles once. However, people with impaired immune systems, may have repeated episodes.

**DIAGNOSIS**
- The pain and rash of shingles is characteristically unilateral.
- Past history of chickenpox.
- May start after a period of debility.
- Some blisters may weep fluid.

**SIGNS AND SYMPTOMS**
- Painful blisters form in the area supplied by one nerve root. This usually affects only one side of the body.
- The initial symptom is usually a tingling sensation in the affected area.
- Pain and discomfort, which can be severe, begins about five days before the rash emerges.
- Red papules develop into blisters, which crust over and heal within three to four weeks.
- Malaise and fever are common and this, coupled with pain, makes shingles a debilitating condition.

**TREATMENT**
- Analgesic such as ibuprofen or co-codamol to control pain.
- Oral antiviral agents help if taken in the first 72 hours.
- Advise patient to:
  - Keep rash dry;
  - Rest, especially while malaise is a problem;
  - Stay away from newborn infants, pregnant women and anyone who is frail or unwell;
  - See his or her doctor if the rash becomes worse;
  - See his or her doctor if the pain is not controlled with simple analgesics.

**COMPLICATIONS**
- Secondary infection can cause tissue damage and result in scarring.
- Post-herpetic neuralgia, where pain persists beyond the normal two-to-three week period, lasting for months and sometimes years is a more common complication that is more distressing with increasing age.
- Damage to the inner ear can result in deafness and vertigo.
- Involvement of the eye can cause ulceration and permanent scarring of the cornea.

**NURSING IMPLICATIONS**
- A patient with shingles can transmit chickenpox to a susceptible individual but a patient with chickenpox cannot transmit shingles.
- Creams and lotions are not recommended for treatment of the skin rash as there is a risk of spreading skin bacteria into the blistered area.
- Prompt referral to a doctor is important for patients with:
  - Concurrent illness;
  - Pain that is not managed with simple analgesia;
  - Anyone over 75;
  - If the face or eyes are affected.
- Immediate treatment with antiviral drugs can reduce the severity and duration of an attack.

**FURTHER READING**

**WEBSITES**
- Information for patients is available from StudentHealth:  
  [www.studenthealth.co.uk](http://www.studenthealth.co.uk)
- National Institute of Neurological Disorders and Stroke:  
- British Association of Dermatologists:  
  [www.bad.org.uk/patients/patient_5](http://www.bad.org.uk/patients/patient_5)