Health Information Evening (25/2/19)

Atrial Fibrillation Cancer of the Prostate Shingles

Presenters

- Mary Adams (BNSSG CCG patient liaison officer)
- Richard Thomson (GP)
- Tony Ryan (GP)
- Gerwyn Owen (GP)
- Special thanks to our Patient Group for organising and stewarding

- Herpes Zoster (Shingles)
- Varicella Zoster virus (Chickenpox)
- Same virus
- Shingles is a reactivation of the chickenpox
- 90% of adults have serological evidence of infection with primary varicella zoster infection
- Therefore, a common problem

- Pain precedes the rash for around 3 days (can be up to a week)
- Rash in a dermatomal distribution on one side of the body
- Any age but over 50s more common
- Women more than men
- Immunocompromised most at risk
- Rash lasts 2 weeks typically and might scar
- Post herpetic neuralgia (risk between 5-32% and increases with age)





- Shingles involving the eye
- Can cause conjunctivitis, corneal ulceration, keratitis, glaucoma, and blindness if untreated
- Normally needs treatment and referral to Opthalmology



Shingles Treatment

- Antivirals (Aciclovir, Famciclovir, Valaciclovir)
- Consider in all patients, best within 72 hours of onset of rash, and especially in severe disease, over 50s and immunocompromised or eye involvement
- Pain relief (Paracetamol, Ibuprofen, Codeine, Amitriptyline, topical Lidocaine)
- Calamine for the itch
- Infectious to those who have not had Chickenpox

- Vaccination programme
- 70–79 year age group
- Single vaccination with Zostavax
- Reduce risk of illness by 61%
- Used to be by invitation now can book appointment in our Shingles vaccination clinic

- Any questions
- Thanks for coming