



TREATMENT OF POSTHERPETIC NEURALGIA

If you have been diagnosed with postherpetic neuralgia, this fact sheet will help you and your doctor discuss possible treatments to decrease your pain and improve your quality of life.

Postherpetic neuralgia affects the nerves and skin. It can be very painful. The pain can ache or burn. It can also feel like an electric shock.

Neurologists from the American Academy of Neurology (AAN), who specialize in diseases of the brain and central nervous system, believe you should know about effective treatment options for postherpetic neuralgia. A group of neurologists reviewed all of the data available and made recommendations. These will help your doctor find the most effective treatments.

What is the cause?

People develop postherpetic neuralgia after they have experienced a viral infection called herpes zoster. Herpes zoster can cause two conditions that result in small skin blisters—chicken pox and shingles.

Chicken pox is a common childhood herpes virus. It is highly contagious. For some people, their immune system may not have eliminated the virus. The virus remains inactive in the nerve cells. Years later, the virus may reactivate and develop into shingles. Other people may develop shingles after a first exposure to the herpes zoster virus, usually as an adult.

As people get older there is a greater chance they will develop postherpetic neuralgia. It is a continuation of the pain of shingles after the rash has resolved. Age, illness, and stress can trigger the virus to resurface.

The virus affects sensory nerve fibers, causing pain. When the virus reaches the skin it causes a rash with blisters, known as shingles.

Not everyone who gets shingles develops postherpetic neuralgia. It does not develop after chicken pox. The skin lesions of shingles heal in one to three months. But some people still have pain after the skin irritations heal. If the pain lasts longer than three months, you probably have postherpetic neuralgia.

What are the symptoms?

The pain is often in the same area where the shingles blisters and rash occurred. The pain may include:

- Sharp, burning, or deep aching pain
- Sensitivity to touch and temperature change
- Itching and numbness

Some muscle weakness or paralysis may occur if the nerves cells involved also control muscle movement.

What are the best treatments?

There's currently no cure. The duration of pain differs from person to person. For most people, the condition improves over time. Researchers found that over half of patients stop feeling pain within one year.

Drugs can help with symptoms. A group of neurologists from the American Academy of Neurology reviewed all of the available data for treatment, including antidepressants, antiepileptic drugs, opioids, medicines used on the skin or as injections, and other treatments. There is not enough data at this time to know for certain the long-term effects of these treatments.

Antidepressants

Tricyclic antidepressants are effective and should be used for treatment of postherpetic neuralgia. The drugs—known generically as amitriptyline, nortriptyline, desipramine, and maprotiline—affect brain chemicals



that influence both depression and how your body recognizes pain. Side effects include drowsiness, dry mouth, and weight gain. Because these drugs are only given once a day, the drowsiness can be used to help get to sleep and stay asleep. Talk to your doctor or pharmacist about side effects.

Antiepileptic drugs

Two drugs used to treat epilepsy also minimize the pain from postherpetic neuralgia. These drugs should be used for treatment. They are gabapentin and pregabalin. As of September 2004, only gabapentin is available in the United States. Side effects of these drugs can include drowsiness and unclear thinking. Talk to your doctor or pharmacist about side effects.

Opioids

There is evidence that long-acting oral opioids are effective and should be used for treatment of postherpetic neuralgia. Opioids are narcotics. They are strong pain relievers. Some opioids are natural, which means they come from living sources. Others are synthetic—or man-made. Opioids act on nerve cell receptors in the brain to relieve pain. A weak opioid pain-reliever, tramadol, also showed some benefit in treating postherpetic neuralgia.

People taking opioids may experience side effects such as nausea, mild dizziness, drowsiness, constipation, unclear thinking, and dependency. Talk to your doctor or pharmacist about side effects. Care must be taken to strictly follow the directions on how to take opioid pain relievers. If the long-acting forms of opioids are crushed or allowed to dissolve in the mouth, accidental overdose will occur.

Topical lidocaine patches

Lidocaine skin patches are also effective in reducing the pain of postherpetic neuralgia. These are adhesive patches. They contain a pain-relieving drug called lidocaine. The patches are put directly on the affected skin. They can provide relief for hours at a time.

Aspirin cream and capsaicin

Aspirin, an anti-inflammatory drug, and capsaicin, which causes degeneration of nerve fibers, in the skin may sometimes be used to relieve the pain and itching from postherpetic neuralgia. Aspirin in ointment or cream is probably effective in reducing the pain of postherpetic neuralgia, but the amount of benefit for aspirin cream and topical capsaicin is below the level that is considered clinically important in treatment of chronic pain.

Other topical pain relievers and antiepileptic drugs, pain relievers that are injected, laser treatments, acupuncture, morphine, and vitamin E were also reviewed. In some cases, it was clear that there was no benefit. In other cases there was not enough information to decide whether there is a benefit.

Talk to your neurologist

It is important to talk with your doctor about your choices. Together you and your doctor can determine which treatment will provide a decrease in pain and improve quality of life.

This is an evidence-based educational service of the American Academy of Neurology. It is designed to provide members with evidence-based guideline recommendations to assist with decision-making in patient care. It is based on an assessment of current scientific and clinical information, and is not intended to exclude any reasonable alternative methodologies. The AAN recognizes that specific patient care decisions are the prerogative of the patient and the physician caring for the patient, based on the circumstances involved. Physicians are encouraged to carefully review the full AAN guidelines so they understand all recommendations associated with care of these patients.

