



# Addressing the Physical and Mental Symptoms of Shingles

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## ABSTRACT

Because shingles is a painful and often common condition associated with a host of problematic symptoms, it is crucial that nurse practitioners are aware of this condition. The purpose of this article is to identify clinical manifestations of shingles, describe appropriate management, and highlight the associated mental health symptoms that are often overlooked or minimized.

**Keywords:** Herpes zoster, mental health, pain, pain management, postherpetic neuralgia, Ramsay Hunt syndrome, shingles

## CASE STUDY

Ms. Smith is a 35-year-old mother of three small children who works full time as a teacher at the local high school. Her day begins at 5 AM, and she frequently does not go to bed until after midnight. She has been under considerable stress at work, where she is required to stay additional hours to provide tutoring for students who are having difficulty.

In addition, Ms. Smith is the primary caregiver of her elderly parents and must decide whether to seek home health assistance or place her parents in a nursing home as a result of their deteriorating health. Her two siblings, who live in distant states, have placed the burden of this decision on her. Because she and her husband are experiencing marital problems, they have sought counseling, but because of Ms. Smith's busy schedule, she has been unable to attend the sessions.

After a particularly stressful day at work, Ms. Smith wakes at 3 AM with stabbing pains across the left side of her breast and torso and numbness and tingling "in her skin" on her left side. Panicked, she rushes to the emergency room, thinking she is having a heart attack. After hours of questioning and diagnostic testing, she is surprised her condition is diagnosed as herpes zoster.

She is sent home with instructions to start an oral antiviral medication, take acetaminophen (Tylenol) for pain, and apply cream to the tiny red rash under her left breast. The shingles and pain last for several weeks. Her stress, however, continues to heighten, spiraling into an episode of major depression. Six months later the shingles reappear on her face. Ms. Smith's stress and depression continue as well.

Herpes zoster, or shingles, is a painful central nervous system viral infection caused by the varicella-zoster virus

**Table 1. Common Risk Factors**

Advanced age
Immunosuppression
HIV infections
Leukemia
Lymphoma
Hodgkin disease
Transplantation
Chronic corticosteroid use
Chemotherapy
Radiation
Stress

Source: US Food and Drug Administration. *Shingles: an unwelcome encore*. Available at: [www.fda.gov](http://www.fda.gov). Accessed November 10, 2005.

(VZV), the same virus that causes the chickenpox infection in school-aged children.<sup>1</sup> After a course of chickenpox, a small percentage of the virus travels into the base of the nerve roots close to the spinal cord. The VZV lies dormant in the cranial nerves and dorsal root ganglia or part of the nerve cell. When the virus is dormant, it is noninfectious, but it can be reactivated, primarily when the immune system is compromised or weakened. When reactivated, the virus travels through the nerves to the surface of the skin, displaying its hallmark symptoms—a blistering red rash and acute pain.<sup>1,2</sup>

Shingles is one of several types of viral skin infections. Herpes simplex virus type 1 (HSV-1) is the common cold sore. Herpes simplex virus type 2 (HSV-2) is a type of genital herpes transmitted by direct contact with an infected host. Other viral skin infections include the human cytomegalovirus, Epstein-Barr virus, and VZV.<sup>2,3</sup> Shingles means girdle or belt in Latin, reflecting the infected nerve endings in the trunk area.<sup>1</sup>

As many as 1 million persons in the United States can have shingles each year.<sup>1</sup> This painful illness can attack anyone who has had chickenpox, which includes 90% of American adults.<sup>4</sup> Approximately 10% of the adult population will endure it. Shingles affects both sexes, all age groups, cultures, races, and socioeconomic classes. Women and whites are more likely to develop shingles than are men and African Americans.<sup>5,6</sup> Half of the US population older than 85 seek medical attention for the painful symptoms of shingles.<sup>7</sup> Older adults and persons with chronic diseases, including immune deficiencies such as AIDS, and those undergoing radiation and

chemotherapy are vulnerable. Long-term usage of corticosteroids, organ transplantation, excessive alcohol consumption, inappropriate nutritional intake (anorexia), and extreme temperatures of heat or cold are conditions placing persons at particular risk.<sup>1</sup> Bezold et al<sup>8</sup> found at least 50% of persons who had Hodgkin disease also displayed symptoms of shingles.

Young children comprise only 5% of shingles cases but can become infected if they have had chickenpox or if their mother had chickenpox late in pregnancy.<sup>6</sup> Young adults, however, who have stress-related syndromes or are experiencing stressful life transitions, such as moving to college, childbirth, marriage, or a new job, might also develop shingles.<sup>9</sup> Common risk factors associated with herpes zoster are outlined in Table 1.

## ASSESSMENT

Although shingles appears as a red, grapelike, clustered rash, infected persons might first complain of severe discomfort in the absence of a rash. Shingles, therefore, might be mistaken for a heart attack, fractured ribs, strained muscles, gastrointestinal conditions, gynecologic disorders, acute otitis media, eye infections, or even kidney stones.<sup>1,3,6</sup> Other key clinical features, including prodromal and pre-eruption symptoms, appear before the rash erupts and should be considered as possible indicators of shingles. Prodromal symptoms, which typically last for a few days before the rash, include malaise, chills, fever, weakness, poor sleep, poor appetite, anxiety, and gastrointestinal discomfort.<sup>3,6</sup> Pre-eruptive symptoms are changes on the surface of the skin at the site at which the rash will appear.<sup>3</sup> On the fourth or fifth day, the infection results in a stinging, itchy, stabbing, or burning sensation on the skin, typically in the trunk area.<sup>3</sup> In rare occasions, the pre-eruptive symptoms continue in absence of the rash, a situation known as “zoster sine herpette.”<sup>6</sup>

Unique sensations on the skin follow dermatomes.<sup>3,6,10</sup> A dermatome is skin that covers a nerve that runs in bands, originates at the spinal cord, and travels on one side of the body. Any dermatome in the body may be affected; however, the T5 and T6 vertebral dermatome are the most common.<sup>6</sup> Rarely will the pre-eruptive symptoms run bilaterally, fewer than 1% of cases.<sup>3</sup> Dermatome patterns are identified in Figures 1, 2, and 3.<sup>10,11</sup>

In the active phase of the infection, the hallmark sign of shingles is the blistering skin rash typically clustered

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