

Original article

Prevalence and impact on quality of life of post-herpetic neuralgia in French medical centers specialized in chronic pain management: The ZOCAD study

Prévalence et impact sur la qualité de vie des douleurs post-zostériennes dans des centres médicaux français spécialisés dans le traitement des douleurs chroniques : étude ZOCAD

B. Laurent^{a,*,b}, E. Vicaut^c, A. Leplège^d, K. Bloch^e, E. Leutenegger^f

^a Neurology department, centre antidouleur, hôpital Nord, CHU de Saint-Étienne, 42055 Saint-Étienne cedex 2, France

^b Inserm U879 (central integration of pain), UCB Lyon 1, UJM, 42023 Saint-Étienne, France

^c Clinical research unit, hôpital Fernand-Widal, 75010 Paris, France

^d Paris-Diderot University, 75013 Paris, France

^e Sanofi Pasteur MSD, 69361 Lyon, France

^f GECEM, 92120 Montrouge, France

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Abstract

Objectives. – (1) We had for aim to determine the rate of patients consulting for post-herpetic neuralgia (PHN) in centers specialized in the management of chronic pain, (2) to assess the burden of PHN, (3) to compare the impact of PHN between new (newly consulting for PHN) and known (already treated by pain specialists) patients.

Patients and methods. – We conducted a prospective multicenter observational study including all chronic pain outpatients consulting for 3 consecutive weeks. The impact of PHN was assessed with the ZBPI, SF12, HADS, and a non-validated disability questionnaire.

Results. – Among the patients, 4518 consulted 54 specialized centers from January 24th to July 21st 2008: 2.6% of patients (but 10.9% of patients 70 years of age or more) reported PHN. The acute herpes zoster episode had occurred more than 13.3 months before inclusion for half of the patients. 108 of the 118 PHN patients (33 new and 75 known) completed the questionnaires. Their mean scores were 3.7 (SD, 2.6) for ZBPI and 34.4 (SD, 10.9) and 55.9 (SD, 11.4) for SF12 PCS and MCS; 38% and 42% of PHN patients had HADS anxiety and depression scores > 10. Nearly all PHN patients had received antiepileptic and analgesic drugs. Tricyclic antidepressants and lidocaine patches were more frequently administered to known than to new patients. Pain relief was more effective for known than for new patients.

Conclusions. – PHN is a frequent cause of visit in French medical centers specialized in chronic pain management long after the rash has disappeared, and a reason for treatment with drugs that should be prescribed cautiously in elderly patients.

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Keywords: Herpes zoster; Neuropathic pain; Post-herpetic neuralgia; Quality of life

Résumé

Objectifs. – (1) Estimer la proportion de patients consultant un centre antidouleur pour des douleurs post-zostériennes (DPZ), (2) évaluer l'impact des DPZ chez ces patients, (3) comparer cet impact chez les nouveaux (première consultation) et anciens (déjà traités en centre spécialisé) patients.

Patients et méthodes. – Étude prospective multicentrique observationnelle. Registre exhaustif sur 3 semaines de tous les patients consultant pour des douleurs chroniques. Évaluation de l'impact du zona au moyen des questionnaires ZBPI, SF-12, HADS et d'un questionnaire de handicap non validé.

* Corresponding author.

E-mail address: Bernard.laurent@chu-st-etienne.fr (B. Laurent).

Résultats. – Entre le 24 janvier et le 21 juillet 2008, 4518 patients ont consulté 54 centres antidouleurs : 2,6 % des patients mais 10,9 % des 70 ans et plus rapportaient des DPZ. Pour la moitié des sujets, l'épisode aigu de zona précédait la consultation de plus de 13,3 mois. Sur les 118 patients avec des DPZ, 108 patients (33 nouveaux et 75 anciens) ont rempli les questionnaires. Leurs scores moyens étaient de 3,7 (ET, 2,6) pour le ZBPI, et de 34,4 (ET, 10,9) et 55,9 (ET, 11,4) pour le PCS et MCS du SF-12 ; 38 % et 42 % des patients avaient des scores HADS supérieurs à 10. Presque tous les patients avaient reçu des antiepileptiques et des analgésiques. Les anciens patients recevaient davantage d'antidépresseurs tricycliques et de patchs de lidocaïne. Ils souffraient moins que les nouveaux patients.

Conclusions. – Longtemps après la disparition de l'éruption, les DPZ constituent une cause fréquente de consultation dans les centres antidouleurs français et de traitement avec des médicaments à utiliser avec précaution chez la personne âgée.

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Mots clés : Douleur neuropathique ; Douleurs post-zostériennes ; Qualité de vie ; Virus herpes zoster

1. Introduction

Herpes zoster (HZ) is due to a reactivation of the chickenpox virus (varicella zoster virus: VZV). After primary infection, the virus remains latent in a sensory nerve ganglion and can reactivate years or decades later. The main risk factors are age, immunosuppressive diseases, and immunosuppressive drugs; stress has also been suggested [1].

Acute HZ episodes occur after virus migration from the nerve ganglion to the skin. Symptoms are fever, pain, dermatomal vesicular rash, and dysesthesia. Clinical symptoms can persist for 2 or 3 weeks. Guidelines recommend treatment in the first 48 to 72 hours [2]. Antiviral medication can reduce the severity and duration of the HZ episode.

Post-herpetic neuralgia (PHN), defined as pain persisting for more than 3 months after rash onset, is the main complication of HZ. The main risk factors predictive of PHN following HZ are advanced age, presence and severity of prodromal pain, and severity of acute HZ infection [3]. PHN may progressively decrease with time but can also persist for several months or become chronic [4]. Recently, the authors of a 1-year follow-up of a large cohort of HZ patients reported that the main predictive factors on day 0 for PHN were age, male sex, the interference score of the Zoster Brief Pain Inventory (ZBPI), the Physical Component Summary Score of the Short Form-12 questionnaire (SF-12), and neuropathic pain quality as assessed on the Douleur Neuropathique 4 questionnaire (DN4: score ≥ 4) [5]. Analgesic treatment including antidepressive or antiepileptic agents can be initiated but are frequently partially or totally ineffective. Thus, an impact of PHN on quality of life (QoL) was demonstrated in several published studies [1,5–7].

In Europe, the incidence of HZ is 3/1000 persons and reaches 10/1000 in patients over 80 years of age. Fifty percent of patients over 60 years of age have HZ complications [8]. The frequency of PHN is reported as 2% to 20%, all age groups considered [4,9–12]. Little data is available on the prevalence and incidence of HZ and PHN in France. The most recent findings suggest approximately 250,000 new cases of herpes zoster each year [9,13], but little data are available on etiology of onset, frequency and severity of complications, and impact on QoL. Various studies have been designed to update the incidence and impact of PHN in the French population. The authors of an observational study recently conducted in general practice in France for patients more than 50 years of age reported a

prevalence of PHN at months 1, 3, 6, 9, and 12 of 26.8%, 11.6%, 8.5%, 7.4%, and 6.0%, respectively [5].

This observational study (i.e., ZOCAD study) was a prospective multicenter observational study intended to evaluate the proportion of patients consulting for post-herpetic neuralgia (PHN) in specialized pain centers, and the impact of PHN on patients' daily life and emotional, physical, and functional status. This study differed from the one conducted by Bouhassira et al. [5] since it was conducted in French centers specializing in chronic pain management (pain centers and pain units in hospitals or private clinics) whereas Bouhassira et al. [5] described the clinical presentation and management of PHN in general practice. This was thus a complementary study to Bouhassira et al.'s study [5]. Additionally, ZOCAD was intended to compare the qualitative impact of PHN on patients' emotional, physical, and functional status, and on daily life and activities among PHN patients already treated by pain specialists in specialized pain centers (i.e., known patients) and patients newly consulting in a specialized pain center for PHN (i.e., new patients).

2. Methods

2.1. Study design and patient population

This prospective multicenter observational study was carried out in centers specializing in the management of chronic pain (pain clinics, pain centers, hospital units) listed in the French Pain Society (SFETD) directory.

The study was conducted by a multidisciplinary scientific committee in accordance with the principles of the Declaration of Helsinki (2004) and approval was provided by an independent French review board (CCTIRS for Comité consultatif sur le traitement de l'information en matière de recherche).

Eighty randomly selected specialized centers in metropolitan France were asked to participate in the study. If they accepted, they first had to complete a form for all chronic pain outpatients having consulted for 3 consecutive weeks. The aim of this form was to estimate the number and frequency of patients having consulted for PHN. After this first step, pain specialists were asked to enroll all PHN patients meeting the following inclusion criteria: patient with confirmed diagnosis of PHN, able to fill out the study questionnaires with a good understanding of French, not included in a clinical trial during the study

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