**Case Study - Acute and Chronic Pain: Shingles and post herpetic neuralgia**

**ILOS -** Epidemiology and pathophysiology of shingles and PHN. Shingles prevention study, management, symptomatic analgesia. PHN: pathogenesis, management, prevention and outcome.

**A 60 year old man presents with pain affecting his right chest wall. He mentions that he has recently suffered from shingles in the same region.**

**How would you manage his pain using the RAT approach?**

**Recognise:**

* Dermatomal pain distribution
* May affect trigeminal nerve

**Assess:**

* Severity
	+ May be severe
	+ How is it affecting him; can he function at work or home?
* Type
	+ Acute or chronic
	+ Neuropathic
	+ Constant or intermittent
	+ Non-cancer
	+ Associated symptoms or signs: localised vesicular rash, itch, tingling, systemic upset.
* Other factors
	+ Risk factors – Increasing age, immune suppression (eg HIV/AIDS, organ transplant, long-term steroid use), comorbid conditions eg diabetes.
	+ Complications - Secondary infection, eye, CNS
	+ Other painful conditions and analgesic use
	+ Mood – depression and anxiety
	+ Sleep

**Treat:**

* Non-drug treatments
	+ Explanation of cause
	+ Psychological treatments: CBT, stress reduction, mindfulness
	+ Good sleep hygiene
	+ Clothing: loose, non-irritant
	+ Cold packs
* Drug treatments
	+ Simple analgesics – Paracetamol, codeine, NSAIDs
	+ ?Corticosteroids – acute phase (controversial)
	+ Anti-neuropathic agents:
		- Topical: Lignocaine 5% patches, Capsaicin (low dose cream or high dose Qutenza patch).
		- Systemic: Tricyclic antidepressants (TCAs), Gabapentin, Pregabalin, Duloxetine, Tramadol. Combination therapy may be helpful.
	+ Strong opioids (consider specialist Pain Management input)
	+ Treatment of mood disorders

**Additional possible discussion points:**

* Prevention of shingles and PHN - vaccination programme (shingles prevention study), early TCA use
* Antiviral treatment in shingles - indications and timing
* NICE guidance
* Managing pain in older adults