

# Shingles In The Elderly

[Shingles](#) is a viral infection that follows a varicella-zoster infection, although it can take decades for symptoms of the secondary disease to emerge. The condition presents as a painful and blistering rash, but it is not life-threatening.

According to the [Center for Disease Control](#), there are nearly one million cases in the United States each year, and almost half of those cases are in older adults over age 60. Some people only see one instance of the illness, while others have recurring symptoms, but 30 percent of Americans will develop shingles at some point in their lifetime.

## DURATION OF SHINGLES: TIMELINE OF THE VIRUS

The timeline of shingles is consistent once symptoms begin, but many people may have the condition for years without realizing it. Internal shingles can take decades to present itself, while many people never show symptoms at all. If you're asking yourself, "how long does shingles last," it can be different for each person, but below is a general progression.

## ITCHING, PAIN, OR TINGLING

Before any irritation appears, the site may first itch or tingle, or even feel painful. These sensations start to happen between one and five days before redness or itching begins. Many people may not recognize these symptoms, particularly if they have a mild case of shingles.

## BLISTER-LIKE RASH

After the initial discomfort in a specific area, blisters begin to emerge. This contagious rash can take two to four weeks to go away, but once a flare-up ends, an individual will no longer be contagious. Shingles duration varies based on whether people take medication and the current state of their health, however.



## POTENTIAL FOR TRANSMISSION

During the time that the blisters are active, a person with shingles can transmit the varicella-zoster virus to others. Once the blisters scab over, the transmission risk disappears. People who have chronic conditions or have undergone cancer or other treatment that suppresses the immune system may be more vulnerable to disease transmission.

## TREATMENT

While you cannot cure shingles, antiviral medicines may shorten the eruption period of rashes. These medicines can also help lessen the severity of an outbreak. Both topical pain relief and oral medications may also relieve discomfort. Calamine lotion and gentle oatmeal baths may help with itching, too.

## RETURN TO HEALTH

Once the irritation clears, most people with shingles feel healthy again. However, most adults with shingles can experience flare-ups more often when their immune function is low, or they are otherwise ill.

In total, the condition can last for anywhere from two to six weeks, and many people only experience an outbreak one time. However, it is possible to have it multiple times.

## WHAT IS SHINGLES?

Shingles is a condition that lies inactive in people who have a particular type of herpes. If you look at shingles pictures, a shingles rash appears as blisters. The pattern usually follows a stripe across the torso, but variations do occur.

## HOW DOES SOMEONE GET SHINGLES?

Only people who have carry a dormant infection can contract shingles because the viral illness sticks around in nerve tissue that can reactivate later in life. While people of all ages can develop shingles, it's most common in people who are over age 60.

Risk factors for shingles include increased age, leukemia, lymphoma, and HIV infection. People who receive steroid treatments and cancer chemotherapy are also part of the high-risk category. At the same time, people with underlying conditions that affect their body's ability to fight infection are also at risk. This can include people with diabetes or other conditions.

## SHINGLES SYMPTOMS

Although the National Shingles Foundation notes that the symptoms of shingles are understandably vague, because each person feels the effects differently, there are general guidelines for what people can expect to result in a diagnosis. However, the symptoms are often similar to the mild flu, which leads to people delaying a doctor's visit.

According to the [Mayo Clinic](#), early symptoms include mild tingling, numbness, burning, or discomfort in a small area of one side of the body. Sensitivity to touch, red skin, and itching come before clusters of fluid-filled blisters. Additional symptoms can also involve fever, headache, sensitivity to light, and fatigue. While these symptoms can also indicate other health issues, individuals who have a higher risk of shingles need to remain aware of their body's signals and contact their medical care provider in case of any concerns.

In very rare cases, [shingles can occur without visible indications](#). This subcategory of shingles is zoster sine herpette, but still involves shooting sensations, numbness, tingling, or itching. In some cases, people do not notice the emergence of blisters, and so assume that their symptoms have nothing to do with shingles at all. This is more common than actual zoster sine herpette.

## WHEN SHOULD I SEE THE DOCTOR?

If you have never experienced shingles before, you should contact your doctor and bring along a list of your symptoms to make sure that you address any underlying issues or oddities. This is especially important for people over age 60 because seniors often face additional complications.

You can visit any medical professional, such as a general practitioner, family physician, internist, dermatologist, or even a neurologist for assistance. A test will confirm or deny the suspicion of shingles.

Your care provider needs to know about any prior health conditions as well as any medications that you are currently taking. If you require any drugs to help recover from shingles, your care provider will need to avoid drug interactions, so a list of medicines that you are on is helpful for this.

You should also consult medical help if large areas of the body show blistering activity, or if the affected area is close to your eyes. Severe complications can occur if these conditions remain untreated, but with medical assistance, patients can avoid many undesirable outcomes.

Many people can live with shingles and avoid severe complications, but an early and accurate diagnosis is the first step in promoting and protecting your overall health.

## SHINGLES TREATMENT OPTIONS

To effectively treat shingles, you should first obtain an official diagnosis from a medical professional. Ideally, you should begin a course of action within 72 hours of the onset of symptoms.

At your initial visit, your care provider can take fluid and tissue samples and provide prescriptions for antiviral drugs like Zovirax or Valtrex for shingles treatment. A [range of medications](#) is available to alleviate shingles pain as well.

Acyclovir (Zovirax) and Valacyclovir (Valtrex) are two common antiviral drugs that can aid recovery of shingles. For management of discomfort, topical capsaicin patches (Qutenza) or numbing agents such as lidocaine in cream, gel, spray, or patch form soothe from the outside in.

Injections of corticosteroids, local anesthetics, anticonvulsants like gabapentin (Neurotonin), and even tricyclic antidepressants (amitriptyline) can also offer relief. The right medication can help shingles sufferers retain their normal function and get back to living life as usual, despite their underlying diagnosis.

However, not all medications will work for all patients, and each medication carries its own side effects and risks. You should discuss these potential side effects with your health team and decide which is in your best recovery and health maintenance interest.

One important consideration, while you are taking medications for shingles, is to avoid alcohol. According to the [Mayo Clinic](#), drinking alcohol can reduce the effectiveness of many medicines, including those that relieve shingles symptoms.

## MANAGING SHINGLES IN OLDER ADULTS

Populations of elderly adults are at a higher risk of contracting shingles because of lower immune capacity. As we age, our bodies begin to become more susceptible to outside influences.

Immunocompromised individuals with other underlying conditions also face a higher risk. In fact, [by age 80, half of all people have had shingles](#). This means older adults have the most to worry about when it comes to contracting shingles and living with its effects.

There are unique factors to consider for elderly populations, particularly if those individuals live at home and do not have access to medical support or means of self-care.

## LONG-TERM PAIN AND OTHER COMPLICATIONS

In many cases, shingles causes lasting problems for older adults. These complications range from minor to severe and debilitating and vary based on each person's unique life circumstances and healthcare history.

## VISION AND HEARING PROBLEMS

If the outbreak originates near a person's eyes or ears, this can affect their vision and hearing. Scarring and sensitivity can damage eyes and ears. Permanent blindness is a serious potential side effect of shingles on elderly populations. Luckily, treating instances of facial shingles quickly can help avoid long-term damage.

## BACTERIAL INFECTION AND SCARRING

Because the blisters present as open sores, seniors who cannot manage self-care, or those who do not receive assistance, can contract bacterial infections. In some cases, however, people develop bacterial infections because of environmental factors, not personal care abilities.

When bacterial infections take hold, tissue can become scarred or necrotize completely without proper medical care. This dangerous and devastating effect of shingles can result in disfigurement or potential handicap if it continues without rehabilitative measures.

## POST-HERPETIC NEURALGIA

[Post-herpetic neuralgia](#) is a complication that stems from nerve damage. It affects nerve fibers inside and outside the body and can prolong discomfort even after rashes clear up. People who are over 50, those with severe shingles outbursts or who had shingles on their faces or torsos, and people with chronic diseases are at higher risk of this disorder.

Many people with this condition report that it is difficult to even wear clothing in some cases, because of the extreme sensitivity of their bodies. Sleep can be difficult to come by because of topical irritants, and venturing out of the house can become an insurmountable challenge.

Fortunately, the CDC reports that the zoster injection is 66.5 percent effective in preventing post-herpetic neuralgia, and it also appears to reduce the severity of shingles and PHN if a person contracts shingles despite preventative vaccination.

## DEPRESSION

For seniors who live alone and deal with shingles, the condition can influence more than their physical health. Because older people are already at a high risk of isolation, already more than [seven million American adults over age 65 experience depression each year](#).

This unfortunate fact means that even minor illness, and particularly a condition like shingles that influences both physical and mental abilities, can pose a huge challenge to senior adults living alone. In addition to the regular aches and headaches from depressive episodes, older adults dealing with shingles outbreaks face further isolation and emotions that are difficult to process.

As with any disease, older adults who live alone or in an assisted living facility require additional support and care, both from family and medical staff. This is an important aspect of action because both social and medical factors should contribute to whole-person care solutions.

## LOSS OF SLEEP

With or without post-herpetic neuralgia, many sufferers of shingles deal with long-term sensitivity, tenderness, and severe discomfort. This can impact their sleep habits, therefore affecting their ability to engage in enjoyable activities and maintain energy levels throughout the day.

Keeping active is a vital part of aging healthfully, so elderly adults with shingles should focus on healthy habits as a primary means of combating potential flare-ups. Getting enough sleep, exercise, and maintaining food intake can all help the body combat illness.

## **FREQUENTLY ASKED QUESTIONS:**

From “how long does shingles last” to “how much time will I need off work”, there are a lot of questions surrounding how to cope with a shingles diagnosis.

Here are the most common questions surrounding the condition along with their answers.

### **HOW LONG CAN SHINGLES LAST WITHOUT MEDICATION?**

Without medication, blisters typically scab over within seven to ten days, clearing completely by two to four weeks later. Symptoms can arrive before an outburst, but also continue to remain after the redness and blistering subside.

Medication is optional for people suffering from shingles, but it’s often a welcome reprieve from the complications of the condition. Still, some medication can prolong shingles outbreaks if a person is allergic or suffers other side effects from any dosage.

### **HOW LONG DOES PAIN LAST WITH SHINGLES?**

Because every person is different, the duration of a shingles outbreak can last anywhere from two to six weeks, but the after-effects can linger for months or even years. Once blisters heal, many people still deal with soreness and painful recovery.

### **WHEN DOES SHINGLES STOP BEING CONTAGIOUS?**

Shingles is only contagious during periods when the active blisters leak fluid. Also, you cannot give shingles to another person, but they may contract chickenpox from exposure.

### **HOW DO I SHORTEN THE DURATION OF SHINGLES?**

Antiviral drugs can speed healing after a shingles outbreak, and topical and internal medicines can aid in relieving discomfort. In this way, the overall duration shortens, and the effects are less severe. However, medication is entirely optional for people with shingles, although its ability to offer comfort and a shorter outbreak period is something to consider.

### **HOW LONG DO SHINGLES BLISTERS CONTINUE TO APPEAR?**

Blisters typically stick around for under two weeks, and often people only experience one shingles episode in their lifetime. However, it’s possible for the condition to recur, since that is the nature of all viruses.

Some people experience multiple outbreaks, particularly with increased age, standard illness, chronic pre-existing conditions, or seasonal sickness that knocks down their immune systems’ defenses.

According to the National Shingles Foundation, shingles recurs in roughly one to five percent of patients. However, the location of the blisters usually varies, and many recurring cases are not actually shingles, but another variation of herpes instead.

Accurate diagnosis requires testing and a professional opinion, so attempting to self-diagnose is often more harmful than helpful.

## HOW CAN I PREVENT TRANSMISSION?

To keep from getting others sick, avoid direct contact with people during an outbreak of shingles where blisters are active. Alternatively, you can attempt to cover the affected area to avoid contact. Either way, once blisters scab over, they no longer pose a transmission hazard, because the fluid inside is what carries the viral material.

Also, even people who have received the zoster or varicella vaccines are still at risk for contracting this form of herpes from people with shingles. This is because Zoster is not 100 percent efficacious, meaning it does not prevent shingles 100 percent of the time.

According to [Immunize.org](https://www.immunize.org), the efficacy of zoster is 51 percent in people ages 60 and older, but this number decreases with an increase in age. Also, according to their research, shingles protection with zoster appears to last for less than ten years. This means most people will see a recurring risk of shingles regardless of vaccination status.

## DOES VALTREX SHORTEN THE DURATION OF SHINGLES?

[Valtrex](https://www.fda.gov/oc/ohrt/valtrex), or valacyclovir, is a drug that blocks the spread of herpes that creates shingles. This helps fight infection and reduce the duration of outbreaks. It works for shingles as well as other herpes conditions like genital herpes and cold sores in adults.

There are serious side effects with Valtrex, but its ability to shorten the period of blisters and discomfort with shingles are often worth the risk for many people. Side effects include harm to the kidneys, especially when you take this medication along with other medicines that tax those organs.

Fever, bruising or bleeding, red spots unrelated to shingles blisters, bloody diarrhea, vomiting, weakness, fainting, and lack of urination are concerns that warrant immediate action.

## HOW LONG WILL I BE OUT OF WORK?

People who work with at-risk populations, such as seniors or immunocompromised individuals, should ensure that they adequately cover any lesions so that none of the fluid from the blisters touches others. If that's not possible, it's better to abstain from working completely during an outbreak.

Ideally, you should avoid working when you are contagious when blisters are present, but for many people, this is not feasible. However, if the blistering episode has passed and symptoms like fever, fatigue, or discomfort remain, consider taking extra time for recovery.

## SHOULD YOU GET THE SHINGLES VACCINE?

According to geriatric pharmacist Kenneth Cohen, PharmD, Ph.D., CGP, zoster (also Zostavax), the shingles vaccine, [“significantly reduced the incidence of herpes zoster”](#) and can preserve the quality of life of people who avoid shingles through vaccination.

However, the Center for Disease Control’s [Q&A on zoster](#) does advise people with severe allergies, immunosuppression, or those who are pregnant to avoid receiving the shot. They do recommend routine vaccination for people over 60 but only advise vaccinating in specific cases for those ages 50 to 59.

For people ages 50 to 59, the [Advisory Committee on Immunization Practices](#), or ACIP, does not recommend routine vaccination with Zostavax. This is because disease rates are lower in this age group than in the 60 and above population. Also, their statement notes that there is “insufficient evidence for long term protection” with the shot.

Because the protection period lasts roughly ten years, the ACIP states that vaccination should take place at age 60 at the minimum. However, because Zostavax is FDA-approved for ages 50 through 59, physicians can still administer the shot without the ACIP’s recommendation.

When it comes to the injection itself, even for people who do not have a significant risk of reaction to the shot may experience redness at the injection site, tenderness, swelling, and itchiness. In the CDC’s key clinical trial, 1.4 percent of participants reported serious adverse reactions, but they note that the placebo group’s percentage was identical. Overall, this equates to a high safety profile on the vaccination.

Prevention of shingles is tricky business, partly because there are no clear answers on why some individuals experience outbreaks while others do not. Experts reason that this is a result of individual health and immunity factors, as well as other considerations like age.

Beyond these innate differences across populations, the unpredictability of the shot’s efficacy means that some people will have protection against shingles, while others will not, and there is no reliable way of predicting who will avoid infection and who will end up with a diagnosis.