The painful reality of shingles: Get treated as soon as possible

By MICHELLE ANDREWS
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One afternoon a few weeks ago, Faithe Craig noticed that her temperature had spiked to just above 100 degrees. For most people, that might not be cause for alarm, but Craig is being treated for Stage 3 breast cancer, and any temperature change could signal a serious problem.

She called the University of Texas Southwestern Medical Center. Her nurse there told her to come in immediately for urgent-care services at the hematology oncology clinic.

“I thought I’d be waiting there all night,” said Craig, 33. But the clinic had lined up a blood draw before she arrived and then sent her directly to get X-rays.

Clinicians had details of her case at their fingertips. “They already knew my story and knew everything about me,” she said. The bloodwork showed she had severe anemia and required a blood transfusion, pronto.

It has been more than a year since the Dallas medical center began providing same-day urgent-care services to cancer patients. It’s an effort to help them avoid the emergency department and admission to the hospital, said Thomas Froehlich, medical director of all the center’s cancer clinics.

Cancer treatment “clearly carries a lot of side effects and toxicity, and there are also complications of dealing with the cancer,” Froehlich said. “Many of these things, if you can intervene early, you keep patients at home and out of the hospital.”

A small but growing number of hospitals and oncology practices are offering cancer patients urgent care in which specialists are available, often for extended hours and sometimes around the clock.

Keeping cancer patients out of the emergency department makes sense not only because many of them have compromised immune systems that put them at risk in a waiting room full of sick people, but also to provide the most efficient and appropriate care.

“What we hear from cancer physicians and administrators is that in the emergency department not all emergency physicians and nurses feel equally confident in their ability to treat cancer patients,” said Lindsay Conway, managing director of research at the Advisory Board, a healthcare research and consulting firm. “So they may admit them [to the hospital as inpatients] when it’s not necessary.”

Severe pain, nausea, fever and dehydration are not uncommon side effects of traditional chemotherapy. Newer immunotherapy treatments that activate the immune system to fight cancer can cause serious and sudden reactions if the immune system instead attacks healthy organs and tissues.

It can be difficult for physicians who are not cancer specialists to evaluate what these symptoms mean. “Targeted therapies are wonderful, but if you don’t know the drug, you’re going to have a hard time managing the person,” said Barbara McAneny, chief executive of New Mexico Oncology Hematology Consultants, whose three centers around the state provide urgent care for more than a dozen cancer patients daily.

The first symptoms usually include burning, itching, or tingling sensations on the back, chest, around the rib cage or the waist. In other cases, it can be the face or eye area that is involved. The affected area can become extremely painful. This is when most people go to their doctor to find out what is causing the pain. Some people report a fever and feeling weak during the early stages. Usually within 48 hours, a red, blotchy rash develops on the affected area.

The rash turns into small blisters that look like chickenpox. The blisters tend to be clustered in one specific area, rather than being scattered all over the body like chickenpox. The torso or face are the parts most likely to be affected, but on occasion, shingles breaks out in the lower body. The burning sensation in the rash area is often accompanied by shooting pains. After the blisters erupt, the open sores take a week or two to crust over. The sores are usually gone within another two weeks. The pain may diminish somewhat, but it can continue for months and even years.

The most common complication of shingles is pain known as post-herpetic neuralgia. People with PHN have severe pain in the areas where they had the shingles rash, even after the rash clears up. In most patients, the pain usually clears up in a few weeks or months, but some people can have pain from PHN for years. Some of the other serious complications from shingles include the outbreaks that start on the face or eyes that can cause vision or hearing problems. Even permanent blindness can result if the cornea of the eye is affected. I cannot stress enough that if the rash is near the eye to seek medical attention immediately. Additionally, the constant pain, loss of sleep and interference with basic life functions can lead to depression. In rare cases, shingles can lead to pneumonia or encephalitis.

The leading risk factor for shingles is a history of having had chickenpox. Another risk factor is aging. As we age, our natural immunity gradually loses its ability to protect against infection. The shingles virus can take advantage of this and become active again. Conditions that weaken the immune system can also put people at risk for shingles. Shingles is especially dangerous for anyone who has had cancer, radiation treatments for cancer, HIV/AIDS, or a transplant operation.

Shingles cannot be passed from one person to another. However, the virus that causes shingles, the varicella zoster virus, can be spread from a person with active shingles to another person who has never had chickenpox. In such cases, the person exposed to the virus might develop chickenpox, but they would not develop shingles. The virus is spread through direct contact with fluid from the rash blisters caused by shingles. Shingles is less contagious than chickenpox and the risk of a person with shingles spreading the virus is low if the rash is kept covered.

People who develop shingles usually have only one episode in their lifetime. However, a person can have a second or even a third episode. If you suspect that you have shingles, see your doctor within 72 hours of the first sign of the rash. Treatment with antiviral medications can reduce the pain and speed healing. But to be effective, the medications must be started as soon as possible after the rash appears.

If you suspect that you have shingles, see your doctor within 48 hours of the first sign of the rash.

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