A review on pharmacological management of herpes zoster in Cheung Sha Wan Jockey Club general out-patient clinic (CSGO)

Hui KL, Yiu MP, Luk W, Yiu YK

Family Medicine and Primary Health Care Department, Kowloon West Cluster

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Introduction
Herpes zoster is common in primary health care. Although studies have shown that commencement of anti-viral medication within 72-hours of rash onset can decrease acute pain, there is inconclusive data to support its use to decrease post-herpetic neuralgia (PHN).

Objectives
1. To review the management of patients with herpes zoster in CSGO and the incidence of PHN, and 2. To identify any service gap and room for improvement in pharmacological management of zoster.

Methodology
Patients who attended CSGO for herpes zoster in 2013 were identified using ICPC coding system. Clinical records of patients who were seen and treated for herpes zoster were reviewed. The patients were divided into early (within three days of rash) and late presentation (four or more days of rash) groups. The dosage and duration of acyclovir prescribed and incidence of PHN (defined as pain persisting more than three months after the rash has healed) were retrieved. The incidence of PHN was analyzed using logistic regression.

Result
48 patients including 23 males and 25 females were included. They ranged from 36 to 83 years old. 28 of the 48 patients (58%) attended CSGO within three days after symptom onset, while 20 patients (42%) presented more than four days after symptom onset. Acyclovir was prescribed in 36 patients (75%). Duration ranged from 5 to 7 days. 22 out of 28 patients (79%) in the early presentation group, and 7 out of 20 patients (35%) in the late presentation group were prescribed acyclovir of the...
recommended regimen (oral acyclovir 800mg five times per day for 7 days). 4 and 3 patients were prescribed five days of acyclovir in the early and late presentation groups respectively. 4 patients (8.3%) complained of PHN during subsequent consultations. There is no statistically significant difference of incidence of PHN between patients who presented within or later than three days of symptom onset, or whether acyclovir was prescribed. The incidence of PHN in this review is low. It is independent of whether patients seek medical help early, and whether acyclovir was prescribed, as evidenced by previous studies. Further large scale studies are needed to determine effectiveness of other antiviral medications in preventing PHN.