

Topical Doxepin Relieves Post-Zoster Pain

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Neurologic pain during and following herpes zoster is common. Various therapies that have some benefit include analgesics, narcotics, nonsteroidal anti-inflammatory drugs, transcutaneous electrical nerve stimulation, capsaicin, and anesthetics. Many drugs are tried, because none is satisfactory. Even when antiviral agents are employed early, pain may persist for months. Over the past 5 years, I have seldom prescribed narcotics for the control of zoster symptoms. Topical doxepin cream has proven effective, safe, and easy to use in my practice.

Topical doxepin is available as Zonalon[®] cream 5%, approved for treatment of pruritus. Oral doxepin and other tricyclic antidepressants are helpful for neuropathic pain, but have some undesired effects, especially in the elderly. I have found doxepin cream to be far more effective than anything else for the relief of pain due to herpes zoster (it is also effective for some patients with diabetic neuropathy). Based on the cases of zoster I have seen and treated, the cream improves pain that interferes with eating and sleeping that is not improved by other medications. Some patients experience immediate relief with the first application, but more often several weeks are required to ease pain.

An initial dose of 4 applications daily can be tapered off as pain improves to occasional use as needed. Some patients experience stinging pain on raw areas or red, pruritic dermatitis during treatment with doxepin. In addition, doxepin cream will occasionally cause somnolence. According to its manufacturer, this side effect is more common in patients applying the cream to over 10% of their body area. I warn patients who experience this side effect to avoid driving. The dramatic effectiveness of doxepin treatment compared to others may indicate that zoster-related pain is due to damage to dermal sensory organs rather than to nerves or ganglia.

SUGGESTED READING

Kort RG, Straus SE: Drug therapy: post herpetic neuralgia pathogenesis, treatment and prevention. *N Engl J Med* 335: 32-43, 1996.