

Another look at shingles treatment

After reading "Stop shingles in its tracks," (*J Fam Pract.* 2009;58:531-534), I would like to make the following comments:

Antiviral drugs may indeed lessen both the severity of acute pain and the duration of skin lesions in patients with herpes zoster (HZ), and some studies have shown that famciclovir and valacyclovir shorten the duration of postherpetic neuralgia (PHN). There is no convincing evidence, however, that antiviral medication significantly reduces the incidence of PHN.^{1,2}

Treatment with acyclovir within 72 hours after rash onset reduces the incidence of eye disorders in ophthalmic zoster patients (from 50% to 20%-30%). Famciclovir and valacyclovir appear to be equally effective, but their efficacy in reducing eye disorders associated with HZ has not been studied. In clinical practice, however, these second generation antivirals may be more effective than acyclovir because compliance with the treatment regimen (3 daily doses, vs 5) is likely to be higher.³ The evidence suggests that oral antiviral drugs should be prescribed only for elderly HZ patients at high risk for PHN and all patients with ophthalmic zoster, regardless of age or severity of symptoms.¹

Finally, the definition of PHN used in the vaccine trial was pain associated with HZ that was rated ≥ 3 on a 0-to-10 pain scale, persisting or appearing >90 days after the onset of rash⁴—not any pain continuing 1 month after the rash healed. As the incidence and severity of PHN decline gradually, the effectiveness of vaccination is even greater than Lang et al suggested.

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- Opstelten W, Eekhof JA, Neven AK, et al. Treatment of herpes zoster. *Can Fam Physician.* 2008;54:373-377.
- Li Q, Chen N, Yang J, et al. Antiviral treatment for preventing postherpetic neuralgia. *Cochrane Database Syst Rev.* 2009;(2):CD006866.
- Opstelten W, Zaai MJ. Managing ophthalmic herpes zoster in primary care. *BMJ.* 2005;331:147-151.
- Oxman MN, Levin MJ, Johnson GR, et al. A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults. *N Engl J Med.* 2005;352:2271-2284.



The problem with zinc lozenges

As the authors of "Do OTC remedies relieve cough in acute URIs?" (available at jfponline.com/pages.asp?AID=8014&issue=October_2009&UID=117005) noted, half of the clinical trials of zinc lozenges for colds in the last 25 years showed benefit and half did not. Worse, clinical response to zinc lozenges has varied from shortening symptoms by 7 days¹ to increasing the duration by 4 to 5 days.²

The enormous difference relates to lozenge formulation.³ Lozenges that release ionic zinc shorten colds and cough in a dose-response manner. Those that don't release ionic zinc not only do not shorten the duration of symptoms, but may make cough and colds worse.³

I studied the contents of more than 40 zinc lozenges and found that few (or none) release substantial ionic zinc in the sustained manner needed for symptom relief.³ We need a pharmaceutical company to make a zinc lozenge that can shorten cough and colds by a week and take it through the FDA approval process.

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- Eby GA, Davis DR, Halcomb WW. Reduction in duration of common colds by zinc gluconate lozenges in a double-blind study. *Antimicrob Agents Chemother.* 1984;25:20-24.
- Douglas RM, Miles HB, Moore BW, et al. Failure of efferescent zinc acetate lozenges to alter the course of upper respiratory tract infections in Australian adults. *Antimicrob Agents Chemother.* 1987;31:1263-1265.
- Eby GA 3rd. Zinc lozenges as cure for the common cold—a review and hypothesis. *Med Hypotheses.* 2009 November 9 [Epub ahead of print].

ERRATA

In the July 2009 issue, the authors of "Potential caregivers for homebound elderly: More numerous than supposed?" were listed incorrectly. The list should have read: Laura A. Hanyok, MD; Jamie Mullaney, PhD; Thomas Finucane, MD; Joseph Carrese, MD, MPH.

In the October 2009 issue, the authors of "Buckle fractures in children: Is urgent treatment necessary?" were also listed incorrectly. The list should have read: Debbie Lee Bennett, MD; Gregory A. Mencio, MD; Marta Hernanz-Schulman, MD; Bobbi J. Nealy, RN; Bruce Damon, PhD; J. Herman Kan, MD.

➤ There is no convincing evidence that antiviral medication significantly reduces the incidence of postherpetic neuralgia.

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