Week 2

Condition Herpes Zoster (Shingles)

I decided to focus on herpes zoster (shingles) because it's a condition I frequently encounter in my nursing practice, especially when caring for older adults or individuals with weakened immune systems. Shingles can be incredibly painful and sometimes debilitating, leading to significant discomfort and long-term complications. As a nurse, understanding how to manage the pain and prevent these complications is essential to improving patients' quality of life. Since the incidence increases with age, and with many patients in my care being older, this condition felt highly relevant.

In the United States, about 1 in 3 people will develop herpes zoster at some point in their lives. The risk increases as we age, with those over 60 years old being especially vulnerable. In fact, there is an annual incidence of about 1 case per 100 people aged 60 and older (Tseng et al., 2020). This means older adults are at greater risk of both developing shingles and experiencing its painful aftereffects, like postherpetic neuralgia (PHN), which is a chronic nerve pain that can persist long after the rash has healed. The risk is also higher for people with weakened immune systems due to conditions like HIV or cancer treatments. Vaccination plays a huge role in prevention, but data from Healthy People (2020) shows that only 6.7% of people over 60 had received the shingles vaccine in 2008, highlighting a major gap in awareness and vaccination efforts.

I found an article by Tseng et al. (2020) that delves into the pathophysiology and clinical features of herpes zoster. It explains that shingles occurs when the varicella-zoster virus (VZV), which causes chickenpox, reactivates after remaining dormant in the nerve cells for years. When it reactivates, it causes a painful rash that usually appears on one side of the body, often around the torso. The article also highlights the severe long-term pain that some individuals experience, especially older adults, in the form of postherpetic neuralgia (PHN). This persistent nerve pain can last for months or even years after the rash is gone, making it one of the most challenging aspects of shingles.

The article emphasizes that early antiviral treatment (like acyclovir or valacyclovir) is crucial and most effective when started within 72 hours of