

Treatment with anti-TNFs can increase the risk of shingles by up to 75 percent

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Patients with inflammatory rheumatic diseases (IRD) treated with anti-tumour necrosis factor medications (anti-TNFs) have a 75% greater risk of developing herpes zoster, or shingles, than patients treated with traditional disease modifying anti-rheumatic drugs (DMARDs), according to a meta-analysis presented today at EULAR 2012, the Annual Congress of the European League Against Rheumatism.

"Anti-TNFs, such as [infliximab](#), [adalimumab](#) and [etanercept](#) have become the treatment of choice for patients with inflammatory rheumatic diseases who are uncontrolled on traditional DMARDs, but it is known that a side effect of these drugs is an increased risk of bacterial infections," said Ms. Helene Che, from Lapeyronie Hospital, France and lead author of the study. "This systematic review and meta-analysis demonstrates that careful monitoring of patients treated with anti-TNFs is required for early signs and symptoms of herpes zoster and raises the issue as to when vaccination against the virus should occur."

The study authors conducted a literature search in Medline, Embase, the Cochrane library and abstracts from ACR and EULAR congresses from 2006 to 2010. From the 657 articles, 134 congress abstracts, and 11 national registries included in the literature search, 22 articles and 28 abstracts met eligibility criteria and were included in the study. The meta-analysis included a total follow up of 124,966 patient years (PY) (74,198 PY in the biologics group and 50,768 PY in the DMARD group) across five registries.

Studies were included in the [meta-analysis](#) if they reported the respective incidences of herpes infection in anti-TNF and conventional DMARD treated patients. Incidence of severe herpetic infections (multidermatomal lesions, requiring hospitalisation or intravenous treatment) were excluded and reported when available.

Herpes zoster, also known as shingles, is a painful, blistering skin rash due to the varicella-zoster virus, the same virus that causes chickenpox . People are more likely to develop it if they are older than 60, had [chickenpox](#) before the age of one and have a compromised immune system due to medications or diseaseⁱ. Symptoms include one-sided pain, tingling or burning followed by a rash of small blisters, which eventually break, ulcer and dry upⁱ. Other symptoms may include fever, chills, abdominal pain, swollen glands, difficulty moving muscles in the face, and drooping eyelidsⁱ. Shingles is usually treated with antiviral medications to reduce pain and complications and corticosteroids to reduce swellingⁱ. Pain from shingles can last for months or years, even though the infection normally lasts only two to three weeks. The virus can also cause temporary or permanent paralysis.

More information: Abstract Number: THU0368

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