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Many Older Americans Unaware of Risk for Shingles, a Potentially Serious Disease

Results of New Survey Spur Launch of Shingles Disease Education Program to Raise Awareness of A Disease that Occurs Most Frequently in Older People

BALTIMORE, MD [August 15, 2006] — According to a newly released national survey of older people in the United States, many are unaware of their risk for shingles. Shingles is a frequently painful disease that is marked by a blistering rash usually on one side of the body or face. Shingles is caused by the reactivation of the same virus that caused chickenpox and can affect an individual at anytime without warning. More than 90 percent of adults in the United States have had chickenpox, placing them at risk for shingles, and the frequency and severity of shingles increase with age. The survey also revealed that among those individuals who reported having been diagnosed with shingles, approximately half reported pain during the first weeks of having the disease that was either severe, very severe or intolerable. The survey results were released by the American Pain Foundation (APF), an organization dedicated to serving people with pain through information, advocacy and support.

In response to the survey findings, the APF is leading the launch of a national health education program, *Spotlight on Shingles: Know what you can do*, to educate older people in the United States about shingles and its potential complications.

“The message of the *Spotlight on Shingles: Know what you can do* program is simple: If you are an older American and have had chickenpox, talk to a doctor or healthcare professional about your risk for shingles,” said APF Executive Director William Rowe. “The first ‘baby boomers’ are turning 60 this year, and the older people get, the greater their risk for shingles. We believe this is a topic older people should know more about.”

Other organizations informing their members and the public about shingles through the shingles disease education program include the Alliance for Aging Research, American Medical

Women's Association, Assisted Living Federation of America, General Federation of Women's Clubs, Men's Health Network, National Council on Aging, National Rural Health Association, Older Women's League and Society for Women's Health Research. Support for the program was provided by Merck & Co., Inc.

The *Spotlight on Shingles: Know what you can do* program will educate older people about the risk factors and symptoms of shingles and will encourage them to seek immediate medical attention at the first sign of the disease. The need for such a program is underscored by the response from physicians who also participated in the survey, the majority of whom reported that there is a need to increase the level of education about shingles for older people.

"In addition to the rash that is associated with shingles, the survey results clearly show that pain is a symptom of the disease," said Kenneth Schmader, M.D., associate professor of medicine at Duke University and survey advisor. "In fact, 48 percent of survey respondents who reported having been diagnosed with shingles said they experienced pain from the touch of their clothing on the affected area of skin."

It is estimated that 1 million cases of shingles are diagnosed in the United States each year, 40 to 50 percent of which occur in people age 60 and older. The survey questioned 1,465 older people in the United States, including 401 who reported having been diagnosed with shingles in the past.

Shingles usually starts as an unusual or painful sensation on one side of the body or face, followed by a blistering rash. The rash usually lasts up to 30 days. Pain from shingles can be mild to severe and may occur just prior to the development of the rash, during the eruption of the rash and as postherpetic neuralgia — which is long-term nerve pain associated with shingles. Postherpetic neuralgia has been described as tender, burning, throbbing, stabbing, shooting and/or sharp pain, and it can last for months or even years. Other complications such as scarring, allodynia (pain from an innocuous stimulus such as the touch of soft clothing or a light breeze), pneumonia, visual impairment and hearing loss can occur as a result of shingles. Treating shingles and postherpetic neuralgia can be difficult, often requiring a multifaceted approach.

Low Levels of Awareness Among the General Public

Key findings from 1,064 people surveyed who reported not having had shingles:

- **Shingles Awareness** – The majority of respondents (85 percent) said they had heard of a medical condition called shingles. Approximately three-quarters of the 1,064 respondents admitted they knew only some (24 percent), a little (27 percent) or almost nothing/not sure (26 percent) about the disease; 8 percent of the respondents said they knew a lot about shingles.

- **Risk Factors** – Half (53 percent) of respondents who reported having heard of shingles (N = 905) were not sure of the factors that make people more likely to develop shingles; only a few respondents correctly identified having had chickenpox (14 percent) or age (3 percent) as factors that place an individual at risk for shingles.
- **Complications** – A majority of respondents (60 percent) who reported having heard of shingles reported being unaware that shingles can lead to chronic pain in some individuals, which can last for months or even years after the rash phase of the disease.

Findings From Those Who Had Shingles

Key findings from 401 people surveyed who reported having been diagnosed with shingles:

- **Shingles Rash** — Nearly 9 out of 10 respondents (88 percent) reported experiencing a rash or blisters during their bout with shingles.
- **Pain Severity** — More than half of survey respondents reported that during the first weeks of having shingles, they experienced pain that was severe (35 percent), very severe (11 percent) or intolerable (6 percent).

Physicians See Need for Shingles Disease Education

Key findings from a national sample of 300 physicians, including internists (100), geriatricians (100) and family practitioners (100) that work in patient-care settings:

- **Seriousness of the Disease** – Nearly 70 percent of physicians surveyed said they believed shingles can be a serious (38 percent), very serious (25 percent) or extremely serious (5 percent) disease.
- **Need for Public Education** – Most physicians surveyed (89 percent) said they estimated that none (5 percent), few (44 percent) or only some (40 percent) of their older patients know the symptoms of shingles. Most physicians (88 percent) said they recognized the need to educate the public about shingles.

Spotlight on Shingles: Know what you can do Program

For more information about shingles or the *Spotlight on Shingles: Know what you can do* program, visit www.spotlightonshingles.com. A free brochure about shingles disease is available to the public on the program's Web site or by calling 877-RISK-4-SHINGLES (877-747-5474).

Survey Methodology

The National Survey of Shingles & Older Americans was a comprehensive survey about shingles disease. For the survey, telephone interviews were conducted with national samples of three populations: older people (persons 50 and older) who reported having not been diagnosed with shingles (N = 1,064); older people who reported having been diagnosed with

shingles (N = 401); and internists, family practitioners and geriatricians (N = 100 for each of these medical specialties).

The survey was conducted between August 16, 2005 and October 20, 2005. The maximum expected sampling error for a simple random sample of 1,064 who reported having not been diagnosed with shingles was ± 3.0 percentage points at the 95 percent confidence level. For the sample of 401 who reported having been diagnosed with shingles, the maximum expected sampling error was ± 4.9 percentage points at the 95 percent confidence level. These respondents could have been diagnosed with shingles at anytime during their lives, ranging from the recent past to years or decades prior to participating in the survey. All diagnosed cases of shingles were self-reported and answers to survey questions were based on respondents' recollection of past events. For the three samples of 100 physicians (i.e., family practitioners, internists, and geriatricians), the maximum expected sampling error was ± 9.8 percentage points at the 95 percent confidence level.

Schulman, Ronca and Bucuvalas, Inc. (www.srbi.com), a national research firm specializing in health issues, conducted the survey, and Kenneth Schmader, M.D., Duke University, served as advisor to the survey. Charles Cleeland, Ph.D., University of Texas M.D. Anderson Cancer Center and Chair of the APF's Scientific Advisory Committee, and Russell Portnoy, M.D., Department of Pain Medicine at Beth Israel Hospital and member of the APF's Board of Directors, reviewed the survey questionnaire before it was administered.

About the American Pain Foundation

The American Pain Foundation is an independent, non-profit organization serving people with pain through information, advocacy and support. The foundation's mission is to improve the quality of life of people with pain by raising public awareness, providing information, promoting research and advocating for the removal of barriers to effective pain management. For more information, visit www.painfoundation.org.

About Merck

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Shingles disease photos are available at www.pimsmultimedia.com/spotlightonshingles.

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