

LIVING WITH GENITAL HERPES : TO TREAT OR NOT TO TREAT ?

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Various aspects of genital herpes and suppressive therapy with acyclovir is discussed.

Introduction :

Genital herpes is a sexually transmitted disease affecting millions of people world wide. Herpes virus has the ability to induce latency. Because of the frequent recurrences this will cause a lot of suffering and mental strain to the patients. Sometimes, may result in stigma surrounding this disease and other sexually transmitted diseases. Individuals with genital herpes have felt ostracized by the community and in some cases even the partners. Herpes simplex virus (HSV) are related by their ability to induce latency. The treatment of this disease is still a challenge. It has been debatable whether long term suppressive therapy is required for genital herpes or not. Each patient has to be evaluated according to various factors.

General considerations :

The patient with genital herpes may seek medical attention with primary or recurrent lesions. Many of the patients may be psychologically traumatised because of frequent recurrences. A considerable number of patients are young and sexually active. HSV infection may trigger a negative image, it can also have a powerful effect on the social relationship of an individual⁽¹⁾. This will have a greater effect on day to day life style. It may prevent a person from normal sexual life expression as a normal instinct, encouraging a feeling to negativity towards sex. Emotional stress and anxiety are associated with both the initial outbreak and more recurrent episodes. Herpes viruses could potentially interact with HIV at the cellular or molecular level to accelerate the rate at which HIV causes immunodeficiency, which is known as co-factor relationship⁽²⁾. The psychological and social problems resulting from the life long infection often prove more disabling. This may cause reduced sexual pleasure and freedom, impaired spontaneity decreased sexual frequency and concern about spread of the disease to their partners. The genitalia is one of the important parts of the body, with regard to the self image. A person with genital skin disorders may be manifestly depressed⁽³⁾.

Management :

Acyclovir is the drug of choice for herpes. The usual regimen for primary genital herpes is acyclovir 200 mg orally every 5 hours for 5-7 days, with 5% topical acyclovir cream. It is also indicated in patients who cannot cope up the situation because of more recurrences, neuralgia and in patients with risk of transmission. Suppressive therapy regimen with acyclovir is 400 mg twice daily or 200 mg 4 times daily for 6 months to 1 year.

Reassess the patient at the end of the year. This can be continued for years depending upon the needs. The decision to use suppressive therapy for recurrent genital herpes must be made on an individual patient basis. One important factor which may influence the decision is the patients psychological and social needs. Long term oral acyclovir suppression improves psychological well being⁽⁴⁾. Other benefits of suppressive therapy is the reduction of prodroms, and reduced risk of transmission.

Over the 5 years of 400 mg twice daily of oral acyclovir suppressive therapy for frequently recurring genital herpes was successful in either decreasing or maintaining patients free of disease⁽⁵⁾. The suppressive therapy can also be used during stressful periods when patients might otherwise suffer outbreaks of genital herpes⁽⁶⁾. Patients should avoid sexual intercourse when the genital lesions are present or during prodromal periods. If in doubt about prodrome, condom should be used during sexual intercourse. A cost effective alternative to long term therapy is the single 'stat' dose of 800 mg acyclovir taken at the first sensory sign of either oral or genital herpes. This regularly prevents lesions⁽⁷⁾. Once the decision for long term therapy is made the timing of commencement of therapy is important. It will be best to start immediately following a recurrence or during a period of no recurrence⁽⁸⁾. The patient who started on suppressive treatment with oral acyclovir 200 mg 4 times were significantly less likely to have a recurrence than those on 400 mg twice daily⁽⁹⁾. Acyclovir is the first antiviral to decrease significantly the duration and severity of genital herpes. However, acyclovir does not eliminate the latent virus in the nerve ganglion. Even though some patients under suppressive therapy may be free of the disease, but may be infectious to others. Sometimes, even without having a clinical disease, patient may be excreting the virus. The safety of long term use of this drug has been excellent. For prophylaxis acyclovir is the only existing drug which meets the safety criteria⁽¹⁰⁾.

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