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The Efficacy of Steroids and Acyclovir Therapy of Herpes Zoster in the Elderly. RJ Whitley, H Weiss, J Gnann, S Tyring, J Wolf, R Pollard, G Mertz, P Pappas, C Laughlin, L Sherrill, C Schlupner, SJ Soong and the NIAID Collaborative Antiviral Study Group (CASG); The University of Alabama at Birmingham, Birmingham, Alabama USA.

The NIAID CASG implemented a 2 X 2 factorial study design to assess treatment effects of acyclovir (ACV) with and without steroids (S), and (Pl) control on acute and chronic pain and quality of life. Individuals > 50 years of age with herpes zoster < 72 hours in duration were enrolled. A total of 208 individuals were randomized to one of four treatment arms (ACV+S-Pl, ACV+S, ACV-Pl+S, ACV-Pl+S-Pl) equally balanced for demographic characteristics. An intent to treat analysis were performed and included seven patients who were inadvertently enrolled. Six month followup for all patients was > 90%. Relevant demographic characteristics included a median age of 61 years and 76% of patients had disease < 48 hours in duration. Toxicity evaluations failed to indicate any laboratory or clinical adverse events which invalidated one of the therapeutic regimens. Events of cutaneous healing, as assessed by Kaplan-Myer survival plots with log-rank analysis indicated accelerated time to healing for recipients of ACV and ACV+S, as compared to the Pl counterparts. Resolution of acute neuritis was only accelerated for individuals receiving ACV+S. The most dramatic impact on events of resolution of disease were the effects of ACV+S on time to return to normal activity, uninterrupted sleep, and cessation of analgesic use ($p < 0.001$, all parameters). A Cox proportional hazard model demonstrated that the dominant effect for events of cutaneous healing was acyclovir therapy (RR > 2; 95% CI lower limit $\geq$ 1.0). These data indicate that acyclovir plus steroid therapy have a clinically significant impact on improvement in the quality of life for healthy individuals > 50 years of age with localized zoster < 72 hours in duration.