

the facts about suppression therapy for genital herpes

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Suppression therapy for genital herpes

Frequent or severe recurrences of genital herpes infection can interfere with normal work and social activities and disrupt your sex life. However, there are steps which you can take to reduce the outbreaks and help bring the virus under control. This leaflet explains what you can do and answers some other questions which you may have about living with genital herpes.

Why does my genital herpes keep coming back?

Once you have acquired the herpes simplex virus, it remains permanently resident in your body. Most of the time it is inactive but every so often the virus will reactivate and cause symptoms of genital herpes.

It is not known exactly why the virus becomes active again, but by now you have probably recognised certain trigger factors which bring on an outbreak. They may include trauma caused by sex, ill health, stress, fatigue, depression, direct sunlight or menstruation.

If you are still unclear about what particular triggers cause your outbreaks, then keeping a diary can help to identify them. A diary can also help to determine the severity of your genital herpes so you and your doctor can decide what treatment approach is best for you. Record when you have a recurrence, how you feel during it and how long it lasts.

Many people find that, as the years go by, the number and severity of their recurrences naturally diminish. There may be several reasons for this, for example, changes in lifestyle, in the body's immune system, in the virus itself, or in your ability to cope with the trigger factors.




What is “suppressive therapy”?

Suppressive therapy involves taking an antiviral drug acyclovir every day, for prolonged periods. It interferes with the virus's reproductive cycle and so prevents or reduces the number of recurrences. When recurrences do occur, they are usually less severe and shorter lasting.

If you find the frequency of your outbreaks unacceptable, or if you are finding it difficult to cope emotionally with having recurrences of genital herpes, tell your doctor, and discuss the use of suppressive therapy. Although suppressive therapy reduces the risk of transmission to your partner, it does not eliminate it entirely.

Who is suppressive therapy suitable for?

Your doctor may suggest that suppressive antiviral therapy is suitable if one of the following applies to you.

-  You find the frequency of your recurrences unacceptably high.
-  You have less frequent, but particularly severe, or long-lasting outbreaks.
-  You find recurrences of genital herpes are making you depressed.

How do I take suppressive therapy?

Your doctor will advise you on how to take the suppressive acyclovir treatment. Most people on suppressive therapy take a tablet twice daily.

If your recurrences are not suppressed by the dose you start on, you should discuss this with your doctor.

If you start suppressive therapy, try not to miss doses, as this can reduce the efficacy of the treatment, and cause recurrences to occur.

How effective is suppressive therapy?

Studies have proven that continuous suppressive therapy can dramatically reduce the frequency of outbreaks or prevent them altogether.

For example, one study found that people who had on average 12 occurrences a year, could reduce the frequency of their outbreaks to less than two a year after one year of continuous suppressive therapy.

These studies also showed that if recurrences do occur during suppressive therapy, they are usually less severe and shorter lasting than before treatment.

How long will I need to take the treatment?

Many people who use suppressive therapy say that they get so used to taking the tablets they are happy to continue with the treatment.

If you choose suppressive therapy, you do not have to stay on it permanently: if you prefer, you can take it until you feel in control of the infection, but this is usually a period of 12 months initially. However, if you stop the therapy 12 months after starting it, you may find that the frequency of your outbreaks returns to its previous level. Alternatively, you may find that the frequency remains reduced after stopping the treatment. This may be because the incidence of recurrent outbreaks of genital herpes diminishes naturally as the years go by.

In any event, your doctor will probably suggest you stop the suppressive therapy for a short while after 12 months, in order to reassess your genital herpes. If you are still having problems with recurrences, you and your doctor may then decide that you should start suppressive therapy again.

Is it safe to take the treatment for a long time?

Acyclovir has been reported to cause no serious side-effects, even after years of use. A few people taking suppressive therapy do experience minor side-effects, such as headache, nausea and diarrhoea. If you have a problem with this, tell your doctor.

Will suppressive therapy make it easier to live with genital herpes?

Suppressive therapy may give marked improvements to your emotional well-being. Many people find the fact that they can control the infection gives a boost to their sense of well-being and self confidence. Even if only taken for a few months, suppressive therapy can help you to relieve emotions caused by recurrent genital herpes, including depression and anxiety.

However, suppressive therapy is not a substitute for the benefits gained from good advice and education.

Other individuals who have genital herpes, close friends or partners can continue to be an important source of support.

Can I still transmit the herpes simplex virus while I am taking suppressive therapy?

Even though your recurrences may be suppressed by continuous antiviral therapy, you may still go through periods of 'shedding' the virus without showing any signs of genital herpes. These periods of asymptomatic shedding are of unknown duration and there is no way of telling when they occur. There may be a chance that you can transmit the virus if you have unprotected sexual intercourse at these times.

It is up to you and your partner to decide whether you will routinely use condoms when you are symptom-free.

Whether you are on suppression or not, you are at risk of transmitting the herpes simplex virus when you have an outbreak avoid sex at these times.

If you meet a new partner, it is best to use condoms, as this not only helps to prevent transmission of the herpes simplex virus, but protects you against any sexually transmitted infections which your partner may have. Having genital herpes could make you more susceptible to catching other sexually transmitted disease if you do not use condoms.

Are any other treatments effective against genital herpes?

Many people find that having a healthy diet, eating regularly and getting enough sleep are helpful in preventing recurrences.

Can genital herpes harm babies, either during or after pregnancy?

If you have genital herpes close to the time when your baby is due, there is a risk that the baby could become infected at delivery as it passes down the birth canal. This risk is substantial for mothers who are having their first ever episode of genital herpes.

However, if you are simply having a recurrence of genital

herpes, then the chances of your baby becoming infected at delivery are small.

Is it take drug treatment for genital herpes during pregnancy?

As with many drug therapies, oral acyclovir is not generally recommended for use during pregnancy. It has however been used extensively in pregnancy with no known adverse effects.

Women who develop a first ever attack of genital herpes during pregnancy should consider taking a suppressive course of acyclovir for the last 4 weeks of that pregnancy.



Auckland Sexual Health Services:
Building 16 (opposite Domain duckpond)
Auckland Hospital. Ph: 307 2885

West Auckland Sexual Health Service
2nd Floor, 362 Great North Rd,
Henderson. Ph: 836 0838

Manukau Sexual Health Service
Manukau Health Centre, Wiri Station Rd,
(next to Rainbows End) Ph: 263 7604

North Shore Sexual Health Service
Cnr Glenfield Et Peach Rds. Ph: 443 2544

www.sexfiles.co.nz