REACTIVATION *continued from page* **14**

off the virus likely living in your nerves, Tosh says. The CDC recommends the vaccine for people older than 60, but it is licensed for those older than 50.

While the vaccine will not prevent shingles in everyone, it can mean having a milder case should you get shingles, and reduce the risk of developing complications such as postherpetic neuralgia.

It also can prevent long-term pain. The older you are, the more likely you are to develop long-term pain as a complication of shingles. And this pain is likely to be more severe.

You will not have serious side effects from the shingles vaccine. If you do experience a mild reaction, it can last up to a few days, Tosh says.

Most private insurance plans cover the cost of the vaccine. Medicare Part D plans cover the vaccine as well, although some plans may require a co-pay.

Who's at risk for shingles?

Besides people older than 50, others can be at risk for developing shingles, including:

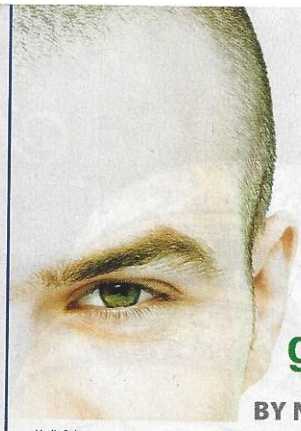
- Those with illnesses or diseases of the immune system, such as HIV.
- Those undergoing chemotherapy or radiation therapy for cancer or other diseases.
- Those taking certain medicines that suppress the immune system, including corticosteroids such as prednisone or cyclosporins (which some people take for Crohn's disease, rheumatoid arthritis and psoriasis).
- Those who eat poorly, which can weaken the immune system.
- Those who have had organ transplants.

If you have shingles, avoid being around people who may be more easily infected: infants, pregnant women and those with weakened immune systems. The virus can be passed from person to person. Those who never had chicken pox will develop that, not shingles.

The virus that causes chicken pox and shingles is a member of the same family that causes genital herpes, cold sores and Epstein-Barr, Tosh says.

The current shingles vaccine is a live virus and not suitable for people whose immune systems are compromised. However, a non-live virus vaccine is in development that could be safely given to those who are at highest risk. It has shown promise in research studies, and Tosh says he expects it will soon be available.

Beth W. Orenstein is a freelance medical writer living in Northampton, Pa.



Media Bakery

What hearing means for good health

BY NADINE DEHGAN

Ignoring or not treating hearing loss can seriously harm your overall health. Treating hearing loss, though, can decrease the risk of acquiring other serious medical conditions, including:

Dementia The more severe the hearing loss, the greater the risk for a cognitive disorder and a sharper decline in mental function, possibly due to "cognitive load" as the brain struggles to make sense of misheard sounds.

Depression A meta-analysis of 31 studies in *Aging Research Reviews* reported that hearing loss is among the most common chronic conditions associated with depression in older adults.

Falls An *Archives of Internal Medicine* report showed that people with even mild hearing loss were nearly three times more likely to have fallen compared with those with no hearing loss. It's also important to pay attention to your hearing if you take certain drugs or have conditions that increase the risk of hearing loss.

Cardiovascular disease A healthier cardiovascular system results in improved auditory systems, according to the *American Journal of Audiology*. Conversely, poor heart health causes inadequate blood flow and blood vessel trauma to the inner ear.

Diabetes The National Institutes of Health states that hearing loss is about twice as common in adults with type 2 diabetes, which accounts for 95 percent of U.S. diabetes cases. Diabetes may lead to hearing loss by damaging the inner ear's nerves and blood vessels.

Anemia People with anemia are twice as likely to have hearing loss. According to Peter Steyger, a scientific adviser to the Hearing Health Foundation, "iron is clearly required for normal functioning of the auditory system, as for many other organs, and too little can result in anemia," a deficiency of red blood cells or hemoglobin.

Cancer and ototoxic medications Certain cancer-fighting chemotherapy drugs, such as cisplatin, may permanently harm hearing. In addition, aminoglycoside antibiotics to treat serious infections can be ototoxic (harmful to hearing), and phosphodiesterase type 5 (PDE5) inhibitors that treat erectile dysfunction (such as Viagra) have been linked to sudden hearing loss.

Nadine Dehgan is CEO of the Hearing Health Foundation, the largest nonprofit funder of hearing and balance research in the United States. ***hhf.org***