

Bransfield Article on Neuropsychiatric Lyme Published



^{MD}Robert C. Bransfield, MD, Department of Psychiatry, Rutgers-RWJ Medical School, published an article on 8-25-18, which demonstrates an association between Lyme borreliosis and neuropsychiatric impairments – considered a major advance in psychiatry. Entitled ***Neuropsychiatric Lyme Borreliosis: An Overview with a Focus on a Specialty Psychiatrist’s Clinical Practice***, the article was published in a special issue of *Healthcare – Lyme Disease: The Role of Big Data, Companion Diagnostics and Precision Medicine*, with guest editor, Raphael B. Stricker, MD.

According to Dr. Bransfield, “Lyme borreliosis, possibly with

other interactive infections in the body can evade and suppress the immune system and cause immune effects and biochemical changes in the brain causing neuropsychiatric symptoms." The results can include developmental disorders, autism spectrum disorders, schizoaffective disorders, bipolar disorder, depression, anxiety disorders (panic disorder, social anxiety disorder, generalized anxiety disorder, post-traumatic stress disorder, intrusive symptoms), eating disorders, sleep disorders, decreased libido, addiction, opioid addiction, cognitive impairments, dementia, seizure disorders, suicide, violence, anhedonia, depersonalization, dissociative episodes, derealization and other impairments.

Dr. Bransfield is a member of the Lyme Disease Association's Scientific & Professional Advisory Board.

Abstract:

There is increasing evidence and recognition that Lyme borreliosis (LB) causes mental symptoms. This article draws from databases, search engines and clinical experience to review current information on LB. LB causes immune and metabolic effects that result in a gradually developing spectrum of neuropsychiatric symptoms, usually presenting with significant comorbidity which may include developmental disorders, autism spectrum disorders, schizoaffective disorders, bipolar disorder, depression, anxiety disorders (panic disorder, social anxiety disorder, generalized anxiety disorder, posttraumatic stress disorder, intrusive symptoms), eating disorders, decreased libido, sleep disorders, addiction, opioid addiction, cognitive impairments, dementia, seizure disorders, suicide, violence, anhedonia, depersonalization, dissociative episodes, derealization and other impairments. Screening assessment followed by a thorough history, comprehensive psychiatric clinical exam, review of systems, mental status exam, neurological exam and physical exam relevant to the patient's complaints and findings with clinical judgment, pattern recognition and knowledgeable

interpretation of laboratory findings facilitates diagnosis. Psychotropics and antibiotics may help improve functioning and prevent further disease progression. Awareness of the association between LB and neuropsychiatric impairments and studies of their prevalence in neuropsychiatric conditions can improve understanding of the causes of mental illness and violence and result in more effective prevention, diagnosis and treatment.

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