

Robert C. Bransfield MD, May Awareness Guest Blog – Lyme & Mental Illnesses

May Awareness LDA Guest Blogger



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Recognizing the Causal Association Between Lyme Disease and Mental Illnesses

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The causal association between Lyme/tick-borne diseases and mental illness was first demonstrated decades ago, but why do so many fail to see this today? The science is there and has been there for a long time. Admittedly, there has always been resistance to new ideas and science, medicine and Lyme disease are no exception. I'll review the evidence supporting this

association, look at the obstacles that prevent acceptance, and then discuss possible corrective approaches.

- Historically, when state mental hospitals were once filled with thousands of mentally ill syphilis patients, everyone recognized the causal association between infectious disease and psychiatric illness. The first Nobel prize in Psychiatry was awarded in 1927 to Dr. Julius Wagner-Jauregg who recognized the causal association between syphilis and mental illnesses and implemented a treatment approach.
- There are thousands of articles in the medical literature demonstrating a causal association between many infectious diseases, the associated immune reactions, and mental illnesses. Infections most commonly associated with mental illnesses include venereal, viral, and vector-borne diseases. Similar to AIDS, many of these infections are complex interactive infections with more than one infectious agent.
- Darwinian, medicine explains disease from the perspective of evolution, which recognizes humans have developed a sophisticated adaptive capability that may be impaired by infectious processes. Based upon this approach, many chronic diseases are an interaction between parasites and host vulnerabilities resulting in dysfunction, impairment, and diseases, including mental illnesses.
- Awareness of the human microbiome recognizes humans are a superorganism who are dependent upon an internal microbiome, which sometimes becomes pathological.
- Psychoimmunology and psychoneuroimmunology identify the interaction between immune activity and mental, neurological, and endocrine functioning. Infection in the body results in antigens, antibodies, autoantibodies, cytokines, and chemokines that cross the blood-brain barrier and cause immune effects and pathology within the brain.

- Infections and complex interactive infections in the body can have metabolic effects on the brain that, in turn, alter the neural chemistry and neural circuitry resulting in mental illnesses.
- There are over 400 peer reviewed journal articles demonstrating the causal association between tick-borne diseases and mental illnesses and 73 articles showing the causal association with dementia. Suicide is the leading cause of death from Lyme disease. Observations by front line physicians support these findings.

What has prevented our medical bureaucracies and many in the medical community not following the science? There are many possible explanations.

- Lyme/tick-borne diseases are a complex problem that requires interdisciplinary cooperation, which has been lacking. Medicine has become fragmented and super specialized with silo mentality.
- When something defies logic, consider money ego and power and the answer will be clear. Max Plank has stated that science advances one funeral at a time. Specialization and fragmentation in medicine resulting in few physicians maintaining updated capability in both infectious disease and psychiatry. Most infectious disease physicians have very little current training in neurochemistry, psychoimmunology, or the pathophysiology of mental illness. Likewise, many psychiatrists have little current training in infectious diseases and psychoimmunology.
- Dr Willie Burgdorfer, who discovered *Borrelia burgdorferi*, the spirochete causing Lyme, stated—"The controversy in the Lyme disease research is a shameful affair and I say this because the whole thing is politically tainted. Money goes to the same people who have for the last 30 years produced the same thing—nothing."

- The early disease definition was controlled by rheumatologists which failed to incorporate the multisystem reality of the disease. In addition, most policymakers controlling Lyme disease have been microbiologists, rheumatologists, bench scientists and bureaucrats. Their lack of expertise in clinical medicine, psychoimmunology and psychiatry prevents them from understanding the association between Lyme/tick-borne infections and psychiatric symptoms.
- The use of Dearborn two-tiered surveillance criteria testing to rule out the presence of Lyme disease, restrictive IDSA diagnostic and treatment guidelines, flawed research, financial interests and power struggles for the control of the disease have overpowered the impact of front-line physicians who actually treat the disease. There have been individuals who went to great lengths to spread false and misleading information about Lyme disease in the medical literature and to the general public.

What are possible solutions?

- Complex problems require complex solutions with interdisciplinary cooperation.
- Multidisciplinary medical conferences that include psychiatrists and infectious disease physicians.
- Internet-based educational programs
- Correcting bureaucratic obstacles at the CDC and NIH.
- Lyme disease and psychoimmunology program development in medical schools and residency training
- Other ideas from the readership

Links:

- Proposed Lyme Disease Guidelines and Psychiatric Illnesses – PubMed
- Bransfield Article on Neuropsychiatric Lyme Published – Lyme Disease Association

- A Clinical Diagnostic System for Late-Stage Neuropsychiatric Lyme Borreliosis Based upon an Analysis of 100 Patients – PubMed
- Building Bridges Between Infectious Disease Physicians and Psychiatrists
- Peer-Reviewed Evidence of Lyme/Tick-Borne Disease Causing Psychiatric Symptoms

