

Research Review Finds IDSA Guidelines Contribute to Mental Health Epidemic



Researchers, including Robert C. Bransfield, MD, Lyme Disease Association Professional & Medical Advisory Board Member, recently reviewed the proposed new Lyme Disease Guidelines, a [100 page document](#) on the prevention, diagnosis, and treatment of Lyme disease drafted by the Infectious Disease Society of America (IDSA) in collaboration with the American Academy of Neurology and American Academy of Rheumatology. The draft of the IDSA Guidelines was released for public comment in August of 2019 and received a considerable number of responses from the Lyme community, many critical of the proposed Guidelines.

[The review](#) was published in *Healthcare Scientific Journal* and scrutinizes specific sections of the guidelines that are most relevant to psychiatry including the disclaimer, laboratory testing, and adult and pediatric psychiatric sections. The researchers have outlined many issues with the IDSA Guideline draft, most notably, the failure to outline the causal association between Lyme disease and psychiatric illnesses throughout, despite the vast amount of well-founded supporting evidence.

The Disclaimer

According to the researchers, the proposed disclaimer, which was more extensive than the one on past IDSA guidelines, contained many issues, including failure to state that the guidelines cannot be used to establish a standard of care. The analysis found that the disclaimer offered no type of warranty of accuracy or reliability with the methods outlined and that the institutions responsible for creating the guidelines held themselves harmless from any potential losses that may occur when practicing physicians use the guidelines to treat patients. The seriousness of the guidelines issue came to the attention of the US Health and Human Services Tick-Borne Disease Working Group (TBDWG), of which LDA President Pat Smith is a member, and discussion was included in the group's 2018 Report to Congress.

Diagnostic Testing

According to the researchers, one of the most central flaws contained within the guidelines was the recommended use of the scientifically unfounded surveillance case definition as diagnostic criteria. The IDSA Guidelines make the incorrect assessment that patients who do not meet the surveillance case definition for Lyme disease do not meet clinical diagnostic criteria either, and therefore, do not have Lyme disease. Additionally, the review calls attention to issues with the IDSA's arbitrary focus on 2-tiered testing as a reliable method of diagnosis.

Testing Adults with Psychiatric Illness for Lyme Disease

The IDSA Guidelines advise against testing for Lyme disease in adults with diagnosed psychiatric illness, yet a number of studies show a causal relationship between Lyme disease and certain kinds of psychiatric illnesses. Prior research has shown that a low prevalence of mental illness may exist prior to infection while the presence of psychiatric illnesses and comorbidities is more significant post-infection.

The researchers were able to identify 377 unique citations on the ILADS website, supporting an association between Lyme disease and psychiatric illness. However, the IDSA Guidelines include only a small number of articles limited to epidemiologic studies that selectively reported outcomes

Testing Children with Developmental, Behavioral, or Psychiatric Disorders for Lyme Disease

The IDSA Guidelines also recommend against standard testing for Lyme disease in children with developmental, behavioral, or psychiatric disorders, referencing that there is no data to support a causal association between tick-borne infections and behavioral disorders or developmental delays in children. However, as the researchers who analyzed the IDSA Guidelines state, the IDSA included no references to support these claims and in fact, numerous articles demonstrating the causal relationship between Lyme disease and developmental, behavioral, and psychiatric disorders in childhood do exist.

References:

1. Bransfield RC, Cook MJ, Bransfield DR. [Proposed Lyme disease guidelines and psychiatric illnesses](#). *Healthcare*. 2019;7(3):105.

2. Rheumatologyadvisor.com. Review Indicates Inclusion of Psychiatric Illness Association in Proposed Lyme Disease Guidelines. [Web Article]. Copyright 2019 Rheumatology Advisor.

<https://www.rheumatologyadvisor.com/home/topics/lyme-disease/review-indicates-inclusion-of-psychiatric-illness-association-in-proposed-lyme-disease-guidelines/>

Partnership for T-B Diseases Education, CME for Docs

What Every Primary Care Clinician Should Know About the Diagnosis of Lyme Disease

Elizabeth Maloney, MD
Content updated August 15, 2015



Primary care physicians and other healthcare providers seeking CME credits can now approach the non-profit Partnership for Tick-Borne Diseases Education (PTDE) led by Elizabeth Maloney, MD, a physician with longstanding experience in speaking about tick-borne diseases, organizing Lyme disease conferences, and co-authoring treatment guidelines on Lyme and other tick-borne diseases.

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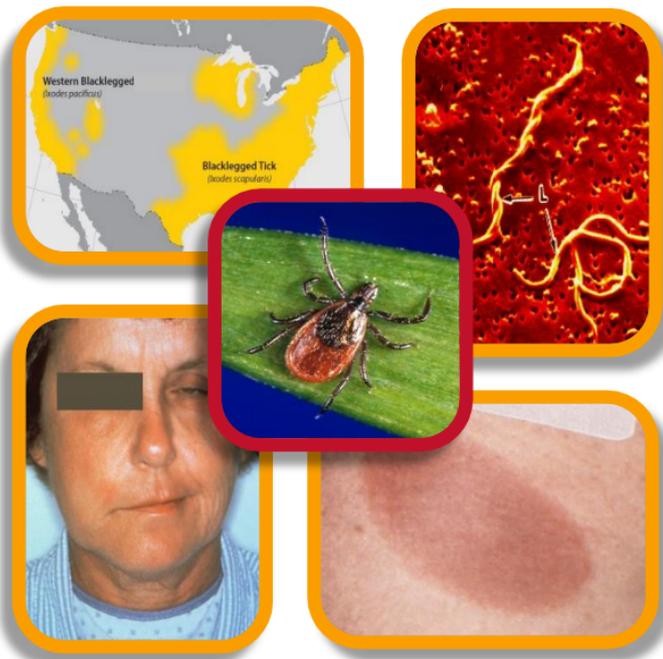
Dr. Maloney has been on the organizing committee for several Lyme Disease Association (LDA) annual CME scientific conferences.

A free downloadable brochure “What Every Primary Care Clinician Should Know About the Diagnosis of Lyme Disease” is available through the LDA website ([Click here for brochure](#)), and PTDE can be contacted directly by email ptde.emaloney@gmail.com or go to [LymeCME](#) for modules.

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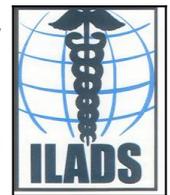


Purpose & Disclaimer: The Lyme Disease Association, Inc. (LDA) website, www.LymeDiseaseAssociation.org, is intended as a resource for all individuals interested in learning about Lyme disease and other tick-borne diseases. The information presented is for informational purposes only. No information on the site should be considered medical or legal advice. The LDA does not give medical or legal advice. Any information on the site should not be used to take the place of advice from your personal physician or from any other professional. Any health care or legal information on the website is attributed to the professional(s) who wrote the information and is not necessarily endorsed by the Lyme Disease Association. Links to other sites are provided for ease of research, and information on those sites is the opinion of those who publish the sites and is not necessarily that of the LDA. The LDA does not endorse professionals, products or services.

ILADS: New Lyme Treatment Guidelines

The International Lyme & Associated Diseases Society, ILADS, has announced the publication of its new 2014 guidelines: *Evidence Assessments and Guideline Recommendations in Lyme disease: The Clinical Management of Known Tick Bites, Erythema Migrans Rashes and Persistent Disease*, published in the August 2014 edition of the journal [Expert Review of Anti-infective Therapy](#). Instead of a fixed duration for therapy, the Guidelines encourage clinicians to base therapy on the patient's response to treatment, including follow-up and therapy adjustments and take patient values into consideration.

ILADS, the first organization to issue Lyme disease guidelines which comply with the standards set by the [Institute of Medicine](#) for developing trustworthy protocols, provides a rigorous review of pertinent medical literature and contains recommendations for Lyme disease treatment based on the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) process. The [Cochrane Collaboration](#) and the [World Health Organization](#) also use this review format, according to ILADS Guidelines author, Lorraine B. Johnson, JD, MBA.



The Guidelines say current antibiotic protocols used by many physicians to prevent or treat Lyme disease are inadequate, leading to an increased risk of Lyme disease developing into a chronic illness. According to Daniel Cameron, M.D., M.P.H., lead author, "Chronic manifestations of Lyme disease can continue long after other markers of the disease, such as the *erythema migrans* rash, have resolved. Understanding this reality underlies the recommendation for careful follow-up to determine which individuals with Lyme disease could benefit from additional antibiotic therapy."

The 2014 Guidelines replace the previous ILADS treatment guidelines published in the same journal in 2004. Click here for [ILADS press release](#) on the new guidelines.*

The Lyme Disease Association, Inc., LDA, supports the right of doctors to utilize clinical discretion in treating Lyme disease and the consideration of patient values in the process. The new 2014 ILADS Guidelines provide for those important tenants. Physicians and patients alike should have availability of and become familiar with the Guidelines to ensure the best possible Lyme disease treatment outcome.

Click <http://informahealthcare.com/doi/full/10.1586/14787210.2014.940900> for Guidelines

**Author affiliations: Cameron is President of International Lyme and Associated Diseases Society. Johnson is Executive Director of Lymedisease.org. Maloney is a Provider of continuing medical education courses on tick-borne diseases.*



Elizabeth Maloney, MD, Wyoming, MN, one of the authors, has been a speaker/facilitator at several recent LDA/Columbia Lyme and tick-borne diseases conferences (LDA stock photo)