

“What do the Experts Recommend about the Treatment of Lyme Disease?”

Clinical practice guidelines are meant to inform a physician’s decision-making process without replacing a physician’s individual judgment; however, sound decisions obviously must be based on the best available information derived from carefully conducted and rigorously reviewed evidence-based research. In this context, the recommendations for the treatment of Lyme disease in the 2006 clinical practice guidelines (1) developed by the Infectious Diseases Society of America (IDSA), are universally accepted by nationally and internationally known experts on Lyme disease. They are in agreement with recommendations of the European Federation of Neurological Societies (2), the European Union of Concerted Action on Lyme Disease (3), the American Academy of Neurology (4), the Canadian Public Health Network (5), and the German Society for Hygiene and Microbiology (6). They also are in agreement with the recommendations of expert panels from at least 10 European countries, i.e., The Czech Republic, Denmark, Finland, France, The Netherlands, Norway, Poland, Slovenia, Sweden, and Switzerland (7).

In May, 2008, the IDSA entered into an agreement with the Attorney General of the State of Connecticut (Richard Blumenthal) to voluntarily undertake a critical review of these practice guidelines by a special Review Panel. After multiple meetings, a public hearing where much testimony both pro and con was presented, and an extensive review of more than 2,000 research and other publications, the Review Panel concluded that the recommendations contained in the 2006 guidelines were “medically and scientifically justified on the basis of all available evidence and that no changes to the guidelines were necessary” (8). As a result of this extensive formal review, the IDSA guidelines continue to be posted on the Agency for Healthcare Research and Quality (AHRQ) Guideline Clearinghouse for use by healthcare decision makers to make informed decisions that improve the quality of healthcare in the United States (9). Indeed, no other guidelines for the treatment of Lyme disease have been subjected to such scrutiny and have such wide acceptance by experts in the field.

By contrast, guidelines developed by the International Lyme and Associated Diseases Society (ILADS) have been offered as an alternative for the management of Lyme disease (10). However, an expert review panel commissioned by the Chief Executive of the UK Health Protection Agency (HPA), found the ILADS guidelines to be unacceptable and flawed in many respects. In their detailed final report (11, 12), the expert review panel concluded that “the ILADS guidelines are poorly constructed and do not provide a scientifically sound, evidence-based approach to the diagnosis and

care of patients with Lyme borreliosis". The expert panel noted that "the ILADS guidelines do not provide reliable credible evidence to support their treatment recommendations which include prolonged use of oral or parenteral antibiotics, singly, sequentially, or in combination". It also noted that "use of the ILADS guidelines' vague treatment recommendations, including prolonged use of antibiotics, has potentially serious consequences", and that "patients misdiagnosed with Lyme disease risk losing opportunities for diagnosis and treatment of other conditions [that may really be the cause of their symptoms]. They also risk serious physical, psychological, social, and financial adverse events".

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