



Advancing Lyme Disease Awareness and Prevention

August 2014

Dear <<Physician mail merge name / address >>

We would like to bring to your attention that The International Lyme and Associated Diseases Society (ILADS) has published new guidelines for the treatment of Lyme disease that call on physicians to provide evidence-based, patient-centered care to reduce patient risk of developing a chronic illness. [Evidence Assessments and Guideline Recommendations in Lyme disease: The Clinical Management of Known Tick Bites, Erythema Migrans Rashes and Persistent Disease](#) was published in the August 2014 edition of the journal [Expert Review of Anti-infective Therapy](#).

ILADS developed the new guidelines because commonly-used antibiotic regimens have unacceptably high failure rates; it encourages clinicians to adopt new treatment approaches, which are outlined in the new guidelines.

“Chronic manifestations of Lyme disease can continue long after other markers of the disease, such as the erythema migrans rash, have resolved,” said Dr. Daniel Cameron, ILADS director and lead author of the guidelines. “Understanding this reality underlies the recommendation for careful follow-up to determine which individuals with Lyme disease could benefit from additional antibiotic therapy.”

ILADS is the first organization to issue guidelines on Lyme disease based on the Grading of Recommendations Assessment, Development, and Evaluation ([GRADE](#)) process. This rigorous review format is used by [other well-respected medical organizations](#), including the [Cochrane Collaboration](#) and the [World Health Organization](#). ILADS also developed its guidelines with the goal of meeting the eight standards identified by the Institute of Medicine as being critical to the development of trustworthy guidelines.

ILADS’ GRADE-based analyses demonstrated that research studies guiding current treatment protocols were of very low quality and the regimens based on these studies often failed. “For this reason, we moved away from designating a fixed duration for antibiotic therapy for tick borne illnesses and instead encourage clinicians to tailor therapy based on the patient’s response to treatment,” said Dr. Cameron.

“Lyme disease infections are increasingly common in Minnesota yet the diagnosis is frequently missed the first time a patient is seen for the illness and many patients remain ill after short courses of therapy,” said Dr. Elizabeth Maloney. Dr. Maloney, a Minnesota family physician who develops accredited continuing medical education courses on Lyme disease for healthcare professionals, is a co-author of the new guidelines and the medical advisor of Minnesota Lyme Association.



“We not only recommend clinicians perform a deliberate and individualized assessment of the potential risks and benefits of various treatment options before making their initial selection,” said Dr. Maloney, “we also recommend careful follow-up. Monitoring a patient allows clinicians to adjust therapy as circumstances evolve. This more selective approach should reduce the risk of inadequate treatment giving rise to a chronic illness.”

The guidelines encourage shared medical decision-making that takes patient values into consideration. “A lot of the treatment decisions in Lyme disease depend on trade-offs. How sick is the patient? How invasive is the treatment? What is valued by the patient? Patients need to understand the risks and benefits of treatment options to make informed medical choices. These guidelines provide that information,” said Lorraine Johnson, J.D., MBA, a guidelines co-author and executive director of LymeDisease.org.

The guidelines also relate directly to Minnesota Statute 62A.625 Coverage for Lyme Disease as they provide an updated treatment alternative to the less rigorously reviewed guidelines from the Infectious Disease Society of America. We are providing awareness of the new guidelines to health care insurers and the MN Commerce Department as this should help minimize patient difficulties with claim coverage.

62A.265 COVERAGE FOR LYME DISEASE.

- Subdivision 1. **Required coverage.** Every health plan, including a plan providing the coverage specified in section [62A.011, subdivision 3](#), clause (10), must cover *treatment* for diagnosed Lyme disease.
- Subdivision 2. **Special restrictions prohibited.** No health plan included in subdivision 1 may impose a special deductible, co-payment, waiting period, or other special restriction on *treatment* for Lyme disease that the health plan does not apply to nonpreventive treatment in general.

Minnesota Lyme Association is a nonprofit organization that supports patients and families affected by Lyme disease and provides educational content on Lyme disease, primarily focusing on disease prevention. Learn more about the MLA at www.mnlyme.org.

If you have any questions, please contact [Dr. Elizabeth Maloney at md@phhmd.com](mailto:md@phhmd.com).

Regards,

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