

New evidence-based, patient-centered treatment guidelines on Lyme disease were published online in the peer-reviewed journal *Expert Review of Anti-infective Therapy* on July, 30, 2014. The paper, [Evidence Assessments and Guideline Recommendations in Lyme disease: The Clinical Management of Known Tick Bites, Erythema Migrans Rashes and Persistent Disease](#), was written on behalf of the International Lyme and Associated diseases Society (ILADS).

### **Guidelines Highlights**

General points about the ILADS guidelines:

1. Conclusively demonstrate that Lyme disease can cause a chronic illness in some patients
2. Discuss the health and financial burdens that Lyme imposes on those who are chronically ill
3. Stress the need to prevent chronic disease by choosing antibiotic protocols for the treatment of deer tick bites and the erythema migrans (EM) rash that are highly effective
4. Analyze the original studies of commonly prescribed antibiotic protocols and shows that they frequently failed to cure (see #10)
5. Review the potential causes of chronic symptoms of Lyme disease, such as misdiagnosis and inappropriate treatment
6. Discuss the peer-reviewed research that conclusively demonstrates persistent infection
7. Review the trials demonstrating that some patients benefit from antibiotic re-treatment
8. Encourage physicians to use their clinical judgment to tailor treatment to meet the needs and goals of individual patients
9. Encourage physicians to discuss treatment options with patients and consider patient values when selecting a specific treatment approach

### **New Treatment Recommendations**

The ILADS guidelines:

10. Recommend 20 days of doxycycline for most patients with a known tick bite, not the 200 mg single dose
11. Recommend patients with EM rashes receive at least 28 days of doxycycline, amoxicillin or cefuroxime and that the duration of therapy be guided by their response to the therapy and not an arbitrary timeline
12. Recommend against the practice of stopping antibiotics in patients with persistent signs and symptoms of Lyme disease
13. Recommend that physicians discuss antibiotic re-treatment with patients who are chronically ill from Lyme disease
14. Recommend additional antibiotics for chronically ill Lyme disease patients who lack any other explanation for their ongoing signs and symptoms

### **What we need from you**

- Contact your representatives to briefly share your story and the new guidelines
- Share the new guidelines with your healthcare practitioners (current and former) in a way that invites them to learn more about Lyme (and doesn't bring up any mistakes they may have made in the past regarding Lyme disease)
- Come to Sept 9 speaker presentation in by IGeneX Lab
- Attend Nov 9 presentation by Dr. Bradley Bush, naturopath, "A holistic approach to inflammation, insomnia and mood disorders in Lyme disease."

### **MLA action plan (in progress)**

- Disseminate guidelines through multiple channels
- Collaborate with various state officials regarding how the new guidelines can be used to positively impact patient access to necessary resources and services
- Rewrite MLA brochure to reflect new guidelines
- Update website
- Inform media