

IDSA Guidelines...can anyone tell me what this means?

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Actually, I am trying to figure out what the LDA is relying upon for this statement:

"In a nutshell, the reckless new IDSA guidelines forbid doctors from using clinical discretion in determining whether or not patients have Lyme disease. Instead, they require that doctors either see a characteristic rash known to occur in about half the patients, or that patients register positive on the two tests recommended by the Centers for Disease Control & Prevention (CDC) — tests known to miss up to half the patients. At any stage of disease, as many as half the patients may remain undiagnosed".

I can't find this...does anyone understand what they mean?

If a correct interpretation, that would seem to place the IDSA squarely at odds with the CDC, who has consistently maintained that Lyme disease is primarily diagnosed in accord with clinical observations. And this seems odd, as the IDSA panel members are also "expert" advisors to the CDC...and Steere does seem to indicate the same, that is, that diagnosis is based upon clinical findings.

They are, after all, TREATMENT guidelines...and they specifically suggest that physicians familiarize themselves with the methods of properly diagnosing Lyme disease.

But the guidelines themselves seem to contradict the LDA interpretation:

"Erythema migrans is the only manifestation of Lyme disease in the United States that is sufficiently distinctive to allow clinical diagnosis in the absence of laboratory confirmation. In a patient with a compatible epidemiologic and clinical history, the preferred means of diagnosis is visual inspection of the skin lesion. Serologic testing is too insensitive in the acute phase (the first 2 weeks of infection) to be helpful diagnostically [102, 103, 116]. Patients should be treated on the basis of clinical findings. In a minority of cases for which there may be diagnostic uncertainty, both acute-phase and convalescent-phase (i.e., 2 weeks after the acute-phase) serum samples

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should be tested using the 2-tier testing algorithm recommended by the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Public Health Laboratory Directors [117].

Untreated patients who remain seronegative, despite continuing symptoms for 6–8 weeks, are unlikely to have Lyme disease, and other potential diagnoses should be actively pursued".

"Patients should be treated on the basis of clinical findings". Isn't that fairly clear? Doesn't that co