

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

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- *From:* "Rita Stanley" <[rlstanleyNOSPAM@xxxxxxxxxxx](mailto:rlstanleyNOSPAM@xxxxxxxxxxx)>
  - *Date:* Thu, 12 Oct 2006 18:58:04 -0700
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"the 3rd Man" <[derdrittemann2003@xxxxxxxxxx](mailto:derdrittemann2003@xxxxxxxxxx)> wrote in message  
[news:1160702036.180233.126370@xx](mailto:news:1160702036.180233.126370@xx)

Rita Stanley wrote:

"Patients should be treated on the basis of clinical findings".  
Isn't  
that fairly clear? Doesn't that contradict what the LDA says,  
above?

That is for em rashes only. That is the context of this paragraph.

Yes, that's what I thought initially, also...but look at the sentence  
that immediately precedes it:

"Serologic testing is too insensitive in the acute phase (the first 2  
weeks of infection) to  
be helpful diagnostically" .

Why would you be talking about serologic testing in relation to an EM  
rash...when you have just acknowledged that a clinical observation of  
an EM is sufficient to diagnose?

Because there are docs who want to confirm the EM rash with testing; they  
want the security of some lab results. The GL's are telling them not to do  
that.

I've got feedback from lots of folks whose docs did testing along with EM  
rash presentations. Not uncommon at all. The docs don't care to understand  
the tests. Modern docs are dependent on tests. Others feel that the rash is  
'something else' like ringworm or a  
spider bite' and want to test to show the patient that their concerns about

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LD are unnecessary. I've heard tons of these stories. Tons.

Doesn't make sense...

Makes sense to me.

Think like a doc presented with a recipe to follow.

Confirmation of the diagnosis by testing is required before treatment for anything other than EM diagnosis.

What's your source for this, please?

No source. That's how I read it. Maybe I read it wrong, but who else is reading it the way I do?

Not trying to be argumentative,

No problem with argument....

but just trying to understand this...don't doctors frequently treat on "presumptive diagnoses"? In other words, if a diagnosis is not "confirmed"...I always thought they had the latitude to treat .

Yes, but I think that this GL is trying to discourage that with LD. They give you the steps. If you are unsure of the diagnosis (EM), run the tests a few weeks later.

And...if the "clinical" aspect is over-ruled...countered by a blood test...isn't that really pure serodiagnosis?

Yes. Call it a 'confirmation' though. Goes on all the time for lots of diseases. No thinking required. If you can read a recipe (granted, this one

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is confusing), you can diagnose and treat disease.

Rita

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