

Re: IDSA GUIDELINES ATTEMPT TO NARROW THE DEFINITION OF LYME DISEASE AND PROMOTE A LEGAL STANDARD OF CARE THAT CAN BE USED BY INSURANCE COMPANIES AND STATE MEDICAL BOARDS

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- *From:* pmerv@xxxxxxxxxx
 - *Date:* 27 Nov 2006 23:34:54 -0800
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Post-Lyme Disease Syndromes

There is no well-accepted DEFINITION of post-Lyme disease syndrome. This has contributed to confusion and controversy and to a lack of firm data on its incidence, prevalence, and pathogenesis. In an attempt to provide a framework for future research on this subject and to reduce DIAGNOSTIC ambiguity in study populations, a DEFINITION for post-Lyme disease syndrome is proposed in these guidelines. Whatever definition is eventually adopted, having once had OBJECTIVE EVIDENCE of *B. burgdorferi* infection must be a condition sine qua non. Furthermore, when laboratory testing is done to support the original DIAGNOSIS of Lyme disease, it is essential that it be performed by well-qualified and reputable laboratories that use recommended and APPROPRIATELY VALIDATED TESTING methods and interpretive criteria. Unvalidated test methods (such as urine antigen tests or blood microscopy for *Borrelia* species) should not be used.

There is NO CONVINCING BIOLOGIC EVIDENCE for the existence of symptomatic chronic *B. burgdorferi* infection among patients after receipt of recommended treatment regimens for Lyme disease. Antibiotic therapy has not proven to be useful and is not recommended for patients with chronic (⩾6 months) subjective symptoms after recommended treatment regimens for Lyme disease (E-I).

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In many patients, posttreatment symptoms appear to be more related to the aches and pains of daily living rather than to either Lyme disease or a tickborne coinfection. Put simply, there is a relatively high frequency of the same kinds of symptoms in "healthy" people.

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Unfortunately, it is apparent that the term "chronic Lyme disease" is also being applied to patients with vague, undiagnosed complaints who have never had Lyme disease. When adult and pediatric patients regarded as having chronic Lyme disease have been carefully reevaluated at university-based medical centers, consistently, the majority of patients have had no convincing evidence of ever having had Lyme disease, on the basis of the absence of objective clinical, microbiologic, or serologic evidence of past or present *B. burgdorferi* infection [253, 268, 295–298].

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the 3rd Man wrote:

See this, Cod?

"OBJECTIVE

The objectives of these practice guidelines are to provide clinicians and other health care practitioners with recommendations for treatment of patients in the United States with suspected or established Lyme disease, HGA (formerly known as human granulocytic ehrlichiosis), or babesiosis.

<SNIP>

See, for you and the LDA and others who are reading impaired...what that says is that the objective here is to provide GUIDELINES for the TREATMENT of LYME DISEASE and other tickborne diseases.

Understand?

Treatment.