

New Standard of Care Guidelines for Treating Lyme and Other Tick-borne Illnesses Released by International Lyme and Associated Diseases Society (ILADS)

Bethesda, Maryland, July 31, 2014

How doctors treat patients with suspected Lyme infections needs to change so as to avoid potential long term illness and suffering. To that end, the [International Lyme and Associated Diseases Society](#) (ILADS) today released updated guidelines for the treatment of Lyme and other tick borne infections which call on physicians to provide evidence-based, patient-centered care for those with Lyme disease.

Published in the August 2014 edition of the journal [Expert Review of Anti-infective Therapy](#), the new guidelines, titled: *Evidence Assessments and Guideline Recommendations in Lyme disease: The Clinical Management of Known Tick Bites, Erythema Migrans Rashes and Persistent Disease*, say current antibiotic protocols used by many physicians to prevent or treat Lyme disease are inadequate, leading to an increased risk of Lyme disease developing into a chronic illness.

“Chronic manifestations of Lyme disease can continue long after other markers of the disease, such as the erythema migrans rash, have resolved,” said Daniel Cameron, M.D., M.P.H., and lead author. “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 which comply with the standards set by the [Institute of Medicine](#) for developing trustworthy protocols. The document provides a rigorous review of the pertinent medical literature and contains recommendations for Lyme disease treatment based on the Grading of Recommendations Assessment, Development, and Evaluation ([GRADE](#)) process. This review format is used by [other well-respected medical organizations](#) including the [Cochrane Collaboration](#) and the [World Health Organization](#).

ILADS’ GRADE-based analyses discovered research studies guiding current treatment protocols were of very low quality; and, the regimens based on these randomized controlled trials 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," noted Dr. Cameron.

"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 guidelines coauthor Elizabeth Maloney, M.D., "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," added Dr. Maloney.

The guidelines encourage shared medical decision making and taking patient values into consideration. Lorraine Johnson, J.D., MBA, a coauthor and Executive Director of LymeDisease.org, noted, "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," added Ms. Johnson. "These guidelines provide that information."

ILADS is a nonprofit, international, multidisciplinary medical society dedicated to the appropriate diagnosis and treatment of Lyme and associated diseases.

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