



SHOREVIEW PRESS > NEWS

Longer therapy for Lyme

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WHITE BEAR LAKE — Minnesota Lyme Association spokesperson Dr. Betty Maloney recently presented her case on the shortcomings of current antibiotic protocols in the Wisconsin Medical Journal.

Extended antibiotic use for Lyme disease is a controversial topic Maloney has defended again and again. The family physician from Wyoming is a proponent of earlier, stronger, long-term antibiotic therapy for the infected.

Typical treatment for preventing Lyme disease within 72 hours of a bite is a single dose of 200 mg oral doxycycline, as recommended by the Infectious Diseases Society of America. Maloney said there are problems with that guideline; it's based on research that is "scant and faulty" and may not be appropriate for use in the upper Midwest. As an alternative, she said, physicians could offer 100 mg of doxycycline twice daily for 10 to 20 days to patients bitten by a deer tick.

In regards to the research, Maloney said one trial relied on the presence of a rash to indicate infection, ignoring subjects who had other evidence of early Lyme but no rash (the Centers for Disease Control estimates at least 30 percent of patients with Lyme disease never develop a rash). One trial also used a six-week follow-up — too short a time to allow for development of late Lyme disease.

The single dose of antibiotics carries another risk, Maloney said. Patients receiving one dose run the risk of testing negative for Lyme when they're still infected; the dose can also alter the immune response and diminish antibody production. "That is the worst possible scenario," she said. "Not only did you not prevent Lyme, but now it's harder for the patient to be treated."

According to the National Institute of Allergy and Infectious Diseases, 100,000 cases of Lyme disease are diagnosed in the U.S. annually. In Minnesota, 20.2 of every 100,000 people have Lyme, ranking the state 11th highest in the U.S.

The Minnesota Lyme Association suggests patients seeing a doctor for a tick bite bring a copy of Maloney's paper, available on www.mnlyme.com. Maloney owns Partnership for Healing and Health Ltd., a provider of accredited continuing medical education on Lyme disease.

About Lyme disease

Maloney's paper, "The Management of Ixodes scapularis Bites in the Upper Midwest" is timely. Ticks are out — they start moving and eggs begin hatching once ground temperatures get into the 40s — and May is National Lyme Disease Prevention Month.

Ixodes scapularis is commonly called the black-legged or deer tick. Those harboring *Borrelia burgorferi* bacterium are to blame for Lyme disease.

Roughly 33 percent of deer ticks are infected with *B. burgorferi* in Minnesota. In the heavier-infested north central and east central areas, the Department of Health and the Metropolitan Mosquito Control District estimate 66 percent of deer ticks are infected with the Lyme bacterium.

According to Maloney, the risk of getting Lyme disease depends on how long the tick is attached and the rate of infection among ticks in the area.

Attachment times of less than 24 hours lead to little chance of transmitting *B. burgdorferi*, she said. At 60 hours, 50 percent of infected nymphs will transmit the bacteria and ticks feeding 96 hours or longer transmit Lyme 94 percent of the time.

If a nymphal tick feeds for 60 hours in an area where infection rate is 30 percent, that bite has a 15 percent chance of transmitting bacteria to a human host. The same tick can transmit the anaplasmosis bacterium in a matter of hours, Maloney added.

Avoiding bites from deer ticks in the first place remains the best way to prevent Lyme disease and/or anaplasmosis. Judicious use of permethrin and repellants containing DEET help reduce risk of infection.

For more information on Lyme disease prevention, visit the 5th annual MLA

fundraiser, The Lyme Challenge, 9:30 a.m. May 21 at Lions Park in Hugo. Info at www.mnlyme.com.

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