

Lyme disease: Don't ignore the evidence!

An infection transmitted by a tick bite: misdiagnosed, under-treated, under-researched

The Department of Health has claimed:

There is adequate diagnostic capability for Lyme disease within the NHS

Our definitive blood tests are >99% successful

There is no convincing evidence for the existence of chronic symptomatic infection after recommended treatment

There are no indications that prolonged or repeated antibiotic treatment is effective

But doctors have told patients:

"It can't be Lyme disease because:"

- "There's no Lyme disease in the UK"
- "You didn't go anywhere in a forest"
- "You have no rash so cannot be infected"
- "You're not ill enough"

All are wrong

And the research shows:

"Sensitivity in neuroborreliosis is only 88%." Tjernberg 2006

The manufacturer of the blood test kit says "Negative results (either first or second-tier) should not be used to exclude Lyme disease" www.TrinityBiotech.com

"The persistence of these more resistant spirochete forms. . . may explain the long latent stage and persistence of Borrelia infection."

Miklossy et al 2008

"A clinical persistence of Borrelia burgdorferi in patients with active Lyme borreliosis occurs despite obviously adequate antibiotic therapy." Preac-Mursic et al 1996

"The general outcomes of infection in patients with disseminated Lyme borreliosis after 3-4 months of therapy indicate that prolonged courses of antibiotics may be beneficial in this setting"

Oksi et al 1998

The Consequences?

- Untold numbers of people go undiagnosed or misdiagnosed
- Untold numbers of patients are inadequately treated

An increasing, avoidable cost to the state in terms of time off work, benefits, repeated GP visits and unnecessary and harmful treatment.

Wasted patients' lives and wasted NHS resources

Lyme Disease Action

www.LymeDiseaseAction.org.uk

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