

## Suicidal behaviors in patients with Lyme and associated diseases

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In a 1990 report, Logigian and colleagues from Tufts University School of Medicine, Boston, describe rage in patients with chronic neurologic Lyme disease. “Eight patients had excessive daytime sleepiness, and seven had extreme irritability. They became angry over circumstances that previously caused only minor annoyance.” [1]

In 1994, Fallon and Niels described a wide range of neuropsychiatric complications of Lyme disease in an article published in the *American Journal of Psychiatry*. The authors, from Columbia University, Department of Psychiatry, reported patients exhibiting “paranoia, dementia, schizophrenia, bipolar disorder, panic attacks, major depression, anorexia nervosa, and obsessive-compulsive disorder.” [2]

More recently in 2017, Bransfield from Rutgers-Robert Wood Johnson Medical School, Department of Psychiatry, reports observing in his private practice, suicidal and homicidal behaviors in patients with Lyme and related tick-borne illnesses. In fact, he found out of 253 patients:

- 43% were suicidal;
- 32% were suicidal, but not homicidal;
- 11% were both suicidal and homicidal;
- None of the patients were homicidal without also being suicidal;
- 25% had explosive anger but were not homicidal or suicidal;
- 10% had preexisting depression;
- 97% reported depression after infection;
- And patients were ill an average of 8.4 years before being diagnosed and treated.

In his article [“Suicide and Lyme and Associated Diseases.”](#) Bransfield describes patients who exhibited a broad spectrum of psychiatric disturbances including “explosive anger, intrusive images, sudden mood swings, paranoia, dissociative episodes, hallucinations, disinhibition, panic disorder, rapid cycling bipolar, depersonalization, social anxiety disorder, substance abuse, hypervigilance, generalized anxiety disorder, genital–urinary symptoms, chronic pain, anhedonia, depression, low frustration tolerance, and posttraumatic stress disorder.” [3]

He estimates approximately 1200 suicides per year in the U.S. are due to Lyme and associated diseases. And that negative attitudes or a lack of recognition for the illness by family, friends or medical professionals may “contribute to suicide risk.” [3]

This is particularly concerning given that children with tick-borne illnesses have been found to experience suicidal thoughts and behaviors. Bransfield cites a controlled study, by Tager and colleagues, which reported cognitive deficits in children with chronic Lyme disease. [4] In that study, “41% of children who

had been diagnosed with Lyme disease had suicidal thoughts and 11% had made suicidal gestures,” according to Bransfield.

Infections are known to trigger psychiatric symptoms in some individuals. Suicidal thoughts, Bransfield explains, may be the result of physiologic changes caused by such infections. “Multiple studies link infections, in particular chronic infections, and the associated proinflammatory cytokines, and metabolic changes and neural circuit dysfunction with increased risk of suicidal behavior.” [3]

There is currently no database or monitoring system in place for tracking individuals with tick-borne illnesses who have committed or attempted suicide. Bransfield suggests medical examiners, the CDC, and epidemiological organizations “proactively evaluate the association between Lyme and associated diseases and suicide.” [3]

#### References:

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4. Tager FA, Fallon BA, Keilp J, Rissenberg M, Jones CR, Liebowitz MR. A controlled study of cognitive deficits in children with chronic Lyme disease. *J Neuropsychiatry Clin Neurosci.* 2001;13(4):500-507.

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