

## Doctors agree Lyme disease patients at-risk for suicide are under-recognized group

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Bransfield's colleagues from Howard University, Rush University Medical Center and the University of North Dakota agree with his assessment, stating, "We would like to applaud the author for conducting such an important study by performing a comprehensive assessment of suicide and its association with Lyme-associated diseases (LADs)." [2]

Suicidal and homicidal tendencies in Lyme disease patients is an ignored problem.

[In their article "Suicidal and homicidal tendencies after Lyme disease: an ignored problem,"](#) these three psychiatrists listed published case reports supporting Bransfield's concerns:

- "A 44-year-old male without any past psychiatric history presented with a third unsuccessful suicide attempt and was later diagnosed as having *Borrelia* infection." One month of medical therapy with intravenous ceftriaxone resulted in improvements in his mental status and resolution of suicidal ideation. [3]
- "Patients with Lyme borreliosis can experience psychiatric issues during both acute and late phases of the disease, most common being depression. In some cases, it slowly progresses to severity and suicidality ... but in some cases, it is unpredictable." [4]
- "[Two] patients were diagnosed with Lyme disease and appropriate treatment was offered. A few months after the treatment, both patients developed severe depression along with suicidal threats and an attempt by one patient. Evidence of persistent Lyme borreliosis was found in both cases." [5]

In the third highlighted case, patient A was also suicidal, violent, and physically assaultive to her son. Patient B, who was followed over a span of 30 years, "was highly suicidal, had horrific intrusive images of killing others, and had violent impulses which were eliminated with treatment," explains Bransfield. [2] Both patients recovered with antibiotic and psychotropic treatment, which "was clearly life saving."

Bransfield raises several questions: [6]

1. Why do only some patients with Lyme-associated diseases develop chronic symptoms, psychiatric symptoms, different types of psychiatric symptoms, suicidality, or homicidality?
2. What is the exact pathophysiology and what are the most effective diagnostic and treatment approaches?
3. How many patients are actually impacted by these conditions and to what extent?

## Related Articles:

[Suicidal behaviors in patients with Lyme and associated diseases](#)

[Lyme disease patients struggle with depression](#)

## References:

1. Bransfield RC. Suicide and Lyme and associated diseases. *Neuropsychiatr Dis Treat.* 2017;13:1575-1587.
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3. Banerjee R, Liu JJ, Minhas HM. Lyme neuroborreliosis presenting with alexithymia and suicide attempts. *J Clin Psychiatry.* 2013;74(10):981.
4. Juchnowicz D, Rudnik I, Czernikiewicz A, Zajkowska J, Pancewicz SA. [Mental disorders in the course of lyme borreliosis and tick borne encephalitis]. *Przegl Epidemiol.* 2002;56 Suppl 1:37-50.
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6. Bransfield RC. Author's reply. *Neuropsychiatr Dis Treat.* 2017;13:2071.

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