

How many Lyme disease patients don't meet strict diagnostic criteria?

Thursday, November 07, 2019

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Kobayashi and colleagues concluded that nearly 3 out of 4 patients referred to the clinic did not have Lyme disease. They did not interview the referring doctor at Johns Hopkins University School of Medicine. Instead, they conducted a chart review.

However, to be included in the study, patients had to meet the Infectious Diseases Society of America's (IDSA) guidelines or the Centers for Disease Control and Prevention's (CDC) clinical and serological criteria.

The authors found that out of 1,261 patients, all but one were symptomatic when they presented to the clinic, with a median duration of complaints of 558 days, ranging from 1 day to 51 years.

“The 5 most commonly identified symptoms were arthralgia (71.3%), fatigue/malaise (66.8%), headache (42.1%), myalgia (40.8%), and sleep disturbance (34.3%),” [writes Kobayashi](#).

Only a few patients had abnormal physical findings. “The 5 most common abnormal physical findings were rash other than erythema migrans (6.6%), joint swelling (5.9%), tender points (3%), objective sensory abnormality (2.1%), and motor weakness (1.5%),” the authors explain.

The researchers did not report a number of clinical presentations that can occur in Lyme disease, including:

1. Lyme encephalopathy [2]
2. Lyme neuropathy [2]
3. Neuropsychiatric Lyme disease [3]
4. Pediatric neuropsychiatric disorders – PANS [4]
5. Lyme carditis [5]
6. Autonomic dysfunction – POTS [6]
7. Post-treatment Lyme fatigue - Post-Lyme disease [7]
8. Neuropathic pain [8]
9. Persistent symptoms after Lyme disease [9]
10. Lyme disease with co-infection e.g. Babesia [10]

It may be that many physicians do not recognize or document these types of manifestations, given that the authors didn't mention any of these presentations.

Approximately 1 in 10 patients had a history of co-infections. “Although 139 (11%) co-infections were diagnosed before evaluation at the infectious diseases clinic, none of these infections were confirmed or treated based upon the evaluations performed in this study,” writes Kobayashi.

“Of these 139 putative co-infections, 61 (44%) were said to be caused by *Babesia microti* or *B. duncani*, 40 (29%) by Epstein-Barr virus, 30 (22%) by Bartonella, 11 (8%) by *Ehrlichia spp.*, and 32 (23%) were attributed to other infectious agents,” writes Kobayashi.

Related Articles:

[Dismissing chronic Lyme disease for somatic symptom disorder diagnosis](#)

[Study finds misdiagnosis and delayed diagnosis common for Lyme disease patients](#)

[Getting the diagnosis correct and avoiding anchor bias](#)

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