A closer look at Lyme disease

Health Council of the Netherlands

Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
When diagnosed at an early stage, following a tick bite, Lyme disease responds well to treatment with antibiotics. However, the picture becomes more complex in patients whose symptoms are not particularly clear. The same is true of patients with later stage disease. Some individuals may experience persistent symptoms whose cause cannot clearly be linked to Lyme disease. This is both stressful for patients and a real challenge for physicians. Within the profession itself, for example, there is disagreement concerning the best way to deal with persistent complaints. The matter is made even more complex by the vast amount of information available on the internet, which can vary enormously in terms of content and reliability. This can sometimes make it difficult to reach a common viewpoint. This situation led the Dutch Association for Lyme Patients to submit a citizens’ initiative to the Lower House of the Dutch Parliament. The Lower House then turned to the Health Council of the Netherlands. It asked the Council to review the level of knowledge, to identify any gaps in the relevant body of scientific knowledge, and to formulate recommendations. The Council acted on these instructions, with a view to helping physicians and patients to reach common viewpoints. It enlisted a broad-based committee of experts, harnessed the best available knowledge, and used the experiences of all those involved.

Authors' conclusions
Lyme disease can pose difficult challenges, both for patients and physicians. In some cases the potential benefits of a course of antibiotics are not immediately apparent, nor has it been confirmed that the symptoms involved are actually due to Lyme disease. This uncertainty can undermine the relationship between patients and their physicians. This underscores the importance of well-founded and widely accepted viewpoints. The Committee has made a number of recommendations to this end, one of which was that research should be carried out into improved test methods. It also recommended that such tests should routinely be carried out by accredited laboratories. The training (and continuing education) of physicians in the field of Lyme disease should be reviewed and improved where necessary. Studies involving patients with a confirmed diagnosis of Lyme disease could help to shed light on factors that influence the course of the disease. Any meaningful discussion of the pros and cons of long-term antibiotic therapy will have to await the results of an on-going study into this issue. If the results provide sufficient useful information, then existing recommendations on antibiotic use can be reviewed. If not, then more research will be needed. The recognition and treatment of Lyme disease could be improved by establishing a network of specialised treatment centres. Persistent complaints or residual damage require a broad-based approach. It is also important to keep an open mind with regard to all of the possible factors that might be involved. Cooperation between specialists can be helpful in this regard. In addition, the government should provide the public with clear information about Lyme disease. After all, prevention is better than cure. Indeed, many fine initiatives have already been launched to this end. Together with other recommended measures, these steps will be important in alleviating public uncertainty about the diagnosis and treatment of Lyme disease. This is in the interests of good patient care, including the care of those whose complaints do not appear to be linked to Lyme disease. It will also help physicians and patients to discuss appropriate treatment, based on common viewpoints.

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