

SB 296 Testimony by Mary Anne Guggenheim, M.D. on behalf of the Board of Medical Examiners

Lyme disease in this country is an infection caused exclusively by specific bacteria named *Borrelia burgdorferi*. It is transmitted to humans by ticks. Acute Lyme disease consists of a characteristic rash, fever, and related symptoms of inflammation. In some patients the acute infection can affect joints, the nervous system, or the heart. Careful studies have established that 2-4 weeks of treatment with one of several antibiotics cures the infection. The more complex infections may require intravenous treatment. Lyme disease has been identified and studied extensively since 1982 and is the most common tick-borne disease of the Northern hemisphere.

Currently, there is some controversy about what has been called "chronic Lyme disease". Occasional patients have non-specific complaints such as fatigue, musculoskeletal pain, and general malaise following a documented episode of acute Lyme disease. Some patients with similar symptoms, but no laboratory evidence of infection with the bacteria that causes Lyme disease, have claimed that their problems are due to chronic infection with this organism. Also, there have been claims that diseases such as multiple sclerosis, Alzheimer's disease and other rare neurologic disorders are caused by this infectious agent.

In none of these conditions, including what some call "chronic Lyme disease" has there been any convincing evidence of infection with Borrelia. Nevertheless, a handful of physicians and other health care providers have treated such patients with long term (months to years) administration of antibiotics, usually given intravenously. Sometimes other toxic agents like colloidal silver, inoculation with malaria, and other non-traditional (and of unproven efficacy) treatments are also used. The treatment offered usually requires an indwelling intravenous line and frequent administration of the drugs. There have been documented adverse effects, even death, following such treatment. Another consideration is financial; should 3rd party payers cover these expensive and controversial treatments?

No major medical centers endorse such treatment. The national organization representing experts in infectious disease have established clear guidelines for the diagnosis and for the treatment of Lyme disease. There is no evidence for persistent infection with *Borrelia* following the recommended 2-4 week course of treatment. Finally, there is no reputable evidence that Lyme disease plays a role in any chronic disease of the nervous system.

Given this situation, and the fact that, with time, ineffective and/or dangerous treatments usually come to an end whereas useful ones persist, the BME recommends that the Montana State legislature not codify medical treatment for Lyme disease.

Finally, this bill takes away the possibility of the medical board considering discipline, which is the board's only tool for protecting Montana citizens from licensed physicians whose practice may bring harm.

Reference: NEJM 2007; 357:1422-30 "A critical appraisal of "Chronic Lyme Disease"