

Sacred Heart Center for Health and Healing

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Informed Consent for Treatment of Persistent Lyme Disease

There is considerable uncertainty regarding the diagnosis and treatment of Lyme disease. No single diagnostic and treatment program for Lyme disease is universally successful or accepted. Medical opinion is divided, and two school of thought regarding diagnosis and treatment exist. Each of the two standards of care is described in peer-reviewed, evidence-based treatment guidelines. Until we know more, patients must weigh the risks and benefits of treatment in consultation with their doctor.

Your Diagnosis: This diagnosis of Lyme disease is primarily a clinical determination made by your doctor based on your exposure to ticks, your report of symptoms, and your doctor's observation of signs of the disease, with diagnostic tests playing a supportive role.

Doctors differ in how they diagnose Lyme disease.

- Some physicians rely on the narrow surveillance case criteria of the CDC for clinical diagnosis even though the CDC cautions against this approach. These physicians will fail to diagnose some patients who actually have Lyme disease. For these patients, treatment will either not occur or will be delayed.
- Other physicians use broader clinical criteria for diagnosing Lyme disease. These physicians believe it is better to err on the side of treatment because of the serious consequences of failing to treat active Lyme disease. These physicians sometimes use the antibiotic responsiveness of a patient to assist in their diagnosis.

Your doctor also may need to rule out other possible causes of your symptoms, such as arthritis, lupus, syphilis, Reiter's syndrome, MS, CFS, and FMS. If you are unclear of your diagnosis, be sure to discuss this with your doctor.

Your Treatment Choices: The medical community is divided regarding the best approach for treating persistent Lyme disease. Some physicians think that the long-term effects of Lyme disease are caused by damage to the immune system and are therefore unaffected by antibiotics. Others believe that the infection persists, is difficult to eradicate, and therefore requires long-term treatment with intravenous, intramuscular, or oral antibiotics, frequently in high and/or combination doses.

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Your treatment options include:

1. Not pursuing antibiotic treatment and, if appropriate, seeking symptomatic relief for your continuing symptoms;
2. Treating your illness with antibiotics until clinical resolution of your symptoms, regardless of duration of treatment; or
3. Treating your illness with antibiotics for thirty days only.

If you elect to pursue antibiotic treatment, you will be treated with antibiotics selected to address the Lyme bacteria as well as any other tick-borne co-infections you may have, such as Ehrlichiosis, Babesiosis, or Bartonellosis. Your doctor with sometimes recommend IV medications when there is neurological involvement, carditis, complicated Lyme arthritis, or inadequate response to oral medications. Sometimes treatment consists of IV antibiotic treatment followed by oral antibiotics. Other classes of drugs may be needed to treat non-bacterial tick-borne diseases such as Babesiosis.

Potential Benefits of Treatment: Antibiotic treatment may result in improvement in your clinical condition. Although there is substantial evidence that most patients improve with continued treatment, not all patients improve with treatment.

Patient response varies widely:

- Some patients experience substantial improvement of their symptoms and do not require further treatment.
- Some patients feel worse initially during treatment, before improving.
- Some patients improve with antibiotic treatment, but relapse when treatment is stopped, and
- Some patients do not respond to antibiotic treatment. Sometimes persistent symptoms represent permanent changes to a patient's body, in which case further antibiotic treatments may be of no further benefit. Other times the illness progresses but, for unknown reasons, does not respond to additional treatment.

Risk of Treatment: There are potential risks involved in using any treatment. Some of the problems with antibiotics can include allergic reactions, which may manifest as rashes, swelling, and difficulty with breathing. These problems may require medication to reverse the allergic reaction and may require emergency treatments. Other potential complications include stomach and bowel upset, abdominal pain, diarrhea, or bowel irritation, which may require interruption of the antibiotic and prescribing other medications to manage the digestive upset. It is also possible

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that secondary infections such as yeast infection of the skin, mouth, intestinal, and genital tracts may occur in some people, causing discomfort and the need for corrective therapies. Although unlikely, it is possible that other problems such as adverse effects on liver, kidneys or other organs may occur. For oral antibiotics, it is estimated that the risk of major side effects is 1 in 10,000 (very small) and the risk of minor side effects is 4 in 100 (slightly greater).

Factors to Consider in Your Decision: No one knows the optimal treatment of symptoms that persist after being diagnosed with Lyme disease and treated with a simple short course of antibiotic therapy. The appropriate treatment may be supportive therapy without the administration of any additional antibiotics. Or, the appropriate treatment might be additional antibiotic therapy. If additional antibiotic therapy is warranted, no one knows for certain exactly how long to give the additional therapy. By taking antibiotics for longer periods of time, you place yourself at greater risk of developing the side effects. By stopping antibiotic treatment, you place yourself at greater risk that a potentially serious infection will progress. Antibiotics are the only form of treatment shown to be effective for treating Lyme disease, but not all patients respond to antibiotic therapy. There is no currently available diagnostic test that can demonstrate the eradication of the Lyme bacteria from your body. Other forms of treatment designed to strengthen your immune system also may be important. Some forms of treatment are only intended to make you more comfortable by relieving your symptoms and do not address any underlying infection.

Your decision about continued treatment may depend on a number of factors and the importance of these factors to you. Some of these factors are listed below:

- The severity of your illness and degree to which it impairs your quality of life.
- Whether you have co-infections, which can complicate treatment.
- Your ability to tolerate antibiotic treatment and the risk of major and minor side effects associated with the treatment.
- Whether you have been responsive to antibiotics in the past.
- Whether you relapse or your illness progresses when you stop taking antibiotics.
- Your willingness to accept the risk that, left untreated, a bacterial infection potentially may get worse.

For example, if your illness is severe, significantly affects the quality of your life, and you have been responsive to antibiotic treatment in the past, you may wish to continue your treatment. However, if you are willing to accept the risk that the infection may progress or if you are not responsive to antibiotics, you may wish to terminate treatment. Be sure to ask your doctor if you need any more information to make this decision.

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Based on this information, I have decided: (check one)

- To treat my Lyme disease with antibiotics until my clinical symptoms resolve.
- Only to treat my Lyme disease with antibiotics for thirty days, even if I still have symptoms.
- Not to pursue antibiotic therapy.
- To treat my Lyme disease with antibiotics for 1 month, and then re-evaluate. I may decide to continue antibiotic or discontinue with the possibility of utilizing other alternative treatments. I accept that this may lead to treatment failure and that this is my choice and not a consequence of poor medical practice on the part of my physician.

To my knowledge, I am not allergic to any antibiotic except those listed below:

Signature of Patient

Date

Print Name

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