

February 4th, 2009

The Honorable, Christopher Lyddy

Legislative Office Building, Room 4052

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Dear: Representative Lyddy

I am an infectious diseases physician treating seriously ill patients in and around Waterbury. This letter is to express my strong opposition to Legislative Bill 5625, which sanctions the use of long-term antibiotic therapy to treat Lyme disease. In urging your opposition to this legislation, my primary concern is to ensure the best quality in patient care and to protect the public's health and safety. To this end, I believe it is critically important that you be fully apprised of the widespread consensus within the medical and scientific community about the appropriate treatment of Lyme disease, as well as the medical community's concerns about unproven, potentially harmful treatments for so called "chronic" Lyme disease that are advocated by a small group of physicians.

As you may know, Lyme disease is a tick-transmitted infection that can cause non-specific symptoms such as muscle and joint pain, fevers, chills, and fatigue, and difficulties with concentration or memory loss. Some patients may continue to experience these symptoms even after a course of antibiotic therapy has killed the Lyme disease bacterium. A small group of physicians have diagnosed such patients as having "chronic" Lyme disease.

Many of these so called "chronic" Lyme diagnoses are supported by laboratory tests that are not evidence based and are not regulated by the Food and Drug and Administration. Even more troubling, physicians that diagnose "chronic" Lyme disease often advocate treating patients with repeated or prolonged courses of oral or intravenous antibiotics that have no proven value other than an anti-inflammatory response in some individuals, and which may in fact do more harm than good. Such diagnoses and treatments are not supported by the IDSA practice guidelines, nor are they supported by Lyme disease guidelines published by the American Academy of Neurology, nor by the vast majority of experts in the field.

Of greatest concern is the bill's misguided attempt to sanction the use of long-term antibiotic therapy to treat Lyme disease. The premise for prolonged antibiotic therapy for Lyme disease is the notion that some spirochetes can persist despite conventional treatment courses, thereby giving rise to the symptoms ascribed to chronic Lyme disease. Not only is this assertion microbiologically implausible, there are no convincing published scientific data that support the existence of chronic Lyme disease. Rather, carefully designed studies of Lyme disease have demonstrated that there is no difference in the measured improvement between patients receiving placebo and patients treated with antibiotics. A recent New England Journal of Medicine article stated unequivocally "that there is little or no benefit associated with additional antibiotic treatment for patients who have long-standing subjective symptoms after appropriate initial treatment for a properly diagnosed episode of Lyme disease."

Furthermore, the scientific evidence indicates that long-term antibiotic therapy may be dangerous, leading to potentially fatal infections in the bloodstream as a result of intravenous treatment. Far from improving the patient's quality of life, prolonged antibiotic therapy may actually increase the patient's suffering. Also, although the bacteria that causes Lyme disease does not acquire resistance to antibiotics, long-term antibiotic exposure can lead to drug-resistance among other microorganisms, creating "superbugs" that cannot be treated with currently available drugs.

As an alternative to enactment of Legislative Bill 5625, I urge the committee to hold public hearings on Lyme disease. Such hearings could play an important role in educating our fellow citizens about the controversy surrounding the treatment of Lyme disease. However, in order to ensure that legislators get a science-based assessment of appropriate treatments for Lyme disease, **I strongly urge you to invite board-certified ID specialists who support evidence-based medicine to testify at all public hearings.**

On a personal note, as an ID physician who treats patients with serious infections on a daily basis, I have profound empathy for patients who are ill and have been told their illness is due to "chronic" Lyme disease. I do not doubt that these individuals are suffering, but many report non-specific symptoms that may be attributable to a number of medical conditions. Therefore, I would strongly encourage patients who are diagnosed with "chronic" Lyme disease to seek an expert second opinion to enhance their opportunity for a correct diagnosis and appropriate treatment.

For more information on Lyme disease and the recommendations by the vast majority of experts in the field, please visit websites for IDSA (www.idsociety.org), the Centers for Disease Control and Prevention (www.cdc.gov), the National Institute of Allergy and Infectious Diseases (www.niaid.gov), the American Academy of Neurology (www.aan.com) or the American College of Physicians (www.acponline.org).

Sincerely,

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References

1. IDSA's Practice Guidelines for the Treatment of Lyme Disease
2. IDSA's Press Release on Practice Guidelines for the Treatment of Lyme Disease, October 2, 2006
3. David Whelan. "Lyme Inc. Ticks aren't the only parasites living off patients in borreliosis-prone areas." *Forbes*, March 12, 2007.
4. Feder et al. A Critical Appraisal of "Chronic Lyme Disease." *New England Journal of Medicine*, October 2007.
5. Jason Feifer. "Combat Zone. There's No Neutral Ground in War Of Information About Lyme Disease." *Washington Post*, May 15, 2007; HE01.
6. Jamie Talan. "A Rift Over Lyme Disease. Experts are split over diagnosis and treatment of the tick-borne illness." *Newsday*, May 22, 2007.