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Lyme Disease Guideline Comparison

from **NATIONAL GUIDELINE CLEARINGHOUSE**

GUIDELINE TITLE	Evidence-based guidelines for the management of Lyme disease.	Practice guidelines for the treatment of Lyme disease.
DATE RELEASED	2004	2000 July (revised 2006 Jun)
ADAPTATION	Not applicable: The guideline was not adapted from another source.	Not applicable: The guideline was not adapted from another source.
GUIDELINE DEVELOPER(S)	International Lyme and Associated Diseases Society — Disease Specific Society	Infectious Diseases Society of America — Medical Specialty Society
SOURCE(S) OF FUNDING	International Lyme and Associated Diseases Society (ILADS)	Infectious Diseases Society of America (IDSA)
COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE	Daniel Cameron, MD, MPH, Internal Medicine and Epidemiology; Andrea Gaito, MD, Rheumatology; Nick Harris, PhD, Immunology; Gregory Bach, DO, Family and Integrative Medicine; Sabra Bellovin, MD, Family Practice; Kenneth Bock, MD, Family Practice; Steven Bock, MD, Family Practice; Joseph Burrascano, MD, Internal Medicine; Constance Dickey, RN, Registered Nurse; Richard Horowitz, MD, Internal Medicine; Steven Phillips, MD, Internal Medicine; Laurence Meer-Scherrer, MD, Internal Medicine; Bernard Raxlen, MD; Psychiatry; Virginia Sherr, MD, Psychiatry; Harold Smith, MD, Emergency Medicine; Pat Smith, President, Lyme Disease Association, Inc.; Raphael Stricker, MD, Hematology and Immunotherapy.	Gary P. Wormser, Robert B. Nadelman, Raymond J. Dattwyler, David T. Dennis, Eugene D. Shapiro, Allen C. Steere, Thomas J. Rush, Daniel W. Rahn, Patricia K. Coyle, David H. Persing, Durland Fish, and Benjamin J. Luft.
CONFLICTS OF INTEREST	Not stated	Not stated
DISEASE/CONDITION(S)	Lyme disease	Lyme disease
GUIDELINE CATEGORY	Diagnosis — Evaluation — Management — Treatment	Management — Prevention — Treatment
CLINICAL SPECIALTY	Emergency Medicine Family Practice Infectious Diseases Internal Medicine	Family Practice Infectious Diseases Internal Medicine Neurology Rheumatology

	Psychiatry Rheumatology	
INTENDED USERS	Advanced Practice Nurses Nurses Physician Assistants Physicians Public Health Departments	Allied Health Personnel Physicians
GUIDELINE OBJECTIVE(S)	To serve as a resource for physicians, public health officials, and organizations involved in the evaluation and treatment of Lyme disease To present practitioners with practical and defensible guidelines for treating all individuals with Lyme disease including those with persistent, recurrent and relapsing symptoms of <i>Borrelia burgdorferi</i> infection	To provide clinicians and other health care practitioners with recommendations for the management of patients diagnosed with Lyme disease, or patients bitten by an <i>Ixodes</i> tick in North America
TARGET POPULATION	Patients presenting with symptoms associated with Lyme disease Patients diagnosed with Lyme disease	Patients with Lyme disease or patients bitten by an <i>Ixodes</i> tick in North America
MAJOR OUTCOMES CONSIDERED	In developing these treatment guidelines, the guideline developers considered factors such as incidence of Lyme disease; severity of disease in terms of morbidity; co-morbidities and determinants of when Lyme disease is most likely to become chronic; feasibility, efficacy, and cost of antibiotic treatment; impact of antibiotic therapy on quality of life, including adverse drug events; and the potential for drug resistance to develop.	Prevention of Lyme disease Prevention of other <i>Ixodes</i> -borne illnesses, including babesiosis and human granulocytic ehrlichiosis Resolution of symptoms and signs of early Lyme disease and prevention of late complications Effective treatment of late complications of Lyme disease while minimizing the adverse effects of antibiotic therapy Risks and consequences of developing Lyme disease Cost and adverse effects of antimicrobial therapy Quality of life
COST ANALYSIS PERFORMED/REVIEWED? (YES/NO)	No	No

COLLECT/SELECT EVIDENCE	Literature (Primary Sources) Hand-searches of Published Literature (Secondary Sources) Searches of Electronic Databases	
DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE	English-language articles published from 1975 to 2003 were selected. The selection panel synthesized the recommendations from published and expert opinion. Human studies of Lyme disease were identified from MEDLINE (1975 to 2003) and from references in pertinent articles and reviews. Also included were abstracts and material presented at professional meetings and the collective experiences of the International Lyme and Associated Diseases Society (ILADS) Working Group treating tens of thousands of Lyme disease patients.	Not stated
METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE	Weighting According to a Rating Scheme (Scheme Given)	Weighting According to a Rating Scheme (Scheme Given)
RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE	Quality of the Data I. At least one randomized controlled trial supports the recommendation II. Evidence from at least one well-designed clinical trial without randomization supports the recommendation III. "Expert opinion"	I. Evidence from at least one properly randomized, controlled trial II. Evidence from at least one well-designed clinical trial without randomization, from cohort or case-controlled analytic studies (preferably from more than one center), from multiple time-series studies, or from dramatic results of uncontrolled experiments III. Evidence from opinions of respected authorities based on clinical experience, descriptive studies, or reports of expert committees
METHODS USED TO ANALYZE THE EVIDENCE	Review	Review of Published Meta-Analyses Systematic Review
METHODS USED TO FORMULATE THE RECOMMENDATIONS	Expert Consensus	Not stated
DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS	Not stated	Not stated
RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS	Recommendations rated A. Good evidence to support the recommendation. B. Moderate evidence to support	Strength of recommendation: A. Good evidence to support a recommendation for use B. Moderate evidence to support

	the recommendation. C. Optional. D. Generally should not be offered. E. Contraindicated.	a recommendation for use C. Poor evidence to support a recommendation D. Moderate evidence to support a recommendation against use E. Good evidence to support a recommendation against use
METHOD OF GUIDELINE VALIDATION	Peer Review	Peer Review
DESCRIPTION OF METHOD OF GUIDELINE VALIDATION	Not stated	Not stated
CLINICAL ALGORITHM? (YES/NO)	No	No
IMPLEMENTATION PLAN DEVELOPED? (YES/NO)	No	No
HAS PATIENT INFO? (YES/NO)	No	No
VIEW MAJOR RECOMMENDATIONS	View Major Recommendations	View Major Recommendations
VIEW AVAILABILITY OF FULL TEXT	View Availability Information	View Full-text Guideline

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