



## NEWS RELEASE

**EMBARGOED FOR RELEASE UNTIL 4 P.M. ET, WEDNESDAY, MAY 23, 2007**

Media Contacts:

Angela Babb, ababb@aan.com, (651) 695-2789  
Robin Stinnett, rstinnett@aan.com, (651) 695-2763

### **New Guideline for Treating Lyme Disease**

**ST. PAUL, Minn** – A guideline developed by the American Academy of Neurology finds conventionally recommended courses of antibiotics are highly effective for treating nervous system Lyme disease. However, there is no compelling evidence that prolonged treatment with antibiotics has any benefit in treating symptoms that persist following standard therapy. The guideline is published May 23, 2007, in the online edition of *Neurology*<sup>®</sup>, the scientific journal of the American Academy of Neurology.

Lyme disease, an infectious disease caused by tick-borne bacteria, affects the nervous system in 10 to 15 percent of infected patients.

“While other guidelines exist to help diagnose and treat general Lyme disease, there continues to be considerable controversy and uncertainty about the best approach to treating neuroborreliosis, in which Lyme disease involves the nervous system,” said lead guideline author John J. Halperin, MD, with Atlantic Health in Summit, NJ, and Fellow of the American Academy of Neurology.

To develop the guideline, the authors analyzed all available scientific studies on the topic.

The evidence shows that using antibiotics for two to four weeks is highly effective for treating neuroborreliosis. Lyme disease responds well to the intravenous antibiotics penicillin, ceftriaxone, cefotaxime, and oral doxycycline, and these antibiotics are probably safe and effective when taken for 14 to 28 days by children and adults.

Halperin says other oral antibiotics, such as amoxicillin and cefuroxime axetil, may be alternative treatment options for Lyme disease, but there is not enough supporting evidence to recommend them.

Patients who have received accepted antibiotic regimens for Lyme disease sometimes have persisting symptoms, often referred to as Post-Lyme syndrome (PLS). This guideline states that long-term use of antibiotics does not improve the outcome in people with chronic symptoms after customary treatment of Lyme disease. Specifically, further treatment does not improve overall health quality of life, memory, or depression. Long-term antibiotic use can be associated with such side effects as diarrhea, blood stream infections, and blood clots.

“While it is clear from all available scientific studies that long-term use of antibiotics doesn’t help to treat chronic symptoms that persist after treatment for Lyme disease, the symptom complex will remain problematic until we can better understand the cause of these symptoms and find appropriate treatments,” said Halperin.

The guideline is endorsed by the Infectious Diseases Society of America.

**-more-**



The American Academy of Neurology, an association of more than 20,000 neurologists and neuroscience professionals, is dedicated to improving patient care through education and research. A neurologist is a doctor with specialized training in diagnosing, treating and managing disorders of the brain and nervous system such as epilepsy, dystonia, migraine, Huntington's disease, and dementia. For more information about the American Academy of Neurology, visit [www.aan.com](http://www.aan.com).

**-end-**