Relapses and Failure Rates Using Short Term Approaches

In humans, culture confirmed failure of standard courses of antibiotics was demonstrated by Preac-Mursic et al. as early as 1989.[1] Straubinger was the first to demonstrate the failure of 30-day antibiotic treatment in animals in 2000.[2] Contrary to statements by the Infectious Diseases Society of America that only “a few” patients remain ill after short-term treatment, scientific studies consistently show high failure rates, ranging from 26% to over 50%, using this protocol. In their review, Johnson and Stricker point out: “The question with persistent Lyme disease has never been what to do with the 50-76% who find short-term treatment approaches successful. The issue is how to treat those 26 to 50% who fail under this treatment approach.”[3]

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69 of 184 previously treated patients (37%) reported a previous relapse. |
| Treib (1998) [5] | >50%  
After 4.2 years, more than ½ of 44 treated patients with clinical signs of neuroborreliosis and specific intrathecal antibody production were symptomatic. |
| Logigian (1990) [6] | 37%  
After 6 months, 10 of 27 patients treated relapsed or failed treatment. 17 (63%) improved, 6 (22 percent) improved, then relapsed, 4 (15%) had no response.” |
| Pfister (1991) [7] | 37%  
33 patients with neuroborreliosis treated. After a mean of 8.1 months, 10 of 27 were symptomatic and borrelia persisted in the CSF of one patient: |
| Shadick (1994) [8] | 26%  
10 of the 38 patients …relapsed within 1 year of treatment and had had repeated antibiotic treatment.” |
| Valesova (1996) [9] | 38%  
At 36 months, 10 of 26 had relapsed or progressed: complete response or marked improvement in 19, relapse in 6, and new symptoms in 4. |
| Asch (1994) [10] | 28% - 53%  
3.2 years after initial treatment: 28% relapsed with major organ involvement; 18% were reinfected. Persistent symptoms of arthralgia, arthritis, cardiac or neurologic involvement, were present in 114 (53%) patients.” |

References