

| Management of Patients with Persistent Post-treatment Manifestations | | |
|--|--|---|
| <u>ILADS</u> | <u>IDSA</u> | Comments on Differences |
| <p>1. Strongly recommends discussing the possibility of antibiotic retreatment with all patients and performing individualized risk-benefit assessments for patient-appropriate options. Information on reducing the risk of antibiotic-associated <i>C.difficile</i> infections should be included in these discussions.</p> <p>2. Recommends 4-6 weeks of antibiotics when retreatment is undertaken, with antibiotic selection based on several factors.</p> <p>3. Recommends reassessment immediately following the initial course of retreatment and basing decisions regarding the subsequent modification or discontinuation of treatment on several factors.</p> | <p>1. Strongly recommends against antibiotic retreatment for patients with persistent post-treatment manifestations of Lyme disease.</p> | <p>Opposing recommendations regarding antibiotic retreatment reflect differences in evidence quality ratings and risk-benefit analyses. ILADS found that primary endpoints were often inadequately designed or underpowered while the IDSA apparently did not note these limitations or thought they were insignificant. The IDSA risk-benefit assessment minimized the severity of patients' quality of life impairments, highlighted adverse events and discounted positive treatment effects; its recommendation is based on a generalized risk-benefit assessment. ILADS' risk-benefit analysis recognizes the positive treatment effect seen in two of the trials and that significant quality of life impairments may justify the higher risk of adverse events. ILADS notes the heterogeneity within this patient population regarding several clinical characteristics, most importantly, quality of life impairments and the acceptance of/aversion to treatment risk. For this reason its recommendation mandates individualized risk-benefit assessments.</p> <p>Opposing recommendations also reflect different values regarding: 1) the use of clinical judgment when the evidence is uncertain, 2) the need for individualized, patient-centered care and 3) the role of patient preferences in medical decision-making. See Appendix II, which compares ILADS and IDSA values.</p> |