Lyme Disease has become more and more prevalent in recent news coverage, from documentary sequel *Under Our Skin: Emergence* to Real Housewives star Yolanda Foster’s public battle with the syndrome. However, there is an equally public debate over whether the typical prolonged antibiotic treatment is a proper course of action for those who suffer from Lyme. Additionally, many critics argue that Lyme is neither difficult to treat nor results in a chronic battle.

*Is Chronic Lyme Disease, or Post Treatment Lyme Disease Syndrome simply a fad diagnosis? If it isn’t, is a long-term course of antibiotics the correct treatment?*

<table>
<thead>
<tr>
<th>Introduction:</th>
<th>Debaters:</th>
</tr>
</thead>
</table>
| **No, You Do Not Have Chronic Lyme Disease**  
David Heitz, HealthlineNews  
There’s little to no evidence that antibiotic treatments work on patients with “PTLDS”, let alone evidence of the syndrome itself as those involved are heavily biased. | **The Neglected Disease in Our Own Backyard**  
L.A. Crowder, et. Al., Johns Hopkins  
Surveys show that a drastically low number of public health professionals consider themselves knowledgeable about Lyme Disease in general, nor do many feel capable to successfully treat patients. |
| **When Lyme Disease Lasts and Lasts**  
Jane E. Brody, The New York Times  
Personal anecdotes and professional testimonies indicate that there is certainly a unifying cause to the debilitating illnesses that plague numerous sufferers. | **My Lyme Disease, My B.A., and Me**  
Laura Ellsworth  
Patient experiences cannot be ignored when making a diagnosis, nor should they be counted out in professional study. |
| **Post Treatment Lyme Disease Syndrome**  
Center for Disease Control  
Because there are inconclusive trials of treatments and inconclusive evidence about what truly causes PTLSD, sufferers may be better off seeking help coping with symptoms. |
Annotated Bibliography

Laura Ellsworth – DePaul Student, Lyme Disease Sufferer, and Frustrated Patient

*No doctor, no matter his or her qualifications, should be dismissing patient suffering in the absence of fact. Doctors hesitant to treat Lyme disease against “regulation” should not label symptoms as psychosomatic or the ever ambiguous “something else.” Rather, there is a valid, scientific argument for better diagnostic testing and more research to create a better environment for patient healing. Because of the circumstances, shelving patient testimony is just as detrimental to further study as is labeling a patient without any evidence of Lyme disease as a Chronic Lyme sufferer.*


*In this blog post from The New York Times online, author Jane E. Brody defends those that suffer from Lyme Disease, specifically those whose symptoms continue past the expected time frame. Brody uses personal stories from sufferers of Lyme Disease and testimonies from health professionals to form the argument that there is enough conflicting information that no one can say “yes” or “no” to the existence of Lyme Disease until more information about its treatment comes to light. The purpose of this crafted argument is to humanize Lyme patients, both animal and human, enough to the general public that the possibility that they are suffering from chronic Lyme is possible and worth research. This article is useful because of the personal stories involved that can lend a certain amount of both ethos and pathos to my research paper. I also particularly like the quote “couch potatoes don’t get Lyme Disease.”*


*David Heitz, who after further research is not a medical professional but rather a journalist, attempts to dispel the “hype” surrounding Chronic Lyme Disease in his article. The real argument is vastly unclear past pointing out inconsistencies in doctor testimony as to what is the real cause of chronic symptoms in patients and what is the best course of action. At a certain point, Heitz points out those who support the existence of chronic Lyme have been gaining political power, as if it was political power that was making people ill. This article will be vastly useful for this reason – it soundly represents the disparity between the opinions on chronic Lyme as it exists today, though because it tries to argue the nonexistence of the disease, the stance more accurately shows how shoddy the argument presented is.*


*This article from the CDC evaluates the facts about recurring symptoms of Lyme Disease as they stand. The CDC is careful not to take sides on the issue, literally saying “the exact cause of PTLDS is not yet known.” This is a valuable resource to my paper, not only because it is unbiased, but because there are links to other related resources should my research require them. I also appreciate the overview of the prolonged antibiotic treatment issue, as this information can be used to defend the existence of the syndrome despite the fact that prolonged antibiotic trials are largely unsuccessful.*

In one of the most interesting sources I came across, this piece from the PubMed database authored by a partnership of doctors from The Johns Hopkins School of Medicine and the Lyme Disease Research Foundation, Inc. declares the findings of a survey “developed to assess experience and opinions about Lyme disease and post-treatment Lyme disease syndrome (PTLDS) among faculties in public health.” This piece briefly discusses the methods and findings of the survey and, most importantly, draws a conclusion highlighting the lack of general knowledge of Lyme Disease or PTLDS amongst public health professionals. Such a study is incredibly useful to my topic because it scientifically and professionally delineates a discrepancy in knowledge of Lyme Disease. This information can be used to support my thesis that not enough is known to draw any conclusions, positive or negative.