“Lyme”: Chronic Fatigue Syndrome By Another Name?

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TO THE EDITOR—

I read with interest the publication by Patrick et al. [1] reporting that patients with a diagnosis of Lyme disease (LD), which was largely dependent on test results from a “non-reference Lyme specialty laboratory”, closely resembled chronic fatigue syndrome (CFS) patients in their symptoms, physical exam, functional impairment, and various laboratory tests. I suspect that this is the experience, as it was for Sigal in the late 1980’s [2], of many infectious diseases and other sub-specialty consultants who are referred patients with a diagnosis of chronic LD. Steere et al. reported in 1993 a high prevalence of CFS or fibromyalgia among patients who had a diagnosis based on “serological test results for Lyme disease in other laboratories” but who were seronegative in the authors’ laboratory [3]. What sets the Patrick et al. study apart from others are two features. The first is the catchment area for subject recruitment: a region of North America where tick-borne transmission of the Lyme disease agent *Borrelia burgdorferi* occurs but is several-fold less frequent than in the northeastern United States [4], where many of the previous studies of this phenomenon were based (reviewed in [5]). The findings of Patrick et al. will likely resonate with practitioners in other areas in North America, Europe, and elsewhere where Lyme disease risk is similarly low or non-existent [6]. The study’s second unique aspect was a design that incorporated a prospective comparison of the patients with “alternatively diagnosed Lyme disease” with patients with the diagnosis of CFS. Patrick et al. went beyond an observational study that relies on historical reference to CFS.

Where I think the Patrick et al. publication fell short was in acknowledgement of the scope and durability of the phenomenon they describe. In a recent set of national HealthStyles surveys sponsored by the Centers for Disease Control and Prevention about 1% of respondents across the United States reported having Lyme disease at some time in their lives, and, moreover, 0.5% of the respondents said they had “chronic LD” at the time of interview [7]. This extrapolates to a million or so people. Another 10% of respondents said that they knew someone with “chronic LD”. Given the choice between a diagnosis of CFS--or in other cases, fibromyalgia--for which there are limited treatment options, and LD, for which antibiotic therapy may promise a cure, is it any wonder that the diagnosis of LD is as common as it is and “Lyme specialty” laboratories stay in business and, for all I know, prosper? Certainly, the authors are justified in their
view that “[i]ndividuals diagnosed with [alternatively diagnosed chronic Lyme syndrome] deserve comprehensive workup and care.” But an important unanswered question of the study is whether the ADCLS patients changed their beliefs about whether they had Lyme disease or not? The fact is there has been insufficient progress, over more than three decades now, in understanding of what is as much a psychosocial and cultural phenomenon as a biological one [8].

**Note**
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References


