

Tick-Borne Diseases and Mental Health It's not always what you think...

Currently, tick-borne diseases (TBDs) are the fastest growing vector-borne diseases in the US. Statistics on Lyme Disease, the most prevalent TBD, estimate over 300,000 new cases of Lyme every year in the US alone, with some estimates up to one million/year, 40% of these are children. This is *not* including all the possible coinfections (e.g., Anaplasmosis, Ehrlichiosis, Babesiosis and Bartonella), which are also transmitted by ticks. The Lyme pathogen has been reported in **all** 50 states.

We must therefore anticipate many of our clients who have either moved from high endemic areas with TBDs, or have traveled to such areas have a greater likelihood of having contracted a tick-borne disease unknowingly. Without early detection TBDs can evolve into multi-staged and multi-systemic illnesses that mimic and/or coincide with many medical and psychological conditions. Two of the primary symptoms are *chronic pain and fatigue*. "Chronic" TBDs wreak havoc on couples, families and individuals. Mental health practitioners can play a critical role in helping clients and their families navigate the complexity of these diseases.

The challenges faced by clients with TBDs are daunting. Some examples include:

- 1) Chronic TBDs are often not considered a common or legitimate medical condition. This can mean clients often do not receive adequate support from their practitioners, friends, family or employers.
- 2) Thus far there is no reliable test for the various strains of the Lyme pathogen and the coinfections.
- 3) Outdated beliefs have a negative effect on treatment. These include:
 - a) Lyme disease testing is seen as reliable
 - b) Lyme disease is hard to catch
 - c) Lyme disease is easily treated
 - d) One can feel a tick bite
 - e) Lyme disease always presents with a bull's eye rash
- 4) TBD symptoms may not be apparent for weeks, months or years. The early symptoms may appear flu-like, therefore dismissed. Undetected pathogens can then spread throughout the body.
- 5) Because of the complexity of the symptom profile from one individual to another and no standard treatment protocol, treatment at various stages of the disease can have mixed results. Recovery is often complicated and confusing.
- 6) Financially TBDs can be devastating from loss of employment, denial of insurance and disability and cost of treatments. One estimate of the financial burden is \$1.3 billion/year in medical costs but could be *as high as \$50-100 billion annual drain* on the US economy.

Chronic TBDs can cause a wide range of symptoms with relapsing/remitting patterns. These can include:

Joint and muscle pain	Extreme fatigue
Facial nerve palsy	Meningitis
Carditis	Recurrent fevers, chills, night sweats
Headaches	Sensory sensitivities
Sleep disturbances	Dizziness, low blood pressure
Visual impairments	Gastrointestinal disorders
Neuropathic pain syndromes	
Susceptibility to autoimmune conditions	

“Neurological Lyme” is particularly problematic for children and adults alike. Symptoms under this category can include any of the above symptoms concurrent with reduced functioning in the following areas:

Speech and language skills	“Brain fog”
Memory & concentration	Information processing
Multi-tasking abilities	Comprehension
Dementia	
Irritability	Depression
New onset ADHD	Mood swings
Anxiety, Panic & OCD	Suicidal ideation
Oppositional Defiant	Declining school performance

Clinical studies suspect possibly one third of psychiatric clients show signs of past infection with the Lyme pathogen. As psychotherapists we can provide a vital role for these clients as we may be the first to detect the possibility of TBDs as a cause of psychiatric conditions.

Given the likely epidemic of TBDS, we could ask additional questions when there are confusing, numerous and waxing and waning symptoms. These include:

- Have you lived in or traveled to high endemic areas?
- Have you ever been bitten by a tick?
- Did you have a rash? Treatment?
- Do you have a positive family history of TBDS?

For clients with chronic TBDS, we must be aware of dual diagnoses between psychological *and* *medical* conditions. Their presentation may be *more than* their trauma histories driving the physical symptoms. It may be more than “schoolitis” or problematic parenting. We have been trained to recognize how trauma resides in our bodies and how critical attachment experiences are. Yet we must be willing to look at an even bigger picture that includes the role of infections such as those transmitted by ticks.

Although we cannot advise on medical or nutritional treatment we can counsel clients on factors that may be exacerbating their physical and emotional conditions. We help clients be accountable to many wellness factors such as regular medical check-ups, good nutrition, exercise & sleep hygiene, challenging negative thoughts and maintaining healthy relationships.

All of these factors are critical for clients with chronic TBDs. We can also facilitate communication amongst providers. Most of all, as Terry Tempest Williams says so beautifully:

*“The unexpected action of deep listening
can create a space of transformation
capable of shattering complacency and despair”*

We are trained to listen, be a witness, stay attuned and be patient for our client’s story to unfold. In a time of numerous doctors, multiple assessments resulting in inconclusive diagnoses, uncertain medical treatment and outcomes clients of all ages with chronic TBDs need our comforting presence and our message, “I believe you and I’m with you!”

These are a few helpful resources: <http://Lymediseaseassociation.org>, <https://www.ilads.org>, <https://globallymealliance.org>, <http://lymedisease.org>, <http://livlymefoundation.org>

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