Lyme Consensus Statement

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In the Literature

Littman MP, Gerber B, Goldstein RE, Labato MA, Lappin MR, Moore GE. ACVIM consensus update on Lyme borreliosis in dogs and cats. J Vet Intern Med. 2018;32(3):887-903.

FROM THE PAGE ...

The ACVIM recently published its consensus statement on Lyme disease. Although the goal of a consensus statement is to develop evidence-based consensus recommendations, this is challenging to do with Lyme disease, as data are often lacking, incomplete, or conflicting. As a result, this consensus statement has many unresolved issues, although there was agreement on some important areas relevant to practice in Lyme-endemic regions.

It was agreed that screening is indicated for all dogs in areas where Lyme disease is present. However, the presence of antibodies against Borrelia burgdorferi is indicative of exposure to the bacterium and not necessarily that it causes—or will ever cause disease. Treatment (ie, doxycycline [10 mg/kg PO q24h for 4 weeks]) is indicated in seropositive dogs with arthritis not attributable to another cause. Similarly, seropositive dogs with protein-losing nephropathy (PLN) should also be treated.

Although testing all dogs in endemic areas and treating dogs with clinical Lyme disease was clearly supported, there was less agreement on the approach to clinically normal seropositive dogs. Screening of seropositive dogs for proteinuria is recommended; however, in the absence of clinical signs of Lyme disease or PLN, the majority of panelists did not recommend treatment of seropositive dogs, which has been one of the most controversial aspects of Lyme disease management in dogs.

Tick preventive use is the cornerstone of Lyme disease prevention, and it was agreed that dogs in endemic areas should receive year-round tick control, preferably with a product that prevents attachment of ticks and/or kills ticks early in the feeding process. There was no consensus regarding the indication for vaccination.

... TO YOUR PATIENTS

Key pearls to put into practice:

Tick prevention is key for the prevention of Lyme disease and other tick-borne diseases. A product that prevents tick attachment or kills ticks within a short period of time after attachment should be administered to dogs at risk for exposure.

Annual serologic testing is recommended for dogs that live in or travel to endemic areas. Owners should be educated about why testing is being done and that positive results do not necessarily mean that treatment is indicated. Identification of a seropositive dog should be taken as an opportunity to emphasize the importance of tick prevention.

There is no evidence that quantitative antibody testing provides additional useful information in clinically normal dogs, as the magnitude of the antibody response has not been correlated with disease risk.

Lyme nephropathy should be considered in dogs that are seropositive with PLN. Antimicrobial treatment is indicated unless another cause for PLN has been identified.

RELATED ARTICLE

See related article, **Borrelia Burgdorferi Seropositivity** in a Clinically Normal Dog, on page 56.

*Dr. Weese is also editor in chief of Clinician's Brief.

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