Problematikken omkring patienter med flåtbårne infektioner

Opfølgning på foretræde for Folketingets Sundheds- og Ældreudvalg d. 12/1-2016

Vi vil gerne takke udvalgets medlemmer for Jeres tid samt Jeres interesse i patienternes problemer. Til både de tilstedeværende medlemmer, og til dem som ikke kunne være tilstede, har vi opsummeret på tre sider vores vigtigste punkter:

1. Imod de gældende retningslinjer for diagnostik af flåtbårne infektioner foretages der ofte ikke et lægefagligt skøn af patienter, der får symptomer efter en flåtbid. Er der mistanke om borrelia, må der ifølge retningslinjerne udelukkende bruges en serologisk ELISA (*enzyme-linked immunosorbent assay*) test, der i den lægevidenskabelige faglitteratur (se 'Henvisninger' på side 4) er kendt for, at den kun fanger ca. 50% af infektionerne og dette også efter infektionens akutte fase.

   Allerede i 2002 anerkender Sundhedsstyrelsen i et brev (Bilag 1) til Flemming Bo Andersen, at denne test ikke er tilfredsstillende. Over tretten år senere – og efter, at tusindvis af personer er blevet nægtet behandling og er blevet kronisk syge efter et falsk negativt ELISA testresultat – har Sundhedsstyrelsen ikke godkendt nogle alternativer til ELISA testen.

2. Uden et positivt testresultat fra en ELISA test får man som regel ingen behandling. De hundredevis af patienter, der får et falsk negativt resultat, får derfor en fejldiagnose (ofte psykisk) og efterlades uden hjælp fra sundhedssystemet. Patienter, der ikke bliver raske efter den tilladte behandling (én eller i ekstreme tilfælde to kur med bredspektrede antibiotika i 10-15 dage), bliver ligeledes sendt hjem med en fejldiagnose. Da disse to grupper af patienter hermed forsvinder fra sundhedssystemets radar, usynliggøres problemets omfang. Men omkostningerne – både menneskelige og økonomiske – forsvinder ikke.

3. Under den 1. behandling i Folketinget af Beslutningsforslag B25 den 11/12-2015 blev der spurgt, hvor meget en ny strategi for behandling af patienter med flåtbårne sygdomme ville koste. Men i stedet kan man faktisk spørge, hvor meget samfundet kan spare. Prisen på en medicinal behandling er forholdsvis lav, prisen på en kronisk invaliderende sygdom derimod meget høj.

   Koster hver patient med en ubehandlet invaliderende flåtbåren sygdom samfundet 200.000 Kr. om året (konservativt skøn), og har hver patient en gennemsnitlig forventet levetid på 35 år med sygdommen, vil de samlede omkostninger for samfundet over disse patienters levetid være 7 milliarder Kroner per 1000 patienter.

4. Ifølge Statens Serum Institut er bid fra skovflåter hvert år skyld i, at "mindst 20.000 mennesker i Skandinavien bliver ramt af infektioner. "

   http://www.ssi.dk/Aktuelt/Forskningsnyt/2015/2015_09%2065%20millioner%20kroner%20til%20forskning%20i%20sygdomme%20fra%20skovflater.aspx

   Ud fra en gennemsnitsberegning af indbyggertal, så svarer det til, at 5.500 personer i Danmark testes positiv via ELISA (den eneste anerkendte test i Skandinavien) for en flåtbåren infektion hvert år. Idet den ELISA test er kendt for kun at fange ca. 50% af infektionerne, kunne det være, at op til 5.500 personer om året i Danmark får falske negative resultater og bliver derfor fejldiagnosticeret med fysiske tilstand som fx

sklerose, fibromyalgi, ME (*myalgic encephalopathy*), CFS (*chronic fatigue syndrome*) eller psykiske tilstand som fx såkaldte funktionelle lidelser.

5. I de internationale lægevidenskabelige tidsskrifter ser man selvfølgelig forskningsartikler, der underbygger dele af de danske eksperters klaringsrapport om borrelia infektioner. Men der findes uden overdrivelse hundredevis af artikler i de samme tidsskrifter, der modsiger direkte centrale elementer i eksperternes position (se 'Henvisninger' på side 4).

6. Som ramme for behandling af patienter med persisterende flåtbårne infektioner anbefaler vi Verdenslægeforeningens Helsinki Deklaration, seneste udgave fra 2013, Artikel 37:

   > I forbindelse med behandling af en patient, hvor der ikke eksisterer dokumenterede profylaktiske, diagnostiske og terapeutiske metoder, eller hvor andre kendte metoder har vist sig at være resultatløse, har lægen efter at have hentet råd fra eksperter og med informeret samtykke fra patienten eller patientens værge ret til at benytte udokumenterede eller nye profylaktiske, diagnostiske og terapeutiske metoder, hvis de efter lægens skøn giver håb om at redde liv, genopbygge helbredet eller lette lidelser. Hvis det er muligt, skal der forskes i disse metoder med henblik på at evaluere, hvor sikre de er, og hvor godt de virker. I alle tilfælde skal ny information journaliseres og, hvis det er hensigtsmæssigt, offentliggøres.

   Originalteksten på engelsk findes på World Medical Associations hjemmeside:

   http://www.wma.net/en/30publications/10policies/b3/

   En udgave af deklarationen vedtaget i 2000 på Verdenslægeforeningens Edinburgh Konference ligger i officiel dansk oversættelse på den danske Lægeforeningens hjemmeside:

   http://www.laeger.dk/portal/page/portal/LAEGERDK/Laegerdk/R%C3%A5dgivning%20og%20regler/ETIK/WMA_DEKLARATIONER/HELSINKI_DEKLARATIONEN

7. Der er eksperter i udlandet med årtiers erfaring inden for behandling af flåtbårne sygdomme, som er uenige med de danske eksperter, og regeringer på verdensplan begynder nu at lytte til dem. På dette link:

   https://youtu.be/SXxWxMuUh8w

   kan man se den amerikanske ekspert Doctor Richard Horowitz's præsentation til den belgiske senat. Horowitz har også givet præsentationer til franske og japanske parlamentariker. Han har måske hellere ikke monopol på sandheden, men han er ekspert i behandling af borreliapatienter, han opnår bedre resultater, end man opnår i Danmark, og han modsiger markant de danske eksperter på nogle kritiske punkter. Vi mener, at man i Danmark burde høre, hvad Horowitz og andre eksperter har at sige, ikke mindst i forbindelse med ekspertmødet, som Sundhedsstyrelsen nu forventes at holde i løbet af 2016.

8. En ekspert kan ikke være bedre end den viden, som er tilgængelig på den pågældende tidspunkt. For eksempel: før 1982 var det ifølge eksperterne kvaksalveri at give antibiotika til en patient for at behandle en mavesår. Det kunne en læge faktisk miste sin autorisation på. Men siden offentliggørelsen af Marshall og Warrens forskning om

Helikobakter pylori er antibiotika blevet en anbefalet behandlingsform for mange typer mavesår.

Er den videnskabelige kortlægning af et område mangelfuld, kan det ikke undgås, at ekspertviden på området også vil være mangelfuld.

9. Ifølge Sundhedsstyrelsen læner Danmark sig op ad de amerikanske eksperter og retningslinjer på området. Men der er delte meninger blandt eksperterne i USA. Danmark læner sig kun op ad ekspertgruppen tilknyttet til det medicinske selskab IDSA (Infectious Diseases Society of America) til trods for, at ekspertgruppen tilknyttet til det medicinske selskab ILADS (International Lyme and Associated Diseases Society) har i de seneste år udarbejdet retningslinjer, der er evidensbaserede. Disse retningslinjer er i virkelighed bedre dokumenterede end IDSA retningslinjerne, da de i modsætning til IDSA retningslinjerne lever op til de seneste IOM (Institute of Medicine) kvalitetskrav. Siden september 2015 er ILADS retningslinjer godkendt og offentliggjort af den statslige NGC (National Guidelines Clearinghouse) i USA på lige fod med IDSA retningslinjerne:

   https://www.guideline.gov/search/search.aspx?term=lyme

   CDC (Centers for Disease Control and Prevention) i USA og Sundhedsstyrelsen i Danmark anerkender udelukkende IDSA retningslinjerne, men ifølge en undersøgelse foretaget af CDC i 2013 behandler i virkelighed under 50% af de amerikanske læger efter IDSA retningslinjerne:

   http://www.poughkeepsiejournal.com/article/20130915/NEWS01/309150044/Doctors-bucking-Lyme-protocols

   I CDC undersøgelsen svarede 56% af patienterne, at deres læge afveg fra IDSA retningslinjerne.

10. Vi er ikke trygge ved, at den danske sundhedspolitik og patienternes skæbne på dette problematiske område overlades til en gruppe nedsat af tre foreninger / private foreninger (Dansk Selskab for Klinisk Mikrobiologi, Dansk Selskab for Infektionsmedicin og Dansk Neurologisk Selskab), som det fremgår af det Centrale Virksomhedsregister. Interessekonflikten i denne gruppe er nu velkendt:

    http://www.information.dk/231920

    Det må som et minimum anses for problematisk, at gruppen anerkender udelukkende ELISA som diagnostisk test for borrelia samtidigt med, at én af gruppens medlemmer har en økonomisk interesse i salget af netop denne test.

11. Vi ser positivt på Sundhedsstyrelsens plan om at holde et ekspertmøde i løbet af 2016, hvor bla. patientrepræsentanter vil blive inviteret. Vi ønsker at deltage i ekspertmødet.

15. januar 2016 – Else Wiese, Ib Lauritsen, Martin Jack

Ønsker man dokumentation eller yderligere oplysninger, står vi gerne til disposition:

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Henvisninger

ELISA testens ringe sensitivitet

Den lave sensitivitet af ELISA testen dokumenteres i følgende artikler:

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Persistens af Lyme borreliose

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Vedr. Borreliadiagnostik i Danmark II

Som svar på Deres brev af 16.10.02 og i forlængelse af vores telefonsamtale kan jeg oplyse følgende:

Det er i Danmark Statens Serum Institut og de relevante lægevidenskabelige selskaber, der har ansvaret for at følge den internationale udvikling vedr. borreliadiagnostik. Statens Serum Institut, der er et institut under sundhedsministeren, er landets centrallaboratorium for så vidt angår human bakteriologi, virologi og serologi. Statens Serum Institut driver videnskabelig forskning, rådgiver og udfører kontrol og referencefunktioner på disse områder herunder for borreliadiagnostik som anført i Sundhedsstyrelsens svar af 2. oktober 2002.

Efter Sundhedsstyrelsens opfattelse varetager Statens Serum Institut denne funktion på højt fagligt niveau herunder også vurderingen af internationale forskningsresultater. Statens Serum Institut deltager i det internationale forskningssamarbejde vedr. borreliadiagnostik og vurderer løbende hvilke tests, der kan anbefales. De eksisterende tests er ikke fuldt tilfredsstillende og forhåbentlig fører dansk og international forskning til en udvikling af bedre borreliatests over nogle år.

Med venlig hilsen

Sigrid Poulsen