Pharmacist Initiation of Post-Exposure Doxycycline for Lyme Prophylaxis
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Background

• Untreated Lyme disease may progress to a serious illness including cardiac and neurologic complications. With appropriate and prompt antibiotic treatment, most patients recover without complications.
• Post-exposure antibiotics for I. scapularis bites have been evaluated in the literature and found to reduce the rates of infection and subsequent development of Lyme disease. In a randomized, controlled trial of 482 subjects, the development of erythema migrans following a tick bite was reduced with antibiotic prophylaxis by 87% (NEJM; 345(2): 79-84).
• Providing antibiotics for Lyme disease prevention in a community pharmacy setting may improve patient access to prompt treatment (within 72 hours of tick removal) and increase prophylaxis treatment.

Objectives

To enhance the public’s access to prophylaxis for Lyme disease following an identified I. scapularis bite through pharmacist-initiated antibiotic therapy, with the pharmacy-based service provided and to assess patient satisfaction.

Inclusion Criteria

Under a collaborative practice agreement with an infectious disease specialist physician, trained pharmacists at an independent pharmacy may identify patients eligible for post-exposure prophylaxis following attachment and removal of an I. scapularis tick and dispense a single 200mg dose of doxycycline to initiate therapy.

The data collection and study methodology was approved by the University of Rhode Island Institutional Review Board.

Inclusion criteria include:
• Adults over 18 years of age,
• Ability to provide informed consent,
• Estimated time of tick attachment ≥ 36 hours,
• Tick removal within 72 hours of visit to pharmacy,
• Positive patient identification of tick as I. scapularis,
• Absence of contraindications to doxycycline therapy, and
• Reliable telephone access for follow-up assessments.

Counseling provided to patient at the time of doxycycline dispensing includes:
• Proper dosing and administration of doxycycline,
• Potential medication adverse events and management of side effects,
• Signs and symptoms of Lyme disease and when to seek medical attention, and
• Methods to reduce risk of subsequent tick exposure.

Pharmacists document each patient’s participation and contact the medical provider listed on the collaborative agreement within 7 days of enrollment.

Patients are contacted by phone 30 days after visit for a follow-up assessment using a standardized questionnaire:

Patient Education

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Preliminary Results

To date eight patients have enrolled under the study protocol (n=8)
• Seven patients (88%) met the criteria for doxycycline prophylaxis and were dispensed therapy
• Two patients (25%) reported side effects from doxycycline, including:
  • Fatigue
  • Dizziness
  • Flushing
  • Nausea
• Two patients (25%) reported seeking medical attention within 30 days of study enrollment
  • One patient tested for Lyme, results negative, no antibiotics given
  • One patient received a full course of amoxicillin therapy (10 days) for inner ear pain/fullness

All eight patients (100%) were contacted 30 - 60 days following the initial visit and agreed to complete the patient satisfaction survey
• Responses averaged for each of the 9 satisfaction survey questions
• Average response range 8.5 to 9.75

Discussion

Preliminary results indicate positive patient satisfaction with pharmacist initiated post-exposure doxycycline for Lyme disease prophylaxis

Suspected reasons for low enrollment:
• Patients were unaware of the availability of a new pharmacy service
• Small advertising budget limited ability to promote service
• Lower than anticipated I. scapularis exposure rates (rainy summer season in 2013)

Grant funding secured for study continuation and continued enrollment for the May-October 2013 Lyme season

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