

Neuroborreliosis symptoms requiring a novel approach:

Summary of events:

A professional woman reported a past history of multiple symptoms following tick bite: severe sweats, flushes, heart palpitations, spasm (treated with epilum) and bladder urgency. Ultrasound procedure showed the bladder with increased fill rate of 100ml in 10 minutes.

After several years Lyme disease was considered despite demographics. A longterm course of antibiotic (bicillin) was undertaken but calf muscle fasciculations, self doubt from uncertainty of diagnosis, and interference of activities from bladder irritation remained. Diazepam for over 12 months had led to complaint of diminished mental alertness. Chlonazepam was provided and she was referred to a health psychologist for strategies for depression and suicidal ideation. The bladder was her main disempowering symptom requiring voiding at intervals ranging from 2 minutes to 20 minutes.

Longterm effect on efficacy in all areas of life created financial stress from reduced work capacity and embarrassment. Her suspicion of spirochaete activity upon bladder filling was revealed as a regular unpleasant thought. She agreed to a novel approach.

A hypothesis of mechanism, which was presented to her by a psychologist with psychophysiological training and accepted by her as logical, was that "due to previous spirochaete activity the bladder had become irritated and sensitized to urine resulting in a conditioned response to mildest concentration of fluid.

This led to discomfort and the process needed to be reversed. The notion of repetitive fast bladder filling was first challenged. The highly intelligent client was familiarized with the four steps of habit reversal. Then Ericksonian hypnosis was used to embed cognitive restructuring with metaphor to restructure the self talk and images of imagined continuing spirochaete activity.

Several days after the session she was able to drive 2 hours for a work-related event without a toilet break. My client received 4 sessions to improve general confidence. 16 weeks later 2 further sessions for bladder confidence were provided due to intended air travel which resulted in a later report of sense of control and good life quality thereafter, and she was using clonazepam rarely.

At 12 month follow up the client was without symptoms. At 18 month follow-up she had confidently experienced a 7 week bus tour with 2 to 4 hour toilet stops. The positive outcome is attributed to a bi-directional shift in a feedback loop between emotional and cognitive processing and neural sensitivity.

Permission was received in writing from client for her details to be published. In fact the client is eager to prevent others from enduring the length of suffering she endured and it is a very interesting and unusual presentation in this part of the world.

This case summary arose out of therapy sessions of Dr. Dawn Rayner-Brosnan and her client spaced across 2011 and 2012 (7 therapy sessions and two follow-up sessions). The formal style of writing this summary was used to suit medical presentation, whereas the delivery of the therapeutic component of the sessions was a more gentle process. The benefits of tailoring and combining CBT with other therapies to suit the client's personality and perceptions are shown in this pleasing outcome.

Journal editors are invited to make contact if desiring to reprint this short abstract which is not currently in print elsewhere.

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