

Lyme Disease: It Can Happen to You

A fellow superintendent's trials with the "great imitator"

Lyme disease, because of its ability to mimic a wide variety of other illnesses, has been dubbed the "great imitator." And few people know that better than Superintendent Dave Pijnenburg (Redding Country Club in Redding, CT), whose symptoms were misdiagnosed until the disease had reached its more debilitating later stages.

What follows is an account of his ordeal with the disease—a story he hopes will spare others from serious complications that can arise when the Lyme disease bacterium—Borrelia burgdorferi—isn't treated promptly. By the way, Dave never spotted the offending tick or the telltale rash that frequently warns people they've been infected.

Last July, while I was preparing the golf course for our annual member-guest tournament, I started feeling exhausted in the afternoons. At first, I shrugged it off, figuring it was because I'd been putting in a lot of

long hours.

Wrong. Two weeks after the tournament had passed, I felt even weaker. I'd go home around 11 a.m. and take a two-hour nap, just so I could make it through the day. I went to the hospital; they ran all kinds of tests but couldn't come up with anything. Their diagnosis: Probable virus. Their prescription: Get plenty of rest.

The next week, I began having constant headaches and dizzy spells. I almost passed out at the wheel one afternoon. I went back to the hospital. This time they took spinal fluid to check for meningitis or Lyme disease. Once again, their tests came back negative. They gave me aspirin for my headache and told me to take it easy for a while.

By the beginning of September, I felt extremely weak. Then, just after Labor Day, I woke up and the left side of my face was numb. I returned to the hospital and, after

another spinal tap, I was diagnosed as having Lyme disease.

Because the disease was now in a later stage, I was admitted to the hospital and put on intravenous antibiotics. The next day the right side of my face—and body—was paralyzed. I couldn't move my lips or blink my eyes.

After four days, I was released from the hospital and given a new antibiotic—Ceftriaxone—to take once a day for 14 days. My health slowly improved and by the end of October I had regained full control of my facial muscles.

I've been in good health since but I do have to go back to the hospital every three months to be sure I haven't had a relapse—one of the hazards of having contracted Lyme disease.

After all this, I can't emphasize enough that prevention is your best medicine for Lyme disease. *Educate your employees.* Now's a good time

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to start. Because we had a mild winter, ticks are bound to be more plentiful and active this year. With that in mind, here are some tips that'll help you and your crew guard against this serious health threat.

If you're going to be working around wooded or tall-grass areas on the course:

- Wear light-colored clothing so ticks will be more visible.
- Tuck your pant legs into your socks or boots and your shirt into your pants.
- Tape the area where your pants and socks meet to keep ticks from crawling under your clothes.
- Spray your pants, socks and shoes with an insect repellent. Those containing DEET (diethyltoluamide) will repel ticks for hours. Permethrin is a new insecticide that kills ticks on contact but cannot be applied to skin, and it's not approved in all states.
- Check your body and clothes for ticks throughout the workday.

This article and accompanying "Tick Tips" reprinted from Tee to Green, the MetGCSA newsletter.

Tick Tips

Here are little-known facts from Dr. Durland Fish of New York Medical College in Valhalla, NY.

1. Know your risk. Be particularly vigilant in June and July when nymphs, no larger than a poppy seed, are most prevalent. Nymphs are responsible for the majority of cases. About 25 percent are infected.

Larval ticks, which are even smaller than nymphs, are most abundant in August. But so few are infected (less than 1 percent) that they don't constitute much of a risk.

Adult ticks, most common in spring and fall, have a higher infection rate (50 percent) than nymphs. But their larger size—similar to an apple seed—makes them more likely to be felt and removed before the infection can be transmitted.

2. Scan your body for ticks. Favorite attachment sites for nymphs are the groin, underarm and behind the knee. Adult ticks commonly attach in the head—often behind the ear. But no part of the body is out of bounds.

3. Don't delay tick removal. It

takes nearly 24 hours for a tick to transmit the infection so daily tick checks are critical to prevention. The best way to remove a tick is to grasp it with a sharp pair of tweezers as close to the skin as possible and pull it away. Never use petroleum jelly, mineral oil or a hot match. These methods can do more harm than good.

4. Be aware of the symptoms. The most common indicator of Lyme disease is a skin rash which resembles a bull's eye, blotch, or red spot and appears two to 10 days after the bite. Because only 60 percent of patients get a rash, however, it shouldn't be your only means of diagnosis. Other early indicators are fatigue, headache, stiff neck, jaw discomfort, muscle or joint aches, fever, chills, or swollen glands. Weeks or months after the tick bite, you might also experience irregular heart beats, Bell's Palsy (facial muscle paralysis), weakness in arms and legs, depression, and arthritis.

If you experience any of these symptoms, seek prompt medical attention.

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