

Elena Frid, MD '06: Working to Solve the Puzzle That Is Lyme Disease

A man who has spent five of the last 12 months in a psychiatric ward walks into the office of Elena Frid, MD '06. He is just one of the hundreds of patients searching for answers to unexplained physical symptoms. They're hoping to finally find someone who can help them discover what's really happening in their bodies.

Dr. Frid, a neurologist and clinical neurophysiologist who specializes in complex Lyme disease, is developing a national reputation for her ability to find answers when there appear to be none. Children and adults with complex cases of Lyme disease can have multiple uncontrolled headaches, dizziness, brain fog, memory problems, seizures, nerve pain, insomnia, fatigue, concentration issues, mood disorders, anxiety, and other neuropsychiatric, neurodegenerative, and neurodevelopmental issues.

"Those patients often fall through the cracks many times—exhibiting subtle physical symptoms," Dr. Frid says. "Testing can show some vague

blood abnormalities—that's the first indication." Complex neurological manifestations of Lyme disease are often masked behind other illnesses, including attention deficit hyperactivity disorder, Alzheimer's, Parkinson's disease, irritable bowel syndrome, fibromyalgia, and chronic fatigue syndrome, among others.

Dr. Frid became interested in neurology because it's one of the few fields of medicine that still heavily relies on diagnostic acumen. "Taking a patient's history, then pairing it with what you've learned from a physical exam—it's like a puzzle," Dr. Frid says.

After graduating from Robert Wood Johnson Medical School, Dr. Frid completed her internship, residency,

and fellowship at North Shore–Long Island Jewish Health System. Currently, she is the medical director of her own practice in New York, where she specializes in Lyme disease and other complex, infections-induced autoimmune disorders, as well as intractable headaches, chronic fatigue syndrome, fibromyalgia, pediatric acute-onset neuropsychiatric syndrome, and associated diseases.

Her special interest in Lyme disease was piqued shortly after Dr. Frid completed her fellowship. After just a month of practicing medicine in New York, she began to notice anomalies—patients who didn't fit into specific diagnostic criteria. "Some of these patients had seen a number of physicians, consulted with big-name institutions, and left with no diagnosis," Dr. Frid says. She began to see the signs—bloodwork and other clinical indicators—that didn't fit and extended beyond a pure psychiatric or a specific neurological diagnosis.

A passion was ignited to find answers, and it has become her life's work.

Lyme disease, according to Dr. Frid, is much more than the result of

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COURTESY OF HENNA FRID, MD '06

a tick bite. “Lyme disease is used for lack of a better term,” she explains. “It’s really a collection of infections that results in an inflammation that becomes an autoimmune phenomenon for many patients.” Although antibiotics cure some cases of Lyme disease, many patients continue to suffer.

It’s important to know the signs. An onset of the disease begins with low-grade fever, fatigue, chills, headaches,

and joint pain. A rash can occur, but not always. People can also develop neurological symptoms that go undiagnosed for weeks or months, such as debilitating headaches, facial weakness, numbness or weakness in arms and legs, muscle aches and twitches, difficulty moving, dizziness, and nerve pain.

Dr. Frid recommends that people who work or play outdoors recognize the threat of Lyme disease and dress appropriately: wear long-sleeve shirts,

socks, light-colored clothing, and closed-toe shoes. In fact, Dr. Frid created a product to protect her own kids, DrFrid kidswear, a lightweight, soft, odorless, breathable jacket and pants pretreated with insect repellent technology appropriate to be worn either over or under other clothing.

You should also be aware of the protocol if you spot a tick on your body—but know that up to 50 percent of people never detect a tick bite prior to the onset of their symptoms. The current literature says that for someone to be prone to Lyme disease, a tick has to be attached to an individual for 48 to 72 hours—but that is incorrect, according to Dr. Frid. She suggests that those who have detected a tick bite should begin a proper course of treatment without waiting for specific symptoms like a bull’s-eye rash.

Studying and listening to her patients is what has enabled Dr. Frid to learn so much about the disease. That knowledge—and her ongoing pursuit of an understanding of Lyme disease—has earned her an invitation to lecture at events held by the International Lyme and Associated Diseases

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