

Table 2. Probabilities of Complications and Adjustments for Quality of Life Used in the Analysis.

TABLE 2. PROBABILITIES OF COMPLICATIONS AND ADJUSTMENTS FOR QUALITY OF LIFE USED IN THE ANALYSIS.

COMPLICATION	PROBABILITY	
	ORAL DOXYCYCLINE [†]	INTRAVENOUS CEFTRIAXONE [‡]
Anaphylaxis (fatal)	1×10^{-4} (Scheife et al., ²⁴ Gelman and Eumack ²⁴)	4×10^{-4} (Moskowitz ³²)
Major complication	0.016 (Dattwyler et al. ²²)	0.09, 0.08
Pseudomembranous colitis	1.6×10^{-6}	0.024 (Weber et al. ³⁰), 0.013
Death from colitis	4.3×10^{-6} (Rosenberg et al. ²⁹)	6.5×10^{-4} , 3.5×10^{-4} (Rosenberg et al. ²⁹)
Biliary tract disease	0	0.02 (MMWR ³⁴)
Cholecystitis requiring surgery	0	0.01 (MMWR ³⁴)
Death from cholecystitis	NA	5×10^{-6} (MMWR ³⁴)
Intravenous-catheter-associated infection [‡]	NA	0.0042 (MMWR ³⁴), 0.0021
Hypersensitivity reaction requiring discontinuation of therapy	NA	0.045 (Dattwyler et al. ¹⁴)
Minor complications	0.15 (Dattwyler et al. ²²)	0.10 (Dattwyler et al., ¹⁴ Moskowitz ³²)
QUALITY OF LIFE	QUALITY-ADJUSTMENT FACTOR	
Long term		
Neurologic symptoms	0.95	
Short term		
Oral antibiotic therapy	0.99	
Intravenous antibiotic therapy	0.97	
Minor toxicity of antibiotic therapy [§]	0.95	
Major toxicity of doxycycline [¶]	0.90	
Transient neurologic symptoms (1 mo)	0.95	
Lyme arthritis (symptoms lasting 1 mo)	0.95	

*NA denotes not applicable.

[†]Where two values are shown, the first value is for the four-week regimen, and the second is for the two-week regimen. MMWR denotes *Morbidity and Mortality Weekly Report*.

[‡]Of 1352 patients treated with ceftriaxone, 29 had intravenous-catheter-associated bloodstream infections during an average treatment period of 153 days. From these data, we calculated a 0.42 percent risk of catheter-associated infection during a 30-day course of intravenous therapy.

[§]Minor toxicity was defined as gastrointestinal symptoms not requiring the discontinuation of therapy.

[¶]Major toxicity was defined as severe nausea, vomiting, or diarrhea necessitating the discontinuation of therapy but not associated with pseudomembranous colitis.