THE INFECTION HIDING BEHIND THE SMOKE

Where there is smoke, there is fire.
Doctors treated Alec's psychiatric symptoms but missed the infections fueling them.

Alec Dulude grew up in Oregon, happiest when he was outside. He loved skiing, rafting, hiking, and mountain biking. At Oregon State University, he studied engineering and was a college athlete on the rowing team. One summer, he served as a wildland firefighter. He was strong, driven, and deeply connected to his family.

WHEN LIFE CHANGED

In January 2017, Alec developed a crushing headache so severe he could barely read or study. An MRI was normal, but blood work showed a low white blood cell count. A bone marrow biopsy ruled out leukemia, yet no one could explain why Alec felt so profoundly unwell.

An infectious disease specialist investigated further. Tests for *Borrelia* and *Bartonella* were equivocal, and his spinal fluid was negative.

As the months passed, neck pain, stomach problems, insomnia, and brain fog appeared. Then Alec's thinking and behavior began to change. He became obsessed with a restrictive diet, losing 50 pounds.

Alec knew something wasn't right.

"Something is wrong with me," he told his mother, Pam. "I am so obsessed with this diet that I can't think of anything else. It's almost as if something has taken over my mind."

A SHIFT TO PSYCHIATRY

Alec developed depression, intrusive thoughts, and urges to harm himself. From 2018 onward, his life became a cycle of psychiatric hospitalizations, ER visits, diagnoses, and medications. None brought lasting relief.

Some treatments made him worse.

Alec became agitated, impulsive, and at times violent. After some episodes, the kind and compassionate young man his parents knew would reappear. "I'm so sorry," he would say. "I don't know why I did that."

Eventually, Alec was arrested twice following violent episodes and spent time in jail. Because he was suicidal, he was placed in solitary confinement. Pam was the only family member allowed to visit. Many times, as they talked, Alec would beat his head against the wall.

"There are no words to explain what seeing that does to a mother's heart," Pam recalls.

BUT THERE WERE CLUES

Clues pointing beyond psychiatric illness had surfaced. Alec's earlier Lyme and *Bartonella* tests were equivocal, a Cunningham Panel was markedly abnormal, and reddish, stretch-mark-like skin lesions appeared intermittently.

A critical clue came when Alec's Lyme-literate Naturopathic Physician, Dr. Cory Tichauer, shared "Swamp Boy," an article by science writer Kris Newby about a teenager whose sudden psychosis was linked to *Bartonella*. The teenager had reddish, stretch-mark-like lesions. So did Alec.

20+ DIAGNOSES & CLINICAL LABELS

YEARS OF SEARCHING FOR ANSWERS

Before Lyme disease and Bartonella were finally identified

9	30+	30+	20+	25+
Psych Hospitalizations	ER Visits	Clinicians	Diagnoses	Medications

LOOKING BEYOND PSYCHIATRY

In December 2022, Alec was transferred to a state psychiatric hospital. Dr. Tichauer connected his parents with rheumatologist and *Bartonella* expert Dr. Robert Mozayeni. Together, they met with Alec's state hospital psychiatric team to discuss testing for Lyme disease and *Bartonella*. The hospital team remained skeptical that infection was driving his psychiatric symptoms.

Rick had to beg them to test his son. Finally, one psychiatrist listened and helped persuade the team. Testing identified *Borrelia burgdorferi* and *Bartonella*.

PIECES OF ALEC RETURN

Treatment began. Within weeks, Alec's psychiatrist saw a change. He was less delusional, more present, and able to hold conversations again.

Alec was discharged in February 2023 after approximately 90 days, despite remaining intermittently psychotic and suicidal. After briefly returning to jail and a shelter, he came home.

His wit and laughter returned. For the first time in two years, he watched movies again. He worked in the yard and even organized a family ski day on Mount Hood.

RECOVERY AND SETBACKS

But his recovery was uneven. Dr. Mozayeni had warned the family that healing is not linear. Patients can improve, then regress before moving forward again.

Even as Alec improved, the fear that he might hurt himself never fully went away.

For years, Alec had told his parents, "I'm scared I'm going to hurt myself. I don't want to die. I don't want to leave you guys."

SIX WEEKS LATER

Just six weeks after leaving the state hospital, Alec experienced a deep wave of despair. In an impulsive moment, he took an entire bottle of medication. Afterward, he told his father what he had done and apologized.

Paramedics arrived quickly. Alec had overdosed once before and recovered in the ICU. His family hoped and prayed he would survive again.

But this time, his body could not withstand the damage. Despite the efforts of the critical care team, Alec died on April 1, 2023, with his family by his side.

"I couldn't believe it," Pam remembers. "My 'big guy' was gone."

The young man who loved the mountains, rowed in college, fought a wildfire, listened to records, laughed with his family, and had only recently begun to find his way back to them was gone. His death left a painful question: How could these infections go unrecognized despite years of medical and psychiatric care?

WHAT IF SOMEONE RECOGNIZED IT SOONER?

For Rick, that question carries a particular kind of pain. He was not only Alec's father. He was a physician with access to specialists, colleagues, and medical resources. Yet his own training had not prepared him to recognize the neuropsychiatric manifestations of tick-borne illness.

> "As a physician, I trusted the system I was trained in," Rick says. "I believed it would help my son and guide us to the answers we needed. But it didn't, and Alec paid the ultimate price. I live every day with that reality."

After Alec's death, neuropathologist and Lyme researcher Dr. Alan MacDonald examined Alec's brain tissue and reported finding two species of *Borrelia* and two species of *Bartonella* in the basal ganglia.

WHAT RESEARCH TELLS US

Research has documented the association between tick-borne infections and neuropsychiatric illness for decades. Select a study below to view the research.

Fallon & Nields | Neuropsychiatric Lyme

Fallon et al. | Lyme & Suicidal Behavior

Breitschwerdt & Mozayeni et al. | Bartonella & Neuropsychiatric Illness

Breitschwerdt et al. | Bartonella & Skin Lesions

Delaney, Fallon & Breitschwerdt et al. | Bartonella & Psychosis

Bush & Breitschwerdt et al. | Neurobartonellosis

Bransfield et al. | Microbes & Mental Illness

Bransfield | Neuropsychiatric Lyme

THE NEED FOR EARLIER RECOGNITION

Alec's story exposes a gap in medical education. Physicians need greater awareness that Lyme disease, *Bartonella*, and other tick-borne infections can present with profound neuropsychiatric symptoms. Infectious and immune-mediated causes should be considered early, before another psychiatric diagnosis or medication.

I am Terri McCormick, a writer for LymeDisease.org and author of *Being Misdiagnosed: Stories That Reveal the Hidden Epidemic of Lyme Disease*. I worked with Alec's parents, Dr. Richard and Pam Dulude, to share his story in the hope that it might help another patient.

Alec's story shows the devastating consequences when an underlying infection remains hidden behind psychiatric symptoms.

For another young person like Alec, recognizing the infection sooner could save a life.