Decode Lyme With The Horowitz MSIDS Questionnaire Transcript

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Introduction to the HMQ and MSIDS Model

Hello, everyone. My name is Dr. Richard Horowitz, and I am one of the co-hosts of the Healing from Lyme Disease Summit, sponsored by DrTalks. June 4th to 10th, 2024.

I'd like to now present to you a mini talk on the use of the Horowitz MSIDS questionnaire, or HMQ, for helping to diagnose Lyme disease, and a quick overview of the 16 point MSIDS model, which is very helpful in diagnosing and treating those with chronic, persistent symptoms.

So the advantage of using a questionnaire like the MSIDS model and using the MSIDS questionnaire is that the blood tests for Lyme disease are highly unreliable.

So we need a way clinically to tell if someone suffers from Lyme disease. So that is what we're going to see during this presentation. So are you symptoms due to Lyme disease.

You can take the Horowitz Lyme MSIDS questionnaire or HMC.

Why Lyme Diagnosis Needs Clinical Screening

This is a validated screening tool to determine the probability of having Lyme and associated tick borne illnesses without an EM rash. If you do have an EM rash, it means automatically you do have Lyme disease.

So you don't need a blood test. Patients can have up to 16 different reasons why they stay ill. And I call this multifactorial diagnostic and treatment model.

MSIDS So the 16 point MSIDS map evaluates all the sources of inflammation and downstream effects. And inflammation is what gives people symptoms of fatigue, headaches, joint muscle, nerve pain, brain fog, sleep problems, one of those sources of inflammation.

It's usually chronic infections like the three these Borrelia, Bartonella but these here GI problems like dysbiosis of the intestinal bacteria, leaky gut with food allergies or mast cell disorder, sleep difficulties, environmental toxins like mold and heavy metals, and finally nutritional deficiencies.

MSIDS Factors Driving Chronic Symptoms

Any one or all of these six factors drive inflammation, which have downstream effects such as immune dysfunction or immunity. Endocrine issues such as low testosterone to lower adrenal function.

Neurological problems. Psychological issues Pots focus on anemia, mitochondrial dysfunction, resistant pain syndromes, GI and liver dysfunction, and deconditioning.

So we validated this questionnaire. Empirical validation of the Horowitz MSIDS questionnaire was published in 2017, in the International Journal of General Medicine with state University researchers, Dr. Maryalice Citera and Phyllis Freeman, very good friend of mine.

The purpose of the study was to evaluate the HMQ design as a screening tool to see is it reliable and valid. So data were collected from two independent samples.

We have 1600 patients from three medical practices specializing in treating Lyme, as well as healthy individuals who recruited through email and social media to complete an online survey.

The HMQ has four sections. The first is a 38 symptom questionnaire which rates from zero.

Validation and Structure of the HMQ

I don't have the symptom to three extremely frequent or zero severity. It's not present or one it's mild, two it's moderate and three it's severe. And both forms of the HMQ have shown to be accurate.

The Lyme incidence scales gives an idea of your likelihood of having Lyme. Do you live in lyme endemic area. Have you had any rash. Do you have migratory symptoms?

Section three comes from the CDC. It's the healthy days scale. This is about items about the individual's overall health, physical mental health over the last 30 days.

And finally, section four is the common Lyme score, which is points for the most common Lyme symptoms. And the way we score the questionnaire is a score more than 63 is a very high likelihood of exposure to Lyme, especially if migratory pain is present.

Now, there's only seven diseases in medicine that cause migratory pain, and your doctor should be able to help you to know which of these you have. The only seven diseases.

Scoring the Questionnaire and Lyme Probability

When we did a research on it was acute rheumatic fever, Crohn's disease, inflammatory bowel, gynecological arthritis, different forms of hepatitis, reactive arthritis or something that's called Ryder syndrome, which can be due from infections with salmonella, Yersinia and chlamydia species, lupus.

And finally Lyme disease. But Lyme disease is the only one that has migratory nerve pain. So when we looked at the HMQ factors, the most significant factor is neuropathy was actually one of the most significant.

If you had migratory, neuropathic pain, tingling, numbness, stabbing, burning pains around your body, highly significant for Lyme cognitive dysfunction, memory concentration problem, brain fog followed followed by musculoskeletal pain which can also be migratory.

anywhere between mild to severe fatigue disorder anemia parts meaning again low blood pressure problem standing, getting dizzy, feeling like you're going to pass out also contributes to chronic fatigue and brain fog.

And finally, cardio respiratory problems such as chest pain, shortness of breath, and palpitations. So the five factors consistent with Lyme with our questionnaire was fatigue, flu like symptoms, joint stiffness, tingling, neuropathy and memory concentration problems.

Key Symptom Patterns and Co-infection Clues

But migratory pain was significant and very significant for chronic Lyme. The questionnaire demonstrated what's called convergent and divergent construct validity, as well as predictive validity.

So what does this mean? It means that the two tier testing is roughly going to have a 50% chance of picking up whether you have Lyme. But if we did discriminant analysis using the HMQ we showed we could accurately classify your Lyme status with an 87% accuracy.

It's even better than the two tier testing. So if your score is greater than 63, you have a high probability of Lyme between 45 to 62. Probable lyme between 25 and 40 for possible Lyme and healthy individuals scored below 24, and questions one and 22 on the HMQ indicated a possible co-infection with the babesia question one was unexplained fever, sweats, chills or flushing classic malaria like symptoms, and question 22 is whether we had unexplained shortness of breath or an unexplained cough.

Treatment Approaches and Closing Remarks

Once we have done the HMQ and looked at the MSIDS model, as you'll hear about during our summit, the treatment options we are finding extremely effective, which are short term oral protocols or using short term pulsed dapsone combination therapy and double dose dapsone combination therapy.

So the treatment of Lyme disease and associated co-infections like Bartonella. And you can read about these in our journal articles and microorganisms, September 2023.

And our newest one that just came out April 2024. So please everyone know that help is on the way. Wisdom is the age of knowledge and experience bound by compassion.

And during our summit, you are going to gather the tools to help empower you to get better. I look forward to seeing you during the next summit. Thank you so much for paying attention.