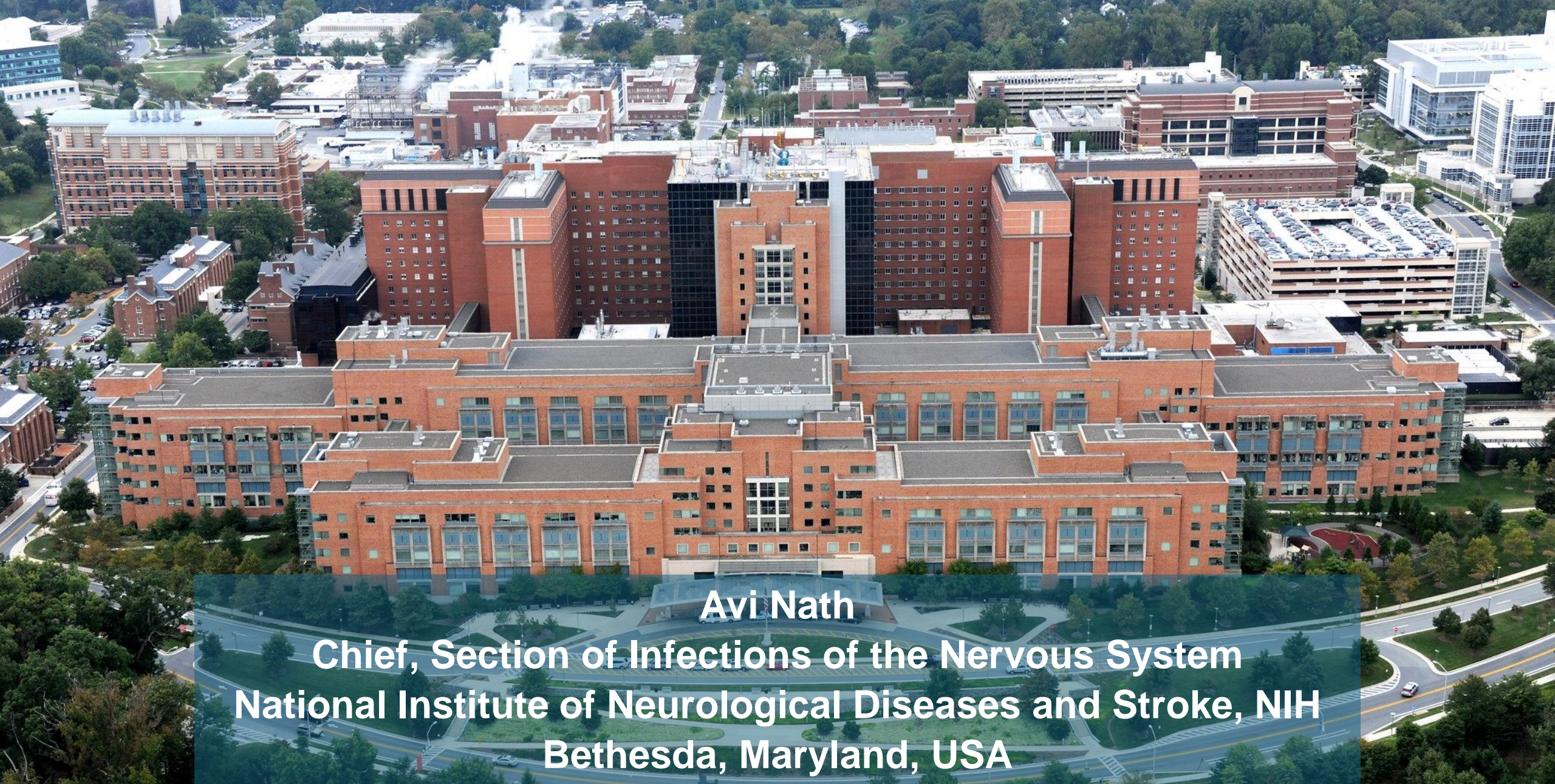


# Elucidating Pathophysiology: Lessons from ME/CFS

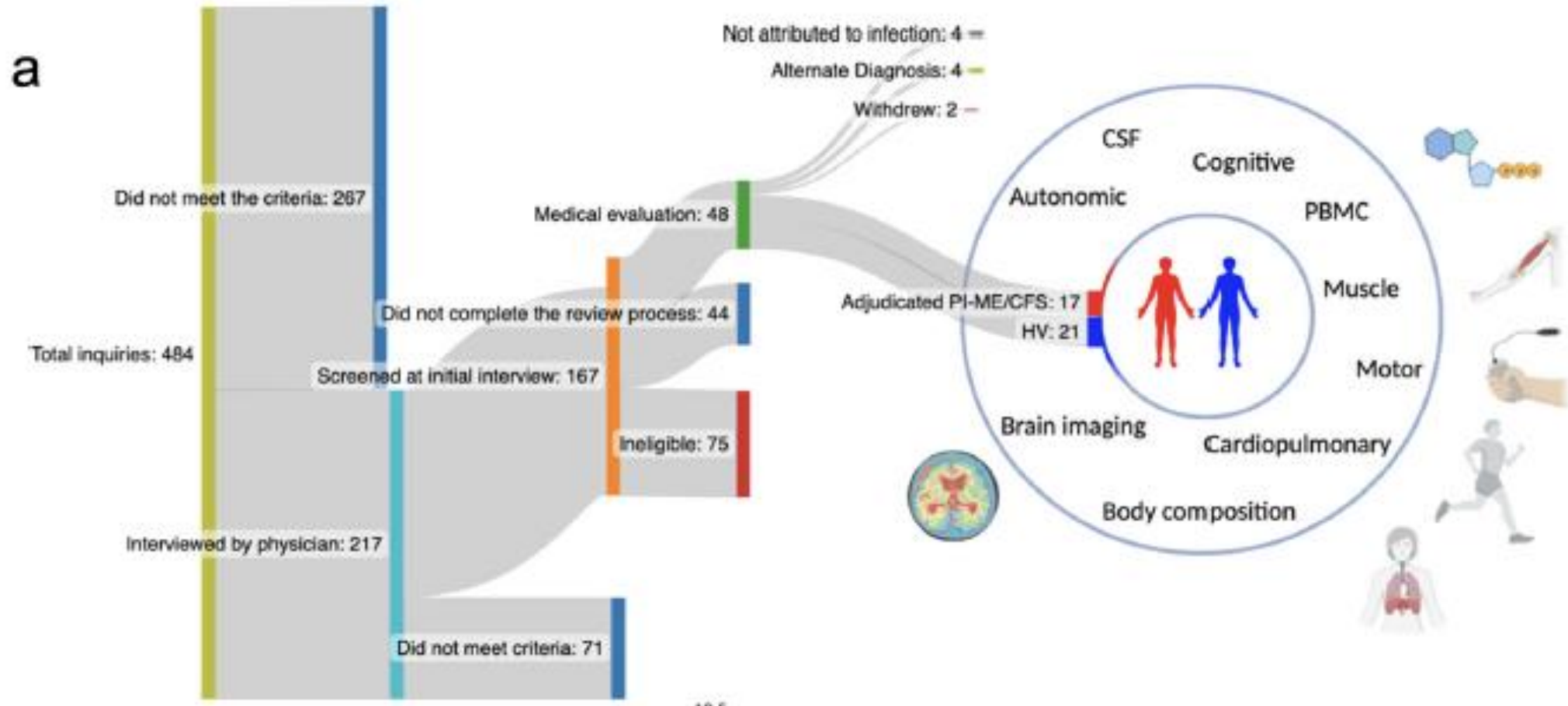


**Avi Nath**

**Chief, Section of Infections of the Nervous System  
National Institute of Neurological Diseases and Stroke, NIH  
Bethesda, Maryland, USA**



# Recruitment of Post-Infection ME/CFS cohort



# Alternative diagnoses in persons with ME/CFS

## ME/CFS Participants (27):

- Met criteria for substantial fatigue and post-exertional malaise (27)
- Withdrawal: 2
- Excluded based on NIH evaluation: 4
  - Cancer (1)
  - Atypical myositis (1)
  - Parkinsonism (1)
  - Primary Biliary Cholangitis (1)
- Adjudicated Out: 4
  - Not Post-Infectious (4)
- Total cases that meet IOM ME/CFS criteria: 25
- 
- Total Adjudicated PI-ME/CFS cases: 17**

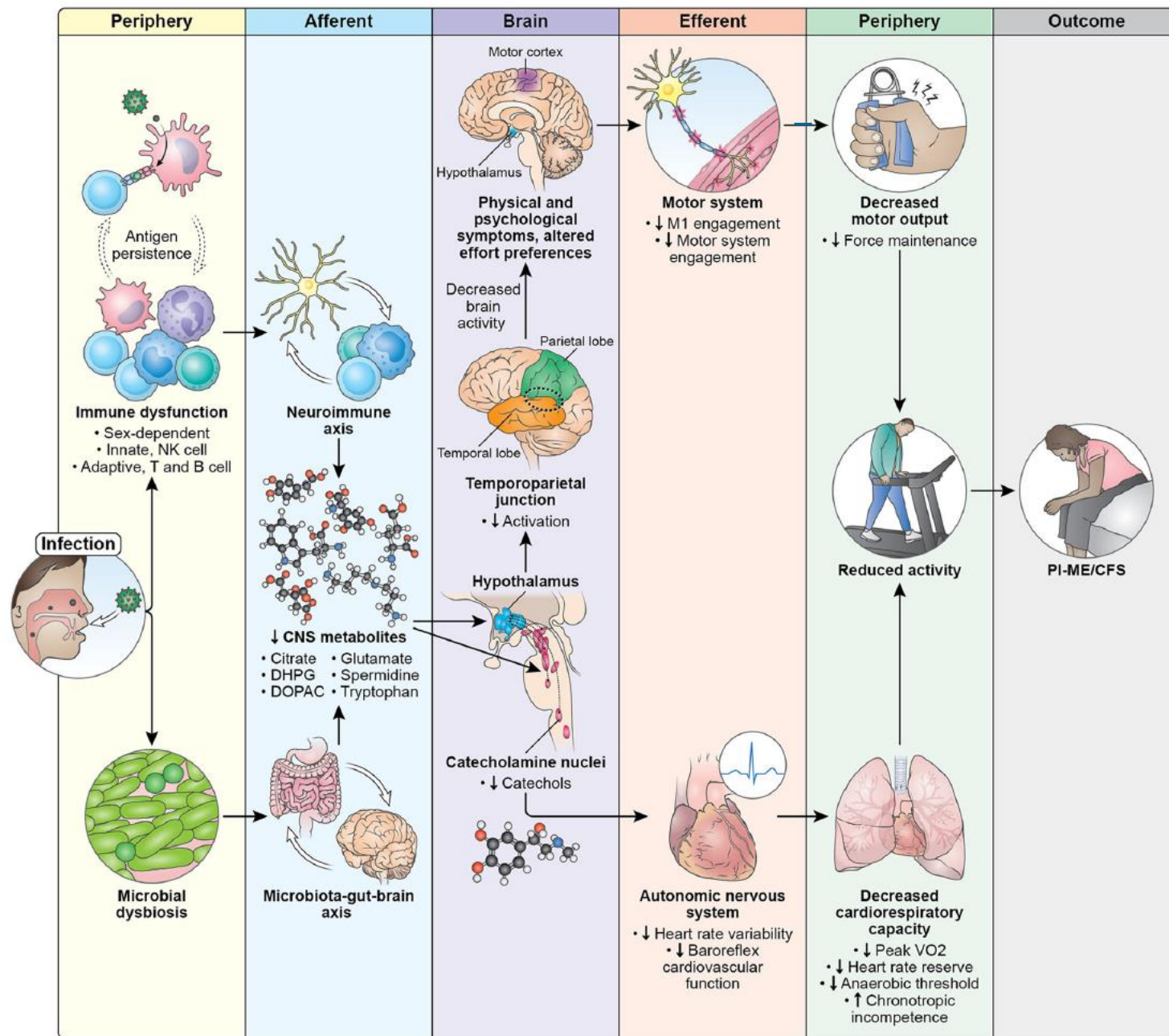
# Types of Infections associated with ME/CFS

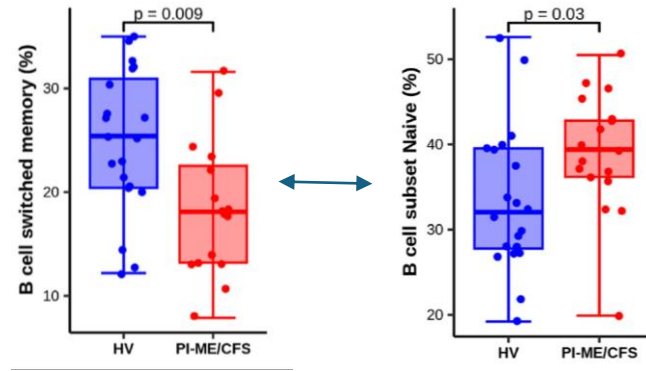
## ME/CFS Participants (27):

- 10 cases of mixed upper respiratory tract infections:
  - 8 pharyngitis
  - 2 sinusitis
  - 2 bronchitis
  - 2 otitis
- 3 cases of acute Epstein-Barr Virus infection
- 1 case of gastroenteritis
- 1 case of atypical hepatitis
- 2 cases of herpes zoster:
  - 1 herpes zoster ophthalmicus
  - 1 Ramsay Hunt syndrome

# Deep Phenotyping Measurements

- History and Physical Examination
  - NINDS (Walitt)
  - CC (Solín/Deming)
- Neurological Examination
  - NINDS (Smith/Reoma/Nath)
- Neuropsychological Assessment:
  - NIMH: SCID-5 (Sinclair)
  - NIMH: Neurocognitive Testing (Snow/Tierney/Madian)
- Patient Reported Outcome Measures
  - NINDS: Questionnaires (Walitt, Calco, Chigurupati, Coleman, Horan, Vetter, Williams)
  - NINR: Symptom Interviews (Walitt, Kreskow)
  - NCCIH: Post-exertional malaise qualitative interviews (Stussman/Gavin)
- Dietary Evaluation:
  - CC Nutrition (Yang/Courville/Turner)
- Neuroimaging
  - CC Radiology: Contrast MRI (Butman)
- Body Composition
  - NIDDK: Dual-energy Xray absorptiometry (Chen/Brychta/Lamunion)
- Sleep
  - NIMH: Polysomnography (Buckley)
- Neurophysiology
  - Transcranial magnetic stimulation (Hallett/Horovitz/Bedard/Popa/McGurrin)
  - Functional magnetic resonance imaging (Hallett/Horovitz/Bedard/Popa/Knutson)
- Autonomic Testing
  - NINDS: Provocative Tilt Table Testing (Goldstein)
  - NHLBI: Heart Rate Variability (Levin/Cathay)
- Blood
  - DTM: Clinical laboratory testing
  - CHI: Proteomics (Apps, Chen, Cheung, Mukherjee, Sellers)
  - NIA: Lipidomics, Cellular Senescence (Ferruci, Moaddel)
  - NIDCR: Autoantibody testing (Burbelo)
  - NK cell function (Cincinnati Children's Hospital)
- Peripheral Blood Mononuclear Cells:
  - NINDS: iPSCs for neuronal disease and mouse disease models (Malik)
  - NINR: Mitochondrial Function (Saligan/Feng)
  - Transcriptomics: (Sack/Hassanzadeh/Singh)
- Cerebrospinal Fluid
  - NINDS: Flow cytometry (Jacobson, Akahata)
  - CHI: Proteomics (Apps, Chen, Cheung, Mukherjee, Sellers)
  - NINDS: Catecholamines (Goldstein)
  - Metabolomics: (Metabolon)
- Stool Measurements
  - NCI: Microbiome (McCulloch, Trinchieri), NINR (Vizioli), CC (Barb)
  - NIEHS: Metabolomics (Mueller, Gabel)
- Skin Biopsy
  - JHU: Small fiber and sympathetic fiber density (Polydefkis)
- Muscle Biopsy
  - NIAMS: Pathology (Mammen, Pak, Munoz-Braceras)
  - NINDS: Transcriptomics (Mammen, Pinal-Fernandez)
  - Mitochondrial genetics (GeneDx)
  - NHLBI: Endoplasmic Reticular Stress (Hwang/Wang)





**Decreased ability to switch B cells from IgM to IgG**



Poor immune response against a microbial antigen



Persistence of microbial antigen (?)

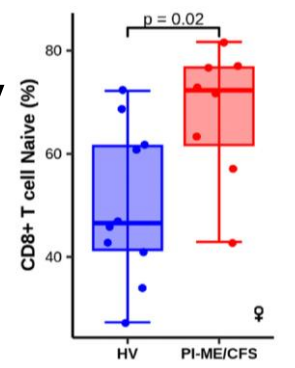
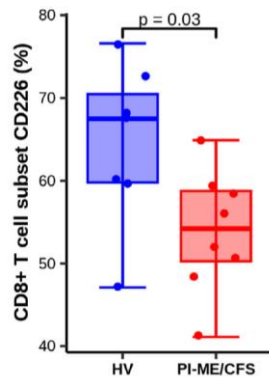
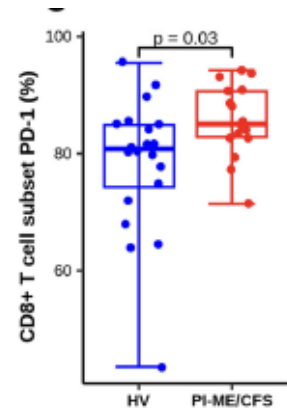
T cell exhaustion

Innate immune activation



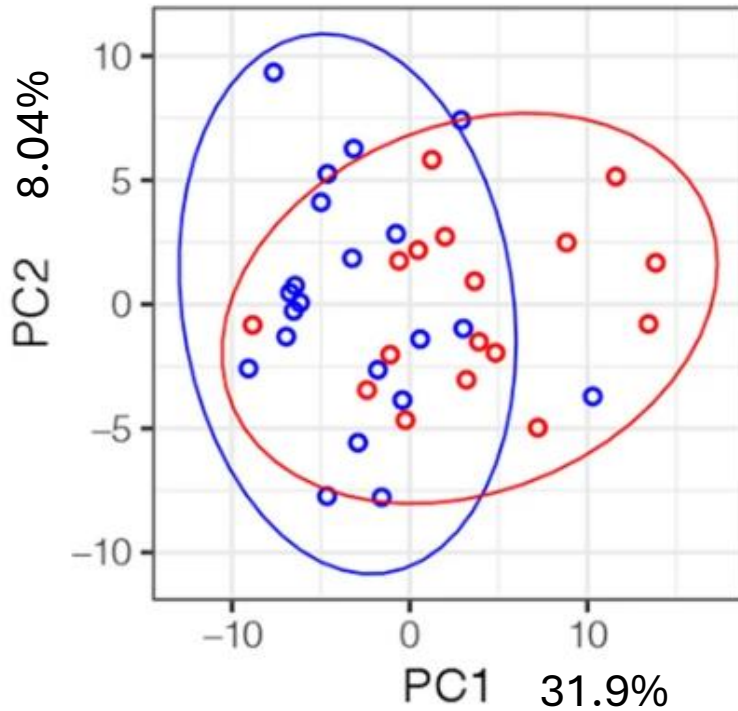
Decreased cytotoxic T cell activ

Increased naïve T cells  
(females)

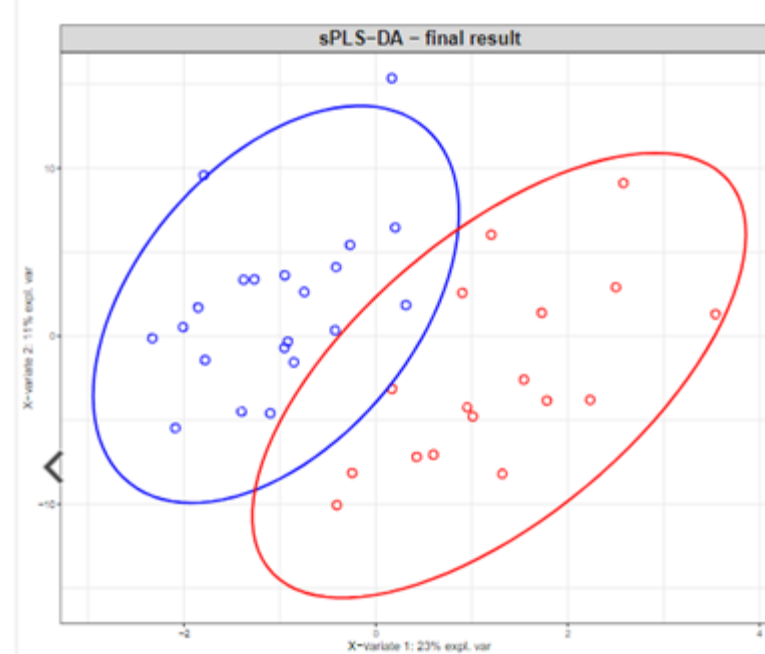


# Cerebrospinal Fluid Metabolomics (445 features)

PCA: All participants

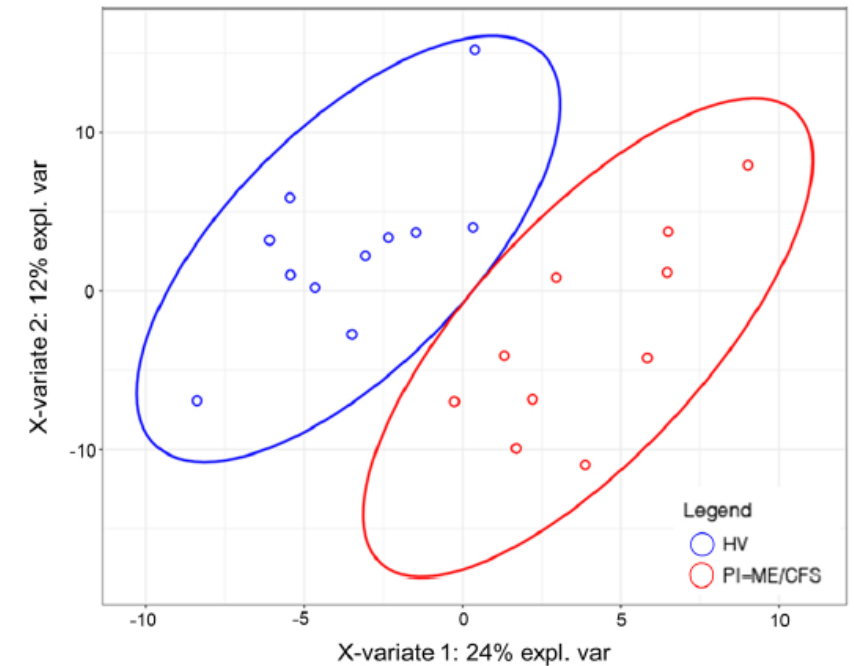


PLS-DA: All participants



Explains 44% variance

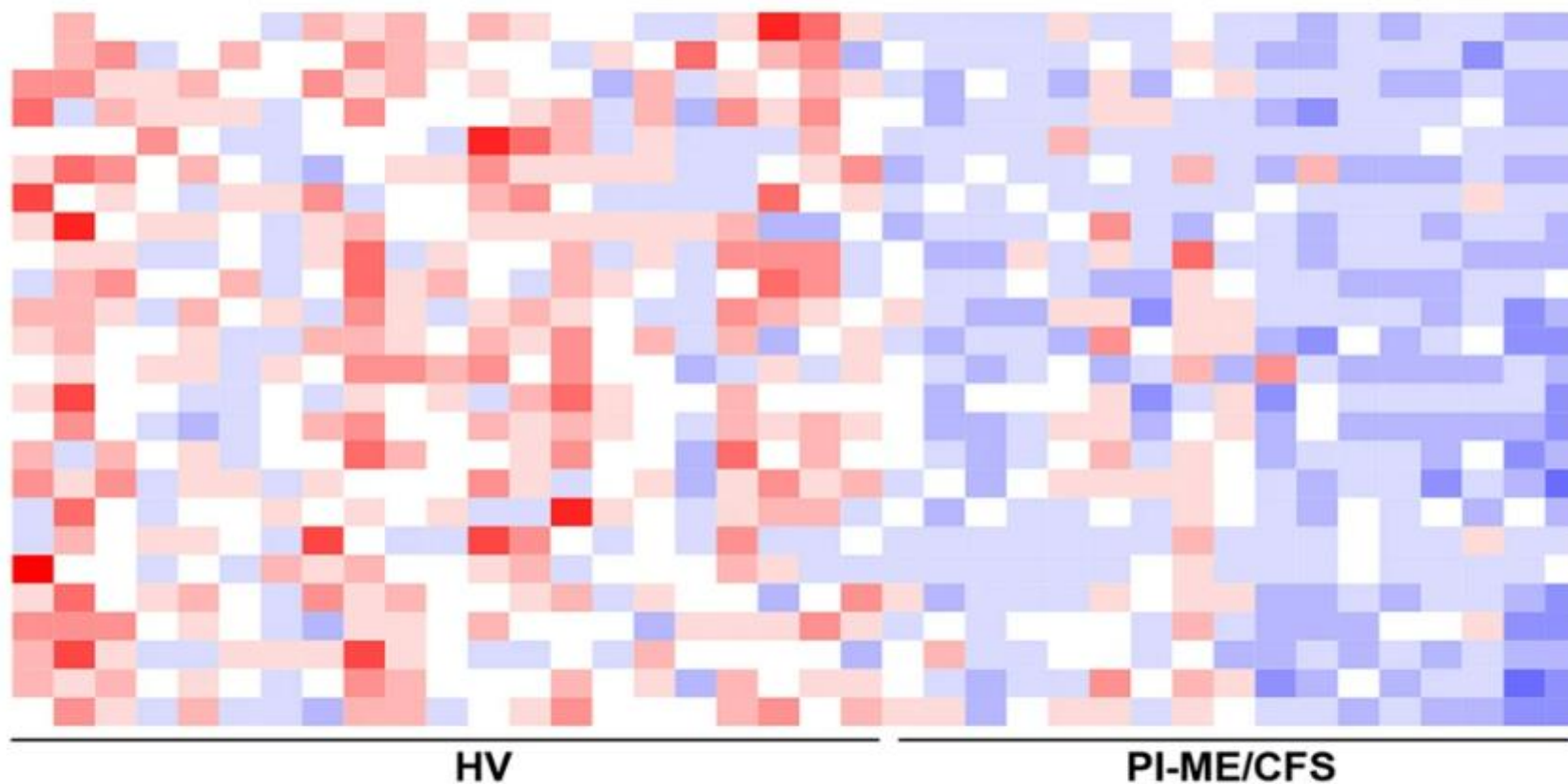
PLS-DA: All participants,  
Differential Expression



Explains 36% variance

Cerebrospinal fluid metabolites discriminate PI-ME/CFS from HV the best of all the Omics measures





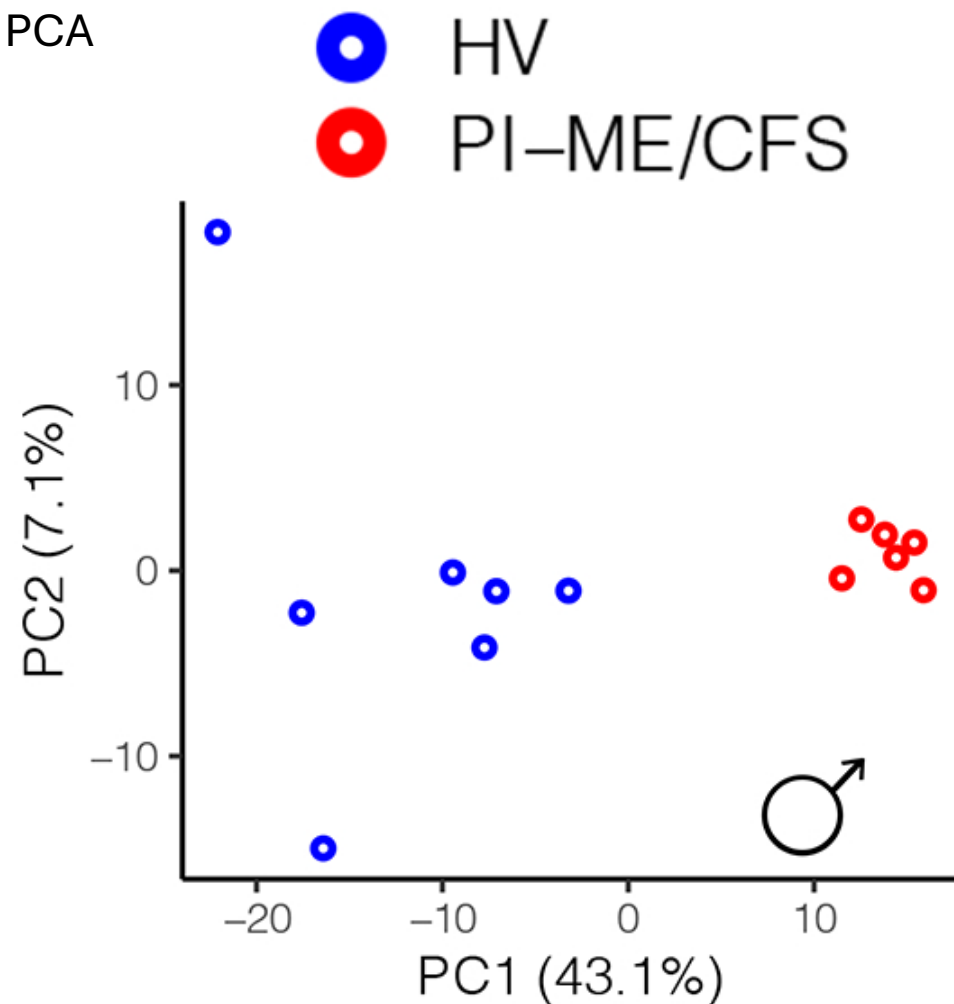
dimethyl sulfone  
 2-hydroxy-3-methylvalerate  
 phenyllactate (PLA)  
 orotidine  
 4-methylcatechol sulfate  
 kynurenine  
 N-delta-acetylornithine  
 5-hydroxyindoleacetate  
 picolinate  
 alpha-hydroxyisovalerate  
 argininosuccinate  
 4-acetamidobutanoate  
 5,6-dihydrouracil  
 5-methylthioadenosine (MTA)  
 5-methylcytidine  
 gluconate  
 sulfate\*  
 alpha-hydroxyisocaproate  
 guaiacol sulfate  
 4-guanidinobutanoate  
 N-formylmethionine  
 aconitate [cis or trans]  
 1-stearoyl-GPC (18:0)  
 creatinine  
 lactate

PI-ME/CFS: Decreased  
 glutamate,  
 dopamine 3-O-sulfate,  
 butyrate,  
 polyamine,  
 tricarboxylic acid (TCA) pathway metabolites

# Transcriptomics in peripheral blood mononuclear cells

Males vs Males

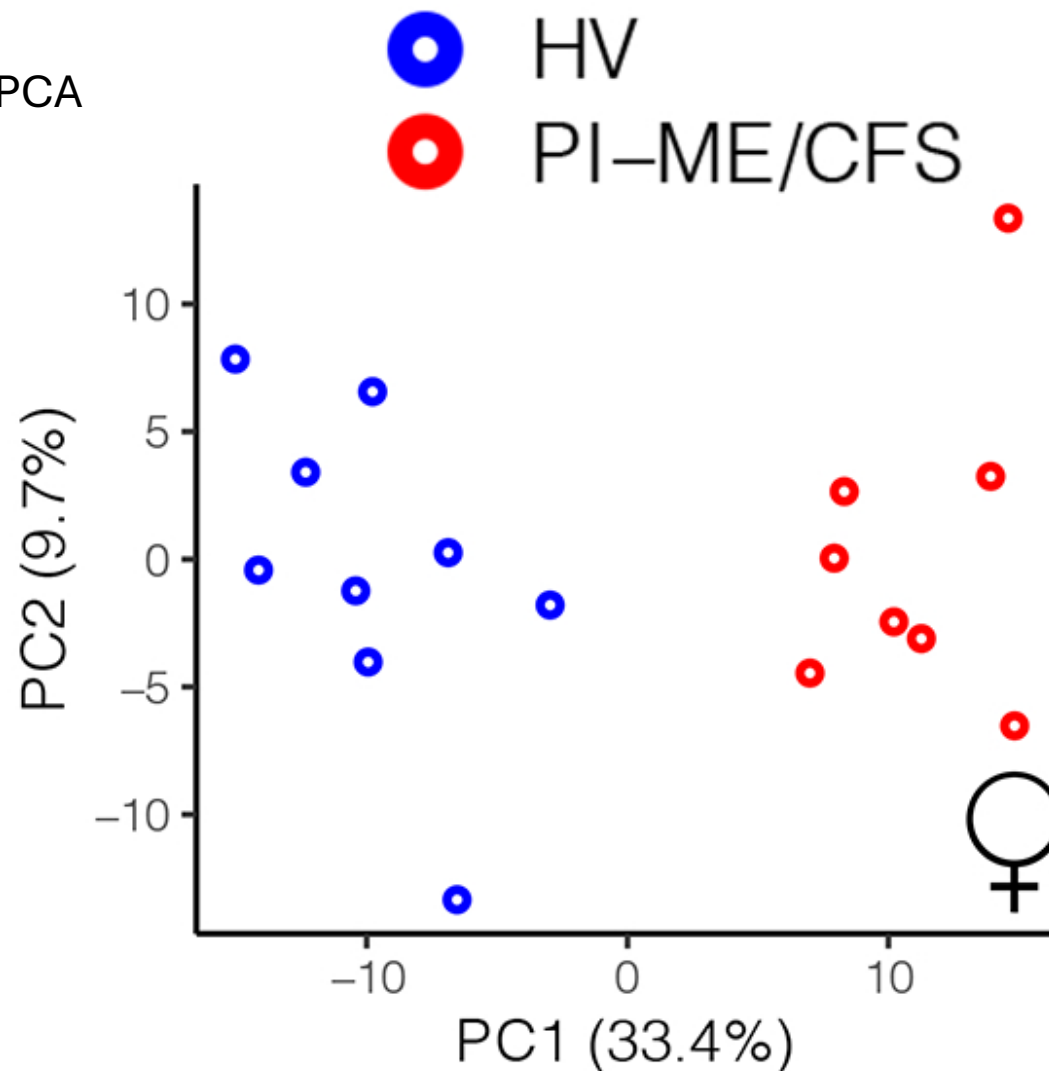
PCA



Explains 50.2% variance

Females vs Females

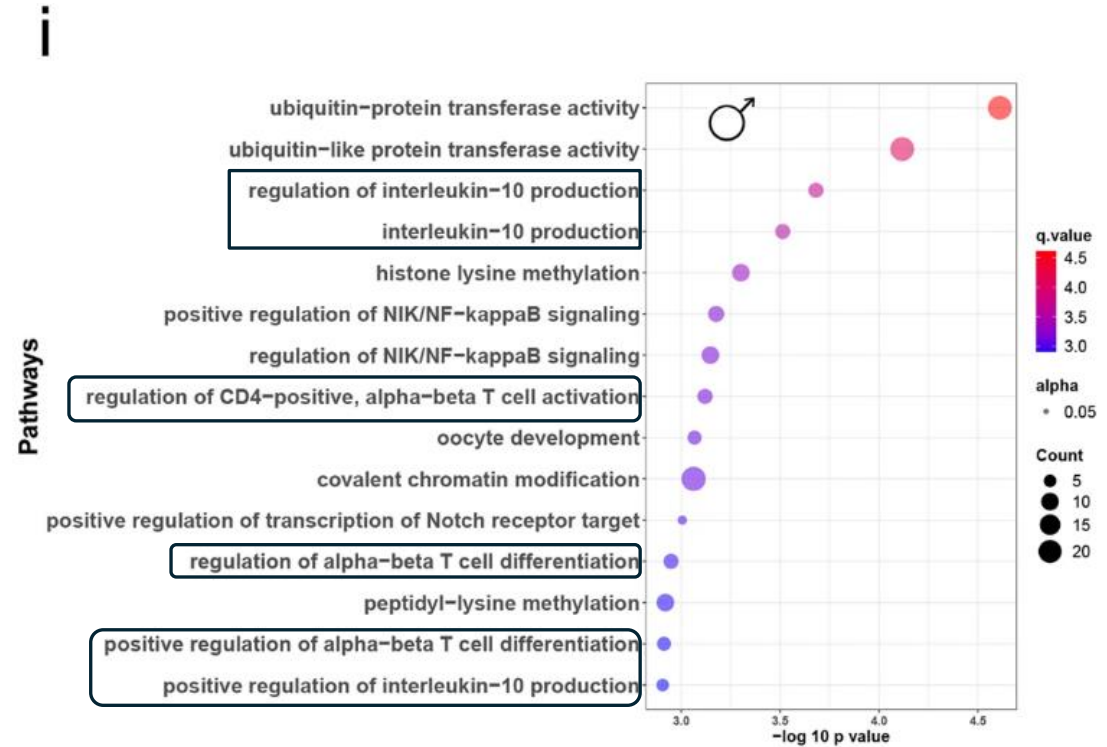
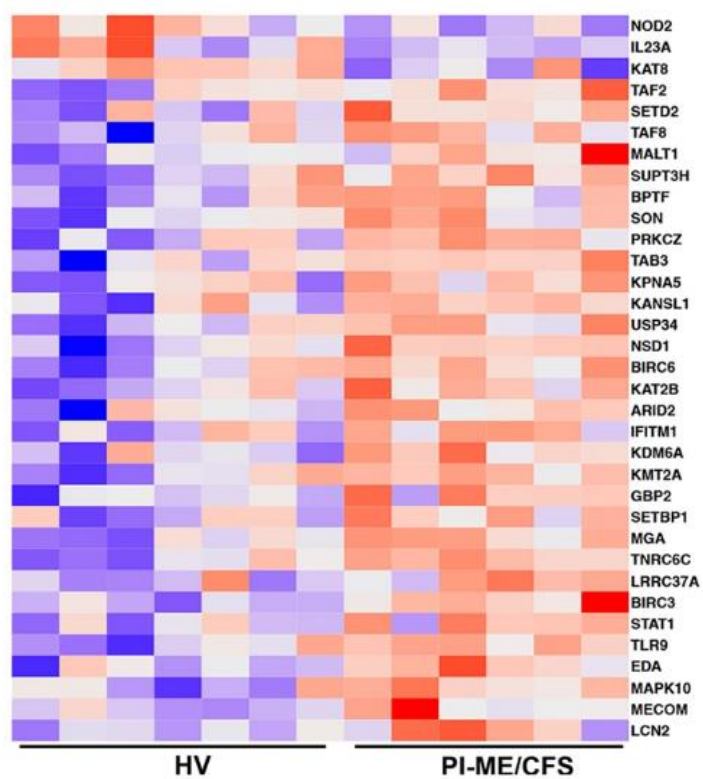
PCA



Explains 43.1% variance

Walitt et al., 2024

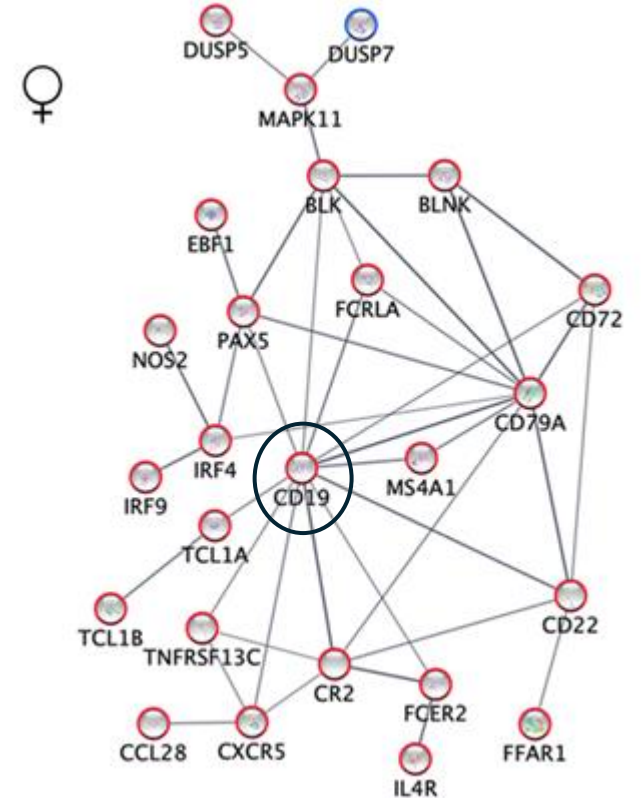
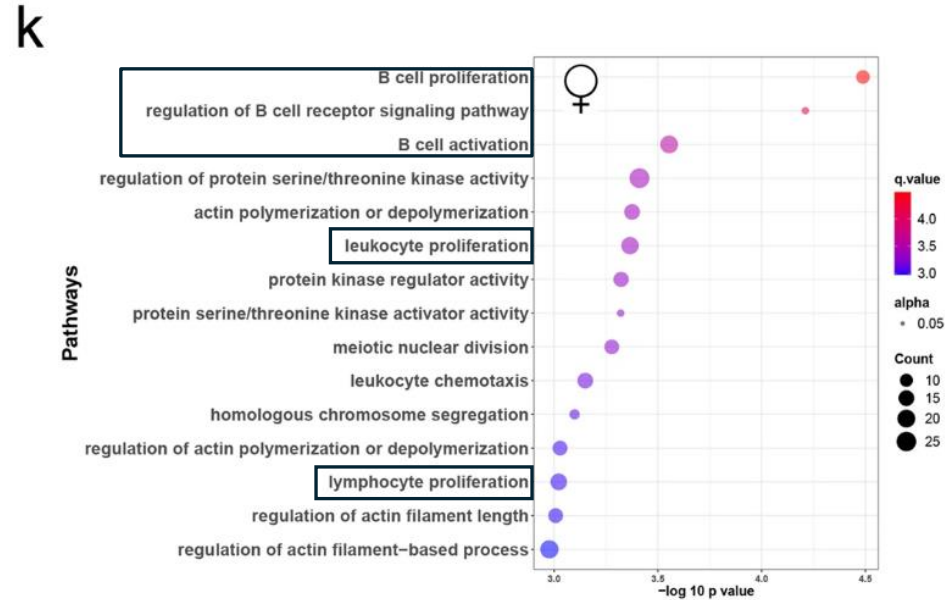
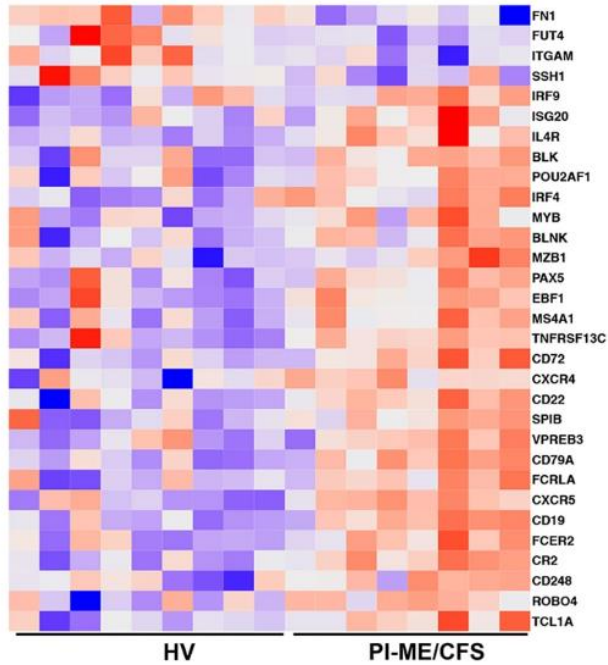
# Peripheral Blood Mononuclear Cell RNA Sequencing in **Males**



- Shows dysregulation of antigen specific T cells
- and Interleukin-10 (anti-inflammatory)

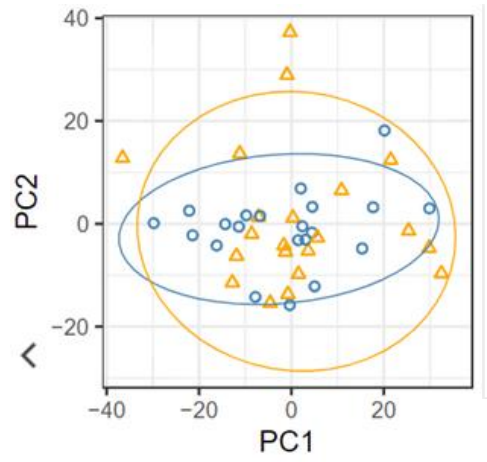


# Peripheral Blood Mononuclear Cell RNA Sequencing in Females

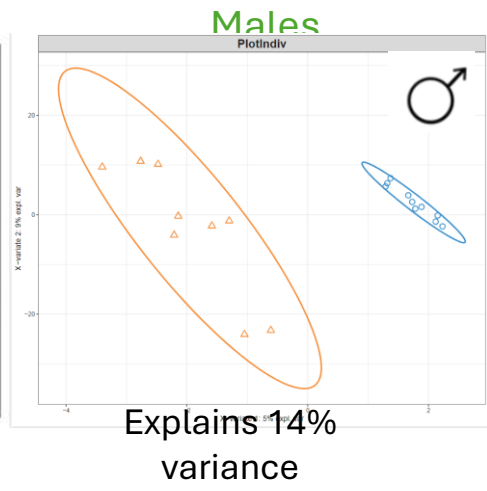


- Shows dysregulation of proliferation and activation
- Upregulation of B-cell interactome
- Consistent with expansion of naïve B-cells and decreased switched memory B-cells noted on flow cytometry

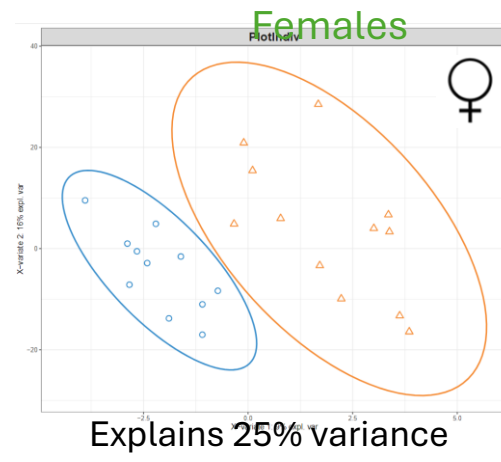
PCA,  
All participants



PLS-DA,  
HV Males vs PI-ME/CFS

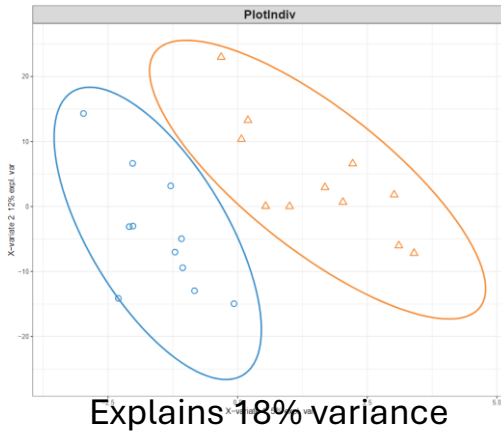
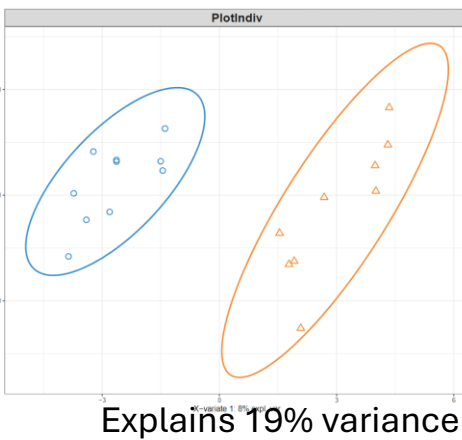
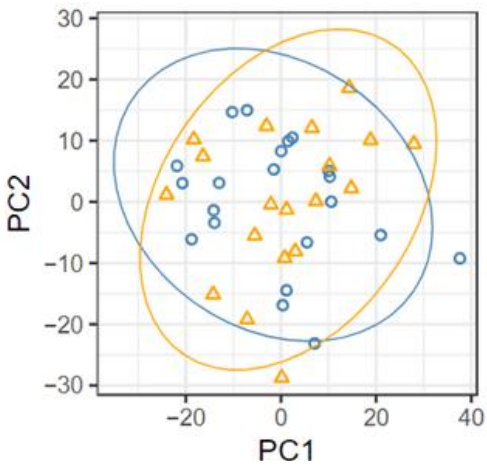


PLS-DA,  
HV Females vs PI-ME/CFS

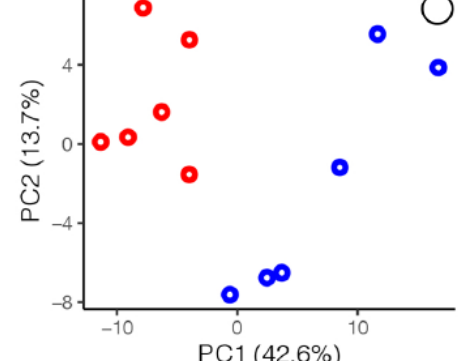
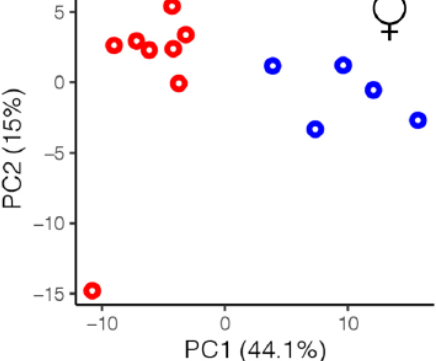
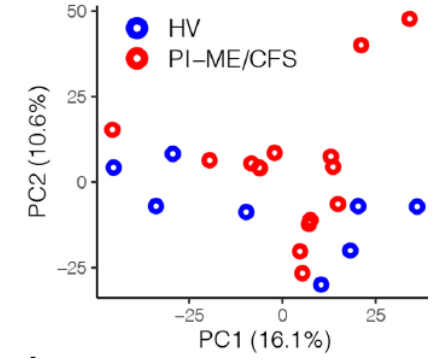


Groups  
 Healthy volunteer  
 MECFS

**Plasma  
Proteomics**



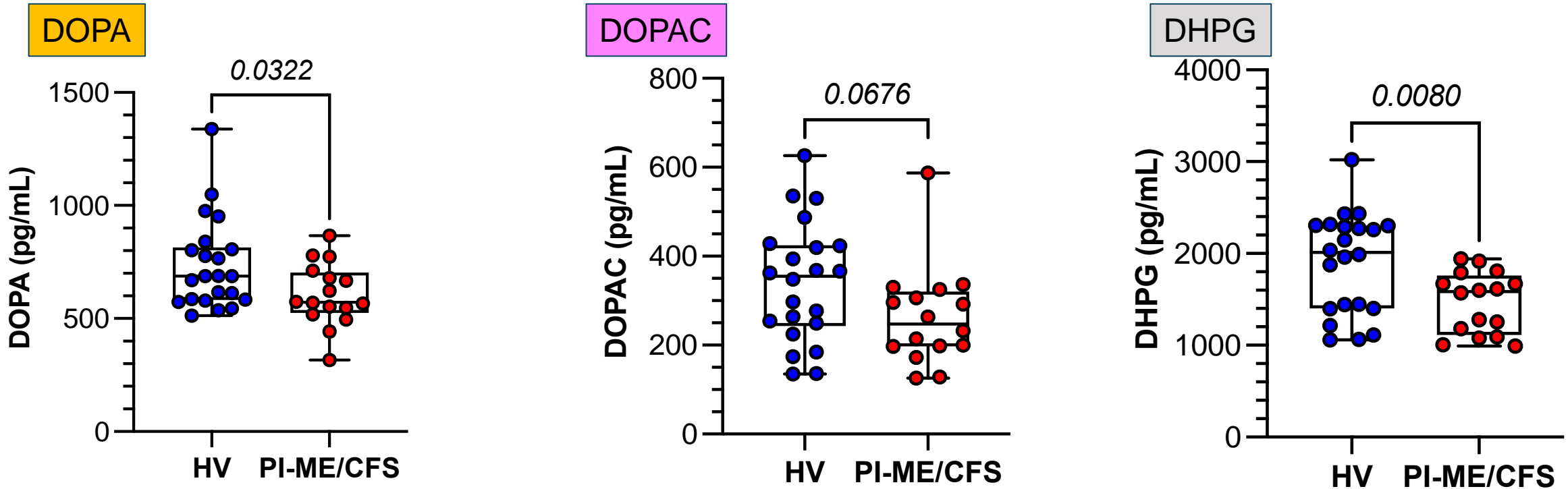
**CSF  
Proteomics**



**Muscle RNA**

Differences are evident only when separated by sex

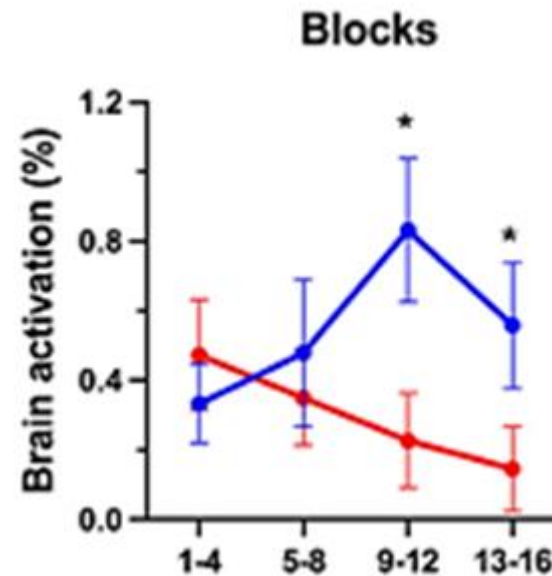
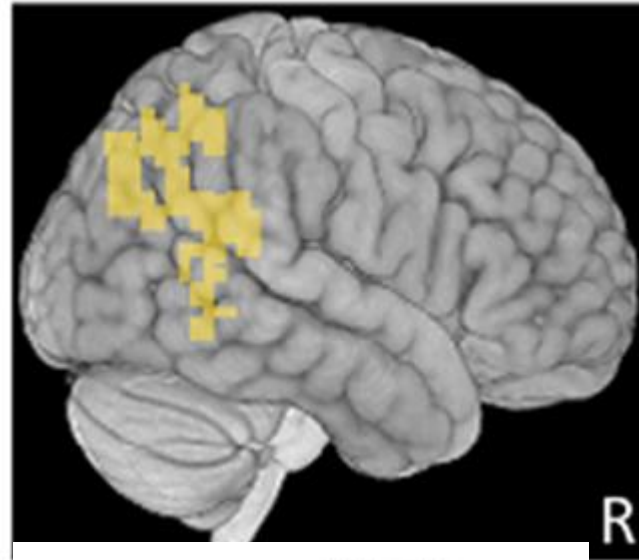
# Catechol neurotransmitters were decreased in PI-ME/CFS



- Catechol neurotransmitters are important compounds in the regulation of autonomic function
- The decreased levels of catechol metabolites suggest decreased central catecholamine biosynthesis



# Functional MRI showed circuit dysfunction of integrative brain regions that drive the motor cortex



- No difference in motor system activation was noted between groups
- The right temporoparietal junction (TPJ) activated differently between the groups
- The TPJ is responsible for high order integration of brain function and 'mismatch' detection

# Conclusions

- Can be precipitated by multiple infections
- Likely driven by persistent microbial antigen as reflected by defect in
  - B cell maturation
  - T cell exhaustion
  - Innate immune activation
- Decreased central catecholamine synthesis
- Circuit dysfunction of integrative brain regions
- Sex dependent differences

## THANK YOU!

**Authors:** Brian Walitt, Komudi Singh, Mark Hallett, Steve Jacobson, Kong Chen, Yoshimi Enose-Akahata, Richard Apps, Jennifer J. Barb, Patrick Bedard, Robert J. Brychta, Ashura Williams Buckley, Peter D. Burbelo, Brice Calco, Brianna Cathay, Li Chen, Jinguo Chen, Foo Cheung, Snigdha Chigurupati, Lisa MK Chin, Benjamin W. Coleman, Amber B. Courville, Madeleine S. Deming, Bart Drinkard, Li Rebekah Feng, Luigi Ferrucci, Scott A Gabel, Angelique Gavin, David S. Goldstein, Shahin Hassanzadeh, Sean C. Horan, Silvina G. Horovitz, Kory R. Johnson, Anita Jones Govan, Kristine M. Knutson, Joy D Kreskow, Samuel R. LaMunion, Mark Levin, Jonathan J. Lyons, Nicholas Madian, Nasir Malik, Andrew L. Mammen, John A. McCulloch, Patrick M. McGurrin, Joshua D. Milner, Ruin Moaddel, Geoffrey A Mueller, Amrita Mukherjee, Sandra Muñoz-Braceras, Gina Norato, Katherine Pak, Iago Pinal-Fernandez, Traian Popa, Lauren B. Reoma, Michael N. Sack, Leorey N. Saligan, Brian A. Sellers, Stephen Sinclair, Bryan Smith, Joseph Snow, Stacey Solin, Barbara J. Stussman, Giorgio Trinchieri, Sara A. Turner, C. Stephenie Vetter, Felipe Vial, Carlotta Vizioli, Ashley Williams, Shanna B. Yang, and Avindra Nath

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