

Cognitive Dysfunction in ME/CFS and Long Covid

Also known as 'brain fog'



OCTOBER
2025

Including:
What is cognitive dysfunction?
How common is cognitive dysfunction in ME/CFS and Long Covid?

What causes cognitive dysfunction in ME/CFS and Long Covid?
Self-help strategies
Drug treatments, vitamins, supplements, diet and nutrition



Cognitive Dysfunction in ME/CFS and Long Covid was written by Dr Charles Shepherd, Trustee and Hon. Medical Adviser to The ME Association.

DISCLAIMER

We recommend that the medical information in this leaflet is discussed with your doctor. It is not intended to be a substitute for personalised medical advice or treatment. You should consult your doctor whenever a new symptom arises, or an existing symptom worsens. It is important to obtain medical advice that considers other causes and possible treatments. Do not assume that new or worsened symptoms are solely because of ME/CFS or Long Covid.



COGNITIVE DYSFUNCTION IN ME/CFS AND LONG COVID

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Often referred to as 'brain fog' by people with ME/CFS and Long Covid, cognitive dysfunction is how doctors refer to problems with normal mental functioning.

SUMMARY

- Often referred to as 'brain fog' by people with ME/CFS and Long Covid, cognitive dysfunction is how doctors refer to problems with normal mental functioning - concentration and short-term (working) memory in particular.
- The 2021 NICE guideline on ME/CFS states that cognitive dysfunction is one of the four key diagnostic symptoms of ME/CFS.
- Cognitive dysfunction can be a worrying and often very frustrating part of having ME/CFS and Long Covid.
- The symptoms often fluctuate unpredictably and vary from mild to severe.
- The cause remains uncertain and there is no effective form of drug treatment available.
- Self-help coping strategies can however be helpful.

WHAT IS COGNITIVE DYSFUNCTION?

Typical symptoms include:

- Short-term memory lapses
- Difficulty in concentrating or sustaining attention
- Difficulty with processing incoming information and retrieving stored information
- Trouble finding the right word, remembering or mixing up commonly used words
- Problems with carrying out everyday tasks that involve any form of sustained mental activity

WHAT IS COGNITIVE DYSFUNCTION?



Short-term memory – sometimes referred to as working memory – refers to information that has been passed to the brain within the past few seconds, minutes or hours. So it mainly relates to things you have recently read, seen, been told, been asked to do, or are about to go and do.

Cognitive dysfunction in ME/CFS and Long Covid does not normally affect medium or long-term memory. So recall of information and events from weeks, months or years ago is not normally a problem and, if this occurs, indicates the need for further assessment.

Problems with short-term memory and poor concentration inevitably lead to other cognitive difficulties. So people with ME/CFS and Long Covid often find that their attention span becomes shorter.

Problems with short-term memory and poor concentration inevitably lead to other cognitive difficulties. So people with ME/CFS and Long Covid often find that their attention span becomes shorter; they have difficulty with processing, storing and retrieving information – especially during conversations – and they cannot do more than one task at a time when it comes to mental activity.

On the other hand, it's reassuring to note that cognitive dysfunction in ME/CFS isn't normally a progressive or dementing process. And there isn't normally any significant effect on higher mental functions such as intellect or IQ that inevitably start to progressively deteriorate in any form of dementia.

From a research point of view, there is no evidence that cognitive dysfunction in ME/CFS is associated with the sort of progressive loss of vital brain tissue (cerebral atrophy) that occurs in dementia.





Just as too much physical activity will quickly produce muscle fatigue, prolonged or intense mental activity will bring on or exacerbate brain fatigue and the cognitive problems that accompany it. Physical activity may also produce cognitive dysfunction.



HOW COMMON IS COGNITIVE DYSFUNCTION IN ME/CFS AND LONG COVID?

Cognitive dysfunction is a very characteristic feature of ME/CFS and Long Covid. Most doctors would be reluctant to make a diagnosis of ME/CFS in anyone who does not report this key symptom to some degree. The 2021 NICE guideline on ME/CFS makes it very clear that cognitive dysfunction is one of the four key diagnostic symptoms of ME/CFS.

People with ME/CFS normally report that cognitive dysfunction forms a very significant part of their range of symptoms. For some, it becomes the most debilitating and frustrating part of their whole illness.

Just like other ME/CFS symptoms, cognitive dysfunction can be very variable and may well fluctuate unpredictably or according to how you feel generally.

Just as too much physical activity will quickly produce muscle fatigue, prolonged or intense mental activity will bring on or exacerbate brain fatigue and the cognitive problems that accompany it. Physical activity may also produce cognitive dysfunction.

Other medical problems and symptoms such as frequent headaches, pain, sleep disturbance, anxiety, depression, and poor diabetes control can all cause cognitive dysfunction – regardless of whether or not you have ME/CFS. So, if any of these are present, they are likely to be exacerbating the problem.

Some types of medication can also cause cognitive dysfunction as a side-effect. Examples of drugs that can cause cognitive dysfunction, and which may be prescribed to people with ME/CFS, include anticholinergics (drugs that are used to treat an overactive bladder, nausea and breathing problems), anticonvulsants (gabapentin and pregabalin) for pain management, antidepressants, antihistamines, hypnotics and sedatives, non-steroidal anti-inflammatory drugs (NSAIDs) such as Brufen/ibuprofen and steroids.

People with Long Covid often report having very similar problems with cognitive dysfunction as well. However, this is not a symptom that is experienced by everyone with Long Covid.

HOW COMMON IS COGNITIVE DYSFUNCTION
IN ME/CFS AND LONG COVID?

These are the results from an MEA website survey on cognitive dysfunction that was carried out in March 2019



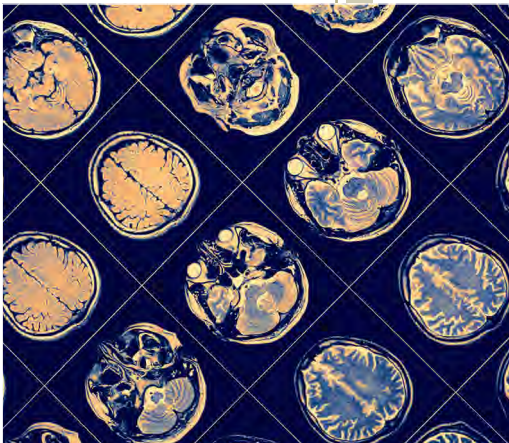
Overall, how would you describe the effect that cognitive dysfunction (“brain fog”) has on your ability to function on a day-by-day basis?

- Constant and very disabling (16%, 126 Votes)
- Constant and moderately disabling (17%, 132 Votes)
- Constant and mildly disabling (5%, 42 Votes)
- Varies between moderate and severe (23%, 180 Votes)
- Varies between mild and moderate (23%, 178 Votes)
- Varies between mild and severe (15%, 119 Votes)
- No longer suffer with cognitive dysfunction (0%, 3 Votes)
- Never had cognitive dysfunction (1%, 5 Votes)

Total Voters: 785

WHAT DOES RESEARCH INTO COGNITIVE DYSFUNCTION IN ME/CFS AND LONG COVID TELL US?

A large number of research studies have now been carried out into cognitive dysfunction in both ME/CFS and Long Covid. Using various



types of complex neuro-psychological assessment tests, and neuro-imaging techniques (i.e. brain scans) that 'light up' parts of the brain during various mental tasks, these studies have confirmed that this is a very genuine problem in both conditions. However, this type of research often fails to demonstrate the severity of cognitive dysfunction that is reported.

Unfortunately, this research hasn't yet managed to find the definitive answer to what causes cognitive dysfunction and whether there could be an effective treatment in the form of drugs or supplements.

Using various types of complex neuro-psychological assessment tests, and neuro-imaging techniques (i.e. brain scans) that 'light up' parts of the brain during various mental tasks, these studies have confirmed that this is a very genuine problem in both conditions.

Among the ME/CFS research that has been published is a study carried out by Professor Julia Newton's research group in Newcastle which concluded that cognitive dysfunction was not being caused by co-morbid depression and that autonomic nervous system dysfunction could be an important causal factor. The autonomic nervous system plays an important role in the regulation of blood flow to most parts of the body, including the brain.

Some recent research papers for both ME/CFS and Long Covid are included in the Reference section.

WHAT CAUSES COGNITIVE DYSFUNCTION IN ME/CFS AND LONG COVID?

The simple answer is that in our current state of research knowledge we just don't know.

However, there is clearly some form of abnormal brain activity taking place. These are some of the most likely explanations:



Any form of mental activity requires energy, and normal brain function uses up quite a lot of energy.

- Any form of mental activity requires energy, and normal brain function uses up quite a lot of energy. As ME/CFS is an energy-limiting condition, with evidence of problems in creating energy in battery-like cellular structures called mitochondria, this failure to produce energy is going to affect the ability to carry out mental as well as physical activities.
- Changes involving chemicals (neurotransmitters) and hormones that transmit messages and information from one part of the brain to another. We already know that alterations in the level of a chemical transmitter called serotonin may be involved in ME/CFS.
- Alterations in blood flow to key parts of the brain, which could be reducing the supply of oxygen to vital areas of the brain. This is supported by research from Professor Julia Newton and from research involving neuroimaging blood-flow scans (SPECT scans).
- Raised levels of immune-system chemicals called cytokines that produce fatigue and flu-like feelings. This is supported by research that has found evidence of low-level inflammation (neuroinflammation) in specific areas of the brain in both ME/CFS and Long Covid.

It is also interesting to note that cognitive dysfunction also occurs in several other inflammatory, autoimmune and infective illnesses, as well as in cancer (where it's often referred to as 'chemo brain' because chemotherapy seems to make it worse) and in fibromyalgia (where it is known as 'fibro fog').

Again, there's no simple explanation as to why this happens in cancer and affects some people more than others.



Exclude and treat other conditions that can cause cognitive dysfunction. Examples include depression, hypothyroidism (low thyroid function), going through the menopause (which can have a significant adverse effect on cognitive function) and vitamin B12 deficiency.

MANAGEMENT CHECK LIST

There are six key aspects to managing cognitive dysfunction in both ME/CFS and Long Covid:

- Exclude and treat other conditions that can cause cognitive dysfunction. Examples include depression, hypothyroidism (low thyroid function), going through the menopause (which can have a significant adverse effect on cognitive function) and vitamin B12 deficiency.
- Where possible, treat any other symptom or situation that is likely to be exacerbating the problem - in particular headaches, pain, stress and sleep disturbance.
- Ask your doctor or pharmacist to go through your current medication list to see if you are taking anything with side-effects that affect mental functioning and if so possibly switch to another form of treatment.
- Pace your mental activities – just as you do for physical activities.
- Make use of simple aids and support techniques.
- Have a further assessment and investigations if there are any ‘red flag’ features that suggest there could be another neurological explanation – such as a progressive deterioration in mental functioning or forgetting very familiar things like dates, names, locations and problems affecting long-term memory. This could involve referral to a neurologist or cognitive disorder/memory clinic.

SELF-HELP STRATEGIES

Pacing mental activities

Just like pacing your physical activities, pacing mental activities is a key aspect of management. Overall, this means trying to find a comfortable baseline of mental activity and splitting mental activity up into small, manageable chunks – with rest or relaxation periods in between.

As with physical pacing, stop any activity before you start to become mentally tired and don't push yourself beyond your limitations.



SELF-HELP STRATEGIES

Practical tips

To help with short-term memory problems:



Use a notepad, wall planner or electronic device to make a check list of 'things to do' each day - appointments, phone calls, etc, and refer to it regularly.

- Use a notepad, wall planner or electronic device to make a check list of 'things to do' each day – appointments, phone calls, etc, and refer to it regularly.
- Make a shopping list when you go out.
- Make use of post-its and other simple written props to remind you about important events or 'must-dos'.
- Don't attempt to multi-task when it comes to mental activity – focus on one task at a time.

- Make use of the new technology - an electronic organiser for information on things you are likely to forget: a beeper on a mobile phone to remind you to attend a meeting or take medication.

- Allocate set places or 'homes' for important items such as glasses, keys and medication.

- Write down names of new acquaintances matched to obvious features as soon as possible.

- Some people find that brain-training activities – such as playing sudoku, puzzles or computer card games – are helpful. Others do not.

- Stay calm and patient if you misplace or lose something. Try picturing what you normally do when you put them down.

To help with word-finding and concentration problems:

- Ask people to give you more time to explain yourself if you are having word-finding difficulties.

- Try visual imagery by painting a picture in your mind to help prompt the missing words.

- Don't focus too hard on trying to find the correct or missing word – it may well appear later.

- Leave any difficult mental tasks to the time of day when you normally function best.



SELF-HELP STRATEGIES

To help improve the preparation or processing of new information:



Reduce distractions by minimising external noise – TV and radio, etc – and work in an environment that helps you concentrate.

- Reduce distractions by minimising external noise – TV and radio, etc – and work in an environment that helps you concentrate
- Ask people to speak slowly
- Repeat new information to yourself to help retain it
- Print information off the computer rather than reading it on a screen

- Break up written print into shorter, well-spaced paragraphs
- Use a pencil or highlighter to mark important bits of text
- Bullet point or number new ideas or information
- If your sense of concentration is weakening, move around and have a break from mental activity

In addition, it's important to make family, friends and work colleagues aware of the sort of practical difficulties you are having with normal mental functioning and explain how they can also help you to cope.

DRUG TREATMENTS

There are now a number of clinical trials taking place to assess the use of specific drugs to treat both ME/CFS and Long Covid, and this will include the effect on cognitive dysfunction. If any of these drugs turn out to be safe and effective at reducing cognitive dysfunction in one condition, they may well be effective in the other.



Antidepressants (at a low dose) may be helpful when used to treat associated pain, sleep disturbance or (at a normal dose) depression.

Antidepressants (at a low dose) may be helpful when used to treat associated pain, sleep disturbance or (at a normal dose) depression. But there is no evidence to indicate that they are otherwise helpful for improving cognitive function in ME/CFS.

Drugs used to treat cognitive problems associated with dementia have not been assessed in ME/CFS or Long Covid in clinical trials. Their use is therefore unproven and not recommended.

There are a number of drugs that stimulate the nervous system and some of them would be worthy of further assessment. One example is modafinil/Provigil, an effective treatment for narcolepsy which, in one published report, has been shown to be helpful in ME/CFS.

VITAMINS, SUPPLEMENTS AND OTHER COMMERCIAL PRODUCTS

A wide range of supplements, alternative remedies, and other commercial products are claimed to improve memory and cognitive function in a wide range of health conditions. However, there is no sound evidence to indicate that any of them actually work, especially in ME/CFS or Long Covid.

Various vitamins (especially those in the B group), minerals (e.g. magnesium and zinc) and supplements are often recommended by alternative practitioners and nutritionists to improve cognitive function. However, there is no sound scientific evidence to support their use.

Possible exceptions include carnitine, co-enzyme Q10 and eicosapentaenoic acid (EPA). Carnitine and EPA have been shown to be of some limited benefit in small clinical trials in ME/CFS. So they may be worth a try if you can afford the cost.



VITAMINS, SUPPLEMENTS AND OTHER COMMERCIAL PRODUCTS

The MEA has leaflets covering the use of Muscle Energy Supplements (for carnitine, co-enzyme Q10, creatine, NADH) and one for Essential Fatty Acids and EPA.

Muscle Energy supplements: <https://meassociation.org.uk/14ae>

Essential Fatty Acids: <https://meassociation.org.uk/klh2>

DIET AND NUTRITION

Overall, it's important to try and make sure you are eating a well balanced diet with foods that form the basis for energy production, as well as having a good fluid intake to prevent dehydration.

There is now some research to indicate that a Mediterranean-style diet, which includes plenty of Omega-3-rich oily fish, nuts and seeds, olive oil, fruit and vegetables, can help to reduce inflammation – as can the spice turmeric. This may be relevant if low-level neuroinflammation is involved in causing cognitive dysfunction in ME/CFS and Long Covid. But it's too early to draw any firm conclusions.

PSYCHOLOGICAL SUPPORT

If cognitive dysfunction is having a significant effect on your ability to cope, it may be worth asking your GP for a referral to a clinical psychologist.



The MEA has a free booklet, Diet and Nutrition, that you can download here:

<https://meassociation.org.uk/curr>



CO-ENZYME Q10 AND COGNITIVE
DYSFUNCTION

Coenzyme Q10 (CoQ10), also known as ubiquinone, is often referred to as a vitamin. However, this isn't strictly true as it is made in the liver from an amino acid called tyrosine. CoQ10 is also present in a wide variety of foods. Deficiency can occur from reduced dietary intake, decreased production, or increased usage – or a combination of all three.

CoQ10 is known as a coenzyme because it helps other enzymes in the body to carry out their normal functions. In relation to muscle and brain fatigue, it is involved in energy-producing chemical pathways inside the mitochondria – parts of the cell where energy in the form of a chemical called ATP is produced. It also has antioxidant activity. So there are some theoretical reasons why CoQ10 might be helpful in ME/CFS.



However, despite all the claims being made for CoQ10, there is very little scientific evidence linking deficiency with disease. Nor is there much evidence of benefit in diseases where it is sometimes recommended, such as heart failure, mitochondrial muscle diseases, and Parkinson's disease (where decreased levels have been found in the spinal fluid). The same situation applies to ME/CFS.

A recent review (Nankivell *et al* 2025) of animal studies and human clinical trials has investigated the effect of CoQ10 supplementation on cognition in people who were healthy or had specific diseases.

Overall, twelve studies demonstrated improved cognitive function and two showed a reduction in oxidative stress in response to CoQ10 supplementation, either alone or in combination with other compounds. In human clinical trials involving healthy subjects and disease states, four showed evidence of a beneficial effect on cognition of CoQ10 supplementation, either on cognition, while two demonstrated an increase in cerebral blood flow. Disparity in the results of the clinical trials is likely to be due to differing testing procedures, inconsistent use of cognitive assessments, and/or varying bioavailability of different preparations of CoQ10. >>>

CO-ENZYME Q10 AND COGNITIVE DYSFUNCTION

The researchers concluded that there is some evidence to suggest that cognition and the biological mechanisms that regulate it are positively impacted by CoQ10 therapy. However, it is crucial to note that the literature presents mixed results, with many human clinical trials also reporting no benefit of CoQ10 supplementation on cognitive performance. To fully evaluate the benefits of CoQ10 on cognitive function in ageing and in neurodegenerative diseases, future studies are needed that target possible mechanisms and utilise a wider range of cognitive assessments.

As far as side-effects are concerned, CoQ10 is normally well tolerated with no serious side-effects. But it has not been properly assessed in pregnancy.

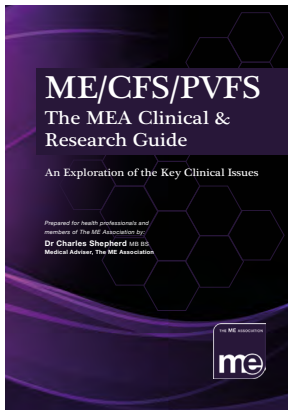
One additional note relates to use of CoQ10 with statins – prescription-only drugs used for lowering blood cholesterol levels. Statins can lower the levels of CoQ10, and it has been suggested that this could make people more liable to



develop statin-induced myopathy (muscle damage). This is a well recognised side-effect of statins and is something that is occasionally reported by people with ME/CFS. So there may be a case for taking CoQ10 if you have ME/CFS and are also taking a statin.

It has also been reported that CoQ10 can interfere with anticoagulants (blood-thinning drugs such as warfarin) at high doses.

Overall, CoQ10 is a supplement that may be worth a try – bearing in mind that reports of benefit are speculative rather than scientifically proven.



Use this QR code to link to the MEA's Clinical and Research Guide ME/CFS/PVFS: An Exploration of the Key Clinical Issues (The Purple Book).



FURTHER INFORMATION

■ The MEA 'purple book' - **The MEA Clinical and Research Guide** has information on over 30 research studies that have been carried out into cognitive dysfunction in ME/ CFS.

<https://meassociation.org.uk/4nop>

■ The MEA has a **To Whom It May Concern** letter on cognitive dysfunction. It follows after the research references. This is designed to explain the problem to employers, benefit assessors and lawyers who require more information on this aspect of ME/CFS. This appears on page 18.

RECENT RESEARCH REFERENCES

Cognitive dysfunction in ME/CFS

Robinson LJ et al (2019). Impairments in cognitive performance in chronic fatigue syndrome are common, not related to co-morbid depression but do associate with autonomic dysfunction.

PLOS ONE 14(2): e0210394.

<https://doi.org/10.1371/journal.pone.0210394>

Sebaiti A et a. (2022). Systematic review and meta-analysis of cognitive impairment in myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). *Sci Rep* 12, 2157.

<https://doi.org/10.1038/s41598-021-04764-w>

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Serafim AdP et al. (2025). Persistence of Cognitive Difficulties in Adults Three Years After COVID-19 Infection. *COVID*. 2025; 5(9):153.

<https://doi.org/10.3390/covid5090153>

RECENT RESEARCH REFERENCES

Visser D et a. (2025). Varying Levels of Inflammatory Activity in Brain and Body of Patients with Persistent Fatigue and Difficulty Concentrating After COVID-19: A TSPO PET Study

Journal of Nuclear Medicine Sep 2025, jnumed.124.269297;

<https://tinyurl.com/39xef2z7>

Zhao et al (2025). Long COVID is associated with severe cognitive slowing: a multicentre cross-sectional study.

eClinicalMedicine, Volume 68, 102434

<https://tinyurl.com/4abnte23>

Cognitive dysfunction in ME/CFS and Long Covid

Azcue, N et al. (2022). Brain fog of post-COVID-19 condition and Chronic Fatigue Syndrome, same medical disorder? J Transl Med 20, 569.

<https://doi.org/10.1186/s12967-022-03764-2>

Co-enzyme Q10

Nankivell MC et al (2025). Coenzyme Q10 and Cognition: A Review. Nutrients, 17(17), 2896. DOI: 10.3390/nu17172896.

<https://tinyurl.com/hwwvkctt>

FEEDBACK

Please let us know if you have any more useful tips to help with cognitive dysfunction.

You can email: feedback@meassociation.org.uk





The ME Association
7 Apollo Office Court
Radclive Road
Gawcott
Bucks
MK18 4DF

Telephone:
01280 818963
Email:
admin@meassociation.org.uk
Website:
www.meassociation.org.uk

Patrons:

HRH The Duke of Kent KG GCMG KCVO
The Countess of Mar
Etain, Lady Hagar-Alexander
John Rutter CBE

To Whom It May Concern

Cognitive dysfunction in ME/CFS and Long Covid

Cognitive dysfunction is an important part of both ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome) and Long Covid. The presence of cognitive dysfunction as a principal symptom of ME/CFS is recognised in all the main clinical and research definitions of ME/CFS, including the 2021 NICE guideline -where it is one of the four key diagnostic symptoms.

In practice, cognitive dysfunction means that people with ME/CFS and Long Covid experience problems with a wide range of tasks that relate to normal and effective mental functioning. In particular, they experience significant difficulties with short-term memory, the learning and processing of new information, and the ability to concentrate for more than short periods of time.

The range of disablement caused by cognitive dysfunction ranges from mild to severe and, as with most other ME/CFS and Long Covid symptoms, there is often an unpredictable fluctuation in severity. At the severe end of the spectrum, this aspect of ME/CFS may even be more disabling than pain or fatigue. As a result, the person concerned may be unable to cope with relatively straightforward and familiar cognitive tasks associated with their education, employment, or management of their personal affairs.

A large number of research studies, using complex neuropsychological testing and neuroimaging studies, have been carried out into this aspect of ME/CFS and published in peer-reviewed journals. The results of all these research studies confirm that a wide range of objective cognitive defects is frequently present in people with ME/CFS and Long Covid.

At present there is no form of treatment in the form of drugs, vitamins or supplements that has been shown to improve cognitive dysfunction in both ME/CFS and Long Covid.

Employers and educational establishments should therefore make reasonable adjustments and modifications to hours, duties, etc to take account of the problems caused by cognitive dysfunction in ME/CFS and Long Covid.

Dr Charles Shepherd

Medical Adviser, The ME Association

Former member, Chief Medical Officer's Expert Working Group into ME/CFS

Former member, NICE guideline committee on ME/CFS



The ME Association
7 Apollo Office Court
Radclive Road
Gawcott
Bucks
MK18 4DF

Telephone:
01280 818963
Email:
admin@meassociation.org.uk
Website:
www.meassociation.org.uk

Patrons:

HRH The Duke of Kent KG GCMG KCVO
The Countess of Mar
Etain, Lady Hagart-Alexander
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RECENT RESEARCH PUBLICATIONS

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<https://doi.org/10.1186/s12967-022-03764-2>



“Thank you for producing such a helpful magazine. The standard is consistently high and each edition is interesting and varied. I need all the help I can get and this magazine is consistently encouraging, realistic, and helpful.”



HOW WE CAN HELP

■ **COMMUNITY:** We provide a safe and welcoming community for people affected by ME/CFS and Long Covid who come together and benefit from sharing their experiences. We provide membership, an essential support service, excellent website resources, and we host engaging discussions on the most popular social media channels. Knowing that you are not alone can be a great comfort and we are happy to answer your questions and share helpful tips.

■ **MEMBERSHIP:** We put the interests of members at the heart of everything we do. Your subscription means that we can support more people, campaign more effectively and fund more medical research. Members receive the exclusive ME Essential magazine which carries the latest news, medical information, personal stories, and feature articles. Join us today: <https://meassociation.org.uk/nmrs>

■ **SUPPORT:** ME Connect is the charity’s support and information service. We listen and we understand. We provide a personalised service and we’re here when you need us most. We have knowledge and understanding of these medical conditions. To view the ME Connect telephone helpline opening hours please visit: <https://www.meassociation.org.uk/me-connect>

■ **INFORMATION:** We produce reliable and timely information written by topic experts and have the **largest range of free literature covering all aspects of life with ME/CFS and Long Covid**. We can show you how to recognise and manage symptoms, get an accurate diagnosis, a referral to specialists, and to obtain the healthcare that you deserve. We also provide an **e-newsletter** and free access on the website to **Medical Matters** and other relevant information.

■ **RESEARCH:** We fund medical research via the **Ramsay Research Fund** and are especially interested in research that can find diagnostic markers, causes, and treatments. We support the UK ME/CFS Biobank and the Manchester Brain Bank, and have invested over £1m in medical research in the last 10 years.

■ **MEDICAL EDUCATION:** We arrange training for healthcare professionals, offer a medical magazine, ME Medical, and are working with the Government, NHS, Royal Colleges of Medicine, and Local Authorities to implement the recommendations of the 2021 NICE Clinical Guideline on ME/CFS – the successful result of 14 years lobbying and hard work.

“The MEA is doing exactly what it said it would by providing support, actively lobbying for recognition, improvements to health and social care, and funding biomedical research.”



HOW WE CAN HELP

■ **LOBBYING:** We campaign to raise awareness and bring about positive change. We believe in collaboration and work with the NHS and social care services, the Department of Health and Social Care, the British Association of Clinicians in ME/CFS (BACME), Forward-ME, the ME Research Collaborative (MERC), DecodeME, the All-Party Parliamentary Group (APPG) on ME, Physios4ME, the Chronic Illness Inclusion project (CII), Hidden Disabilities Sunflower, and Long Covid initiatives.

■ **HEALTH & SOCIAL CARE:** The charity works with healthcare providers to successfully implement the NICE Guideline recommendations on ME/CFS and Long Covid to ensure that everyone receives the very best healthcare, wherever they live in the UK. We want well-trained healthcare professionals providing excellent services because timely intervention can lead to better health outcomes and improved quality of life.

■ **DONATIONS:** In order to help more people and invest in medical research we depend on your generosity. If you feel able to make a donation or want to raise funds in other ways, please get in touch with the fundraising team: fundraising@meassociation.org.uk or you can **make a direct donation via the website.**

WHAT ARE ME/CFS AND LONG COVID?

We answer key questions about these medical conditions and compare similarities and differences. You'll also find the NICE Guideline reproduced in full in an easy-to-use database.

MEDICAL MATTERS

Medical Matters is an easy-to-use online supplement to the more detailed literature. The same topic experts provide answers to commonly asked questions.

NHS REFERRAL SERVICES

If you need to locate an ME/CFS specialist service or Long Covid Clinic then we can help. We have listed all secondary care referral services in an easy-to-use database.



THE ME ASSOCIATION

me

ME CONNECT

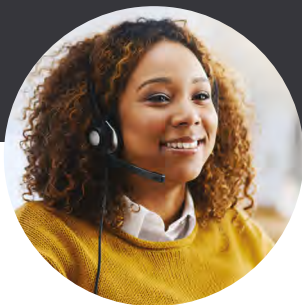
The Support and Information Service
for people affected by ME/CFS/PVFS
and Long Covid

3 WAYS TO GET IN TOUCH:
by phone, email
or social media private message



Freephone
0808 801 0484

For opening hours visit:
meassociation.org.uk/me-connect



HERE TO LISTEN

We are here to listen, validate and empathise with any issues you might be facing.



VITAL SUPPORT

We are here to help you reach an informed decision.



SAFE ENVIRONMENT

We provide a safe, confidential and understanding environment where you can be heard and understood.

We're here for you!



meconnect@meassociation.org.uk



[X.com/meassociation](https://x.com/meassociation)



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meassociation.org.uk