Invisible disease, multidisciplinary answer: the need for a Belgian Long Covid Research Network

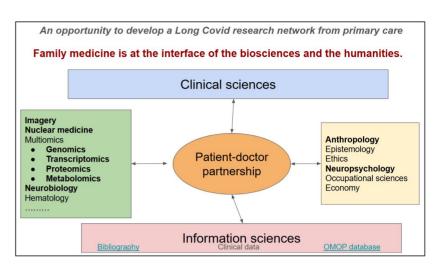


Jamoulle M 1, Kazeneza-Mugisha G 3, Schmitz O 4, Soylu S 3, Nicaise C 4, Mignolet M 4, Bulpa P 4, Dosimont S 5, Thielemans P 6, Latignies O 3, Van Weyenbergh J 7 1 University of Liege (ULg), Liege, Belgium 2 University of Louvain (UCL), Brus Epicura Hospital, Ath, Belgium 7 University of Leuven (KUL), Leuven, Belgium

> Following a cohort of > 200 patients in Family Practice 201-2024 Data Collection in Primary Care



34 Patients verbatim word cloud (2021)



Primary care at the heart of medicine

Identifying symptoms: using Human Phenotype Ontology



Knowledge Acquisition: PubMed and Google scholar watch, Twitter, Linkedin.

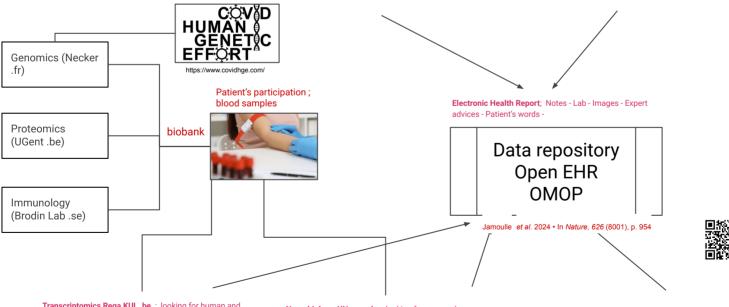


Narrative medicine: Qualitative research, anthropological analysis of patient's interviews

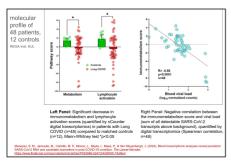
Mainly qualitative data about Medically Unexplained Symptoms

In the weeks that followed, she experienced dizziness, headaches, head pressure and helmet pressure. She was able to return to work part-time, but it was impossible for her to take on any more. Exhausted, she had to stop work completely. It was no longer possible for her to do sport, and she had numerous episodes of abdominal pain. At this point, she was more breathless when she exerted herself. multitasking woman, executive, mother of two, former athlete, never sick, in her third diagnosed as Burnout

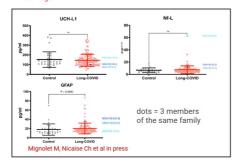
Schmitz O. Jamoulle. M, in press



Transcriptomics Rega KUL .be ; looking for human and viral RNAs



Neurobiology, UNamur .be; looking for neuronal damage



Nuclear medicine: SPECT-CT shows hypoperfusion

