

## EUROMENE

The EUROMENE group is formed by researchers from the following European countries:

Austria, Belarus, Belgium, Bulgaria, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Norway, Poland, Portugal, Romania, Serbia, Slovenia, Spain, Sweden, The Netherlands, United Kingdom.

The EUROMENE coordinating management structure consists of:

Action Chair: Prof. Modra Murovska

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[www.euromene.eu](http://www.euromene.eu)

[www.cost.eu/COST\\_Actions/ca/CA15111](http://www.cost.eu/COST_Actions/ca/CA15111)

## OUR AIMS

- To establish a European network of researchers and clinicians working on ME/CFS;
- To promote research among the participating countries so current diagnostics and treatments of ME/CFS could be improved;
- To provide information on the ME/CFS European centres of reference;
- To disseminate scientific knowledge about ME/CFS;
- To raise awareness among national health services and staff about ME/CFS'.

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## European Network on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

WHEN FATIGUE BECOMES DISEASE

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EUROPEAN COOPERATION  
IN SCIENCE AND TECHNOLOGY

## **What is Myalgic Encephalomyelitis (ME) or Chronic Fatigue Syndrome (CFS)?**

ME/CFS, also known as post-viral/post-infectious fatigue syndrome (PIFS), effort syndrome, or systemic exertion intolerance disease (SEID), is a serious, chronic, complex, multisystem disease of unknown aetiology and pathogenesis that affects individuals of all ethnic groups, and all socioeconomic strata. It is characterised by profound fatigue, cognitive dysfunction, sleep disturbances, pain, post-exertional malaise, among other symptoms. The symptoms vary in number, type and severity from person to person, and the course of disease is persistent or relapsing. The symptoms may appear at any age, but most commonly between 30-50 yrs of age (mean 33 yrs). It is more often diagnosed in females. It is estimated that around 1 to 4 per 1000 of the adult population experience this disease.

### **Diagnosis**

Unfortunately, many doctors still do not know much about this disease, underestimate it or mistake it as a mental disease. This may lead to diagnostic delays and untoward medications that may lead to aggravation of symptoms. The difficulty in getting a timely diagnosis and treatment contributes to a high burden of disease, and imposes additional costs on patients and public alike. Diagnosis is established on the basis of clinical features and usually requires the exclusion of a panel of various conditions which may induce chronic fatigue.

### **Prognosis**

The prognosis is variable; a few patients may recover or at least have significant improvement in symptoms, while some get worse. Most are faced with successive relapses and remissions, while others remain stationary. Many are forced to reduce or abandon work or study, and are forced to come to terms with social isolation. There is no known treatment to improve the symptoms or the prognosis.

### **Know it to recognise it**

Our educational efforts concerning ME/CFS will initially target:

- Health professionals: including general practitioners, paediatricians, neurologists, infectious disease specialists, physical medicine specialists, psychologists, pain therapists, internists, nurses, and occupational therapists.
- Social workers and others concerned with social and domiciliary support for patients and their families, particularly as regards work and access to benefits including pensions.
- The general public, addressing primarily family member and friends of people with ME/CFS, who may constitute support networks.