Long COVID care that excludes the brain is artificial and clinically unhelpful, Vienna psychiatrist warns

New research seeks evidence-based treatments for the neuropsychiatric symptoms of Long COVID and other post-acute infection syndromes



Long COVID: when overwhelming daytime exhaustion makes it difficult to function, carry out daily activities, or simply get through the day.

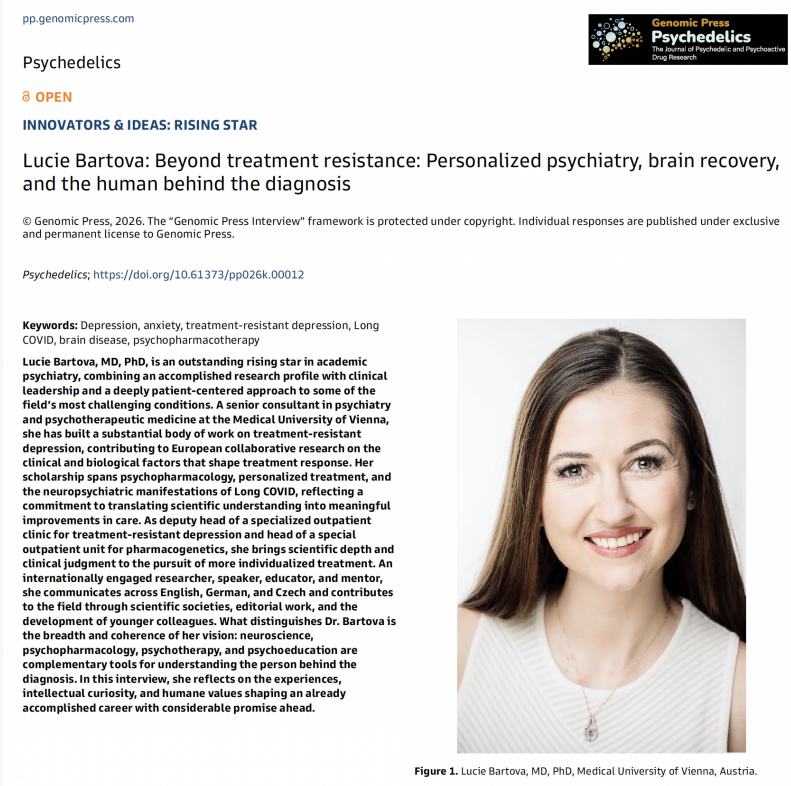
VIENNA, AUSTRIA, November 17, 2026 /EINPresswire.com/ -- Leaving the brain out of Long COVID treatment is artificial, and many patients whose depression is labeled treatment-resistant were in fact underdosed, treated too briefly, or living with conditions nobody had recognized. Those are two central arguments made by Dr. Lucie Bartova, a senior consultant in psychiatry and psychotherapeutic medicine at the Medical University of Vienna, in a Rising Star interview in the Innovators and Ideas series published today in Psychedelics: The Journal of Psychedelic and Psychoactive Drug Research (Genomic Press). The interview is titled “Lucie Bartova: Beyond Treatment Resistance: Personalized Psychiatry, Brain Recovery, and the Human Behind the Diagnosis.”

> “A guideline can guide us, but it should never replace thinking.”
> *Dr. Lucie Bartova, Department of Psychiatry, Medical University of Vienna*

The research and clinical program behind these arguments is anchored in specialized care at the Medical University of Vienna, where Dr. Bartova is deputy head of a specialized outpatient clinic for treatment-resistant depression and head of a special outpatient unit for pharmacogenetics, the study of how a person’s genes shape their response to medication. In 2023, she co-edited, with Sherry-Anne Muscat and Glenn Hartelius, a Frontiers in Psychiatry research collection titled “Bridging the gap: An interdisciplinary perspective on ketamine in psychiatric disorders.” Her research aims to contribute evidence-based treatment

approaches for the neuropsychiatric symptoms of Long COVID and related post-acute infection syndromes.

Since late 2020, a particular kind of patient has kept arriving at her office. They come after extensive medical investigations, carrying no clear explanation for their suffering. They describe fatigue, cognitive impairment, broken sleep, pain, a nervous system that no longer regulates itself, sensory overload, and emotional exhaustion. Many feel misplaced in psychiatry, because they do not consider themselves psychiatrically ill. Dr. Bartova questions the premise: why should patients have to consider themselves to be ill from the perspective of a specific medical discipline to benefit from its expertise?



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INNOVATORS & IDEAS: RISING STAR

Lucie Bartova: Beyond treatment resistance: Personalized psychiatry, brain recovery, and the human behind the diagnosis

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Lucie Bartova, MD, PhD, is an outstanding rising star in academic psychiatry, combining an accomplished research profile with clinical leadership and a deeply patient-centered approach to some of the field's most challenging conditions. A senior consultant in psychiatry and psychotherapeutic medicine at the Medical University of Vienna, she has built a substantial body of work on treatment-resistant depression, contributing to European collaborative research on the clinical and biological factors that shape treatment response. Her scholarship spans psychopharmacology, personalized treatment, and the neuropsychiatric manifestations of Long COVID, reflecting a commitment to translating scientific understanding into meaningful improvements in care. As deputy head of a specialized outpatient clinic for treatment-resistant depression and head of a special outpatient unit for pharmacogenetics, she brings scientific depth and clinical judgment to the pursuit of more individualized treatment. An internationally engaged researcher, speaker, educator, and mentor, she communicates across English, German, and Czech and contributes to the field through scientific societies, editorial work, and the development of younger colleagues. What distinguishes Dr. Bartova is the breadth and coherence of her vision: neuroscience, psychopharmacology, psychotherapy, and psychoeducation are complementary tools for understanding the person behind the diagnosis. In this interview, she reflects on the experiences, intellectual curiosity, and humane values shaping an already accomplished career with considerable promise ahead.

Figure 1. Lucie Bartova, MD, PhD, Medical University of Vienna, Austria.

Lucie Bartova: Beyond treatment resistance: Personalized psychiatry, brain recovery, and the human behind the diagnosis

"Long COVID is a multisystem disease with relevant brain involvement, and excluding the brain from its treatment would be artificial and clinically unhelpful," she says in the interview. The symptoms these patients carry are, she points out, old acquaintances of psychiatry. Clinicians know them from depression, from anxiety disorders, from trauma-related conditions and ADHD, and they already hold therapeutic tools that can often improve them in meaningful ways.

The body does not respect departmental borders, Dr. Bartova argues. Water pays no attention to the lines drawn across it on a map, and neither does disease. In complex multisystem conditions, psychiatry, neurology, internal medicine, immunology, and cardiology overlap constantly, and the strict categorical boundaries between them are often artificial. The human organism, as she puts it, is a dynamic, interconnected system rather than a collection of isolated organs or disciplines. Her method is patient and deliberate: evaluate the clinical symptoms carefully, translate them into neurobiological and systemic mechanisms, and only then derive a therapeutic strategy. Her larger ambition is blunter. She wants to challenge categorical thinking in medicine itself.

Patients who say they have tried everything are her daily clinical ground, in the form of treatment-resistant depression. The textbook definition sounds tidy: insufficient response to two adequate antidepressant trials. In the clinic, it is only the beginning of the story. "Many patients say, 'Doctor, I have tried everything, and nothing helped,'" she recounts. A systematic review of

their histories often tells a different tale. Medication was underdosed. Treatment did not last long enough. Anxiety disorders, substance use disorders, ADHD, or somatic conditions went unrecognized. In some cases, what looked like depression may reflect autoimmune or neurological disease. Some locks, in other words, were never tried with the right key, or the key was never turned all the way.

For the patients who are genuinely resistant, she reconsiders the full therapeutic spectrum, from tranylcypromine, lithium augmentation, and (es)ketamine to electroconvulsive therapy, vagus nerve stimulation, and clinical trials of novel approaches.

Ketamine, and its mirror-image molecule esketamine, have held her attention in particular. Rapid-acting agents such as these, she says, and the broader field of psychoactive compounds now under investigation, “remind us that the therapeutic spectrum for our most severely ill patients is still expanding.” For a clinician who sees the people other treatments have failed, that is not an abstraction. It is a door left ajar.

What fascinates her most is that “treatment resistance is not only pharmacological, but diagnostic, biological, psychological, and human.” Once properly recognized, she adds, it can often be addressed successfully. Explanation matters as much as prescription. She has seen patients stop essential medication simply because nobody had explained its purpose clearly enough, and she wants patients to become experts in their own illness.

The conviction that mind and body cannot be studied apart took root early, during a detour through what she saw as the black box of the mind. Dr. Bartova was born in Ostrava, in the Czech Republic, in 1985. As a child she asked the questions children are not supposed to be able to answer. Why do wars happen? Where do thoughts come from? The mind seemed to her a black box, mysterious and full of hidden mechanisms, and the mystery captivated rather than frightened her. Psychology tempted her for a while. Yet she did not want to study the mind as something detached from the body, not when fear can change breathing and a single thought can make the heart race.

In 2004 she moved to Vienna to study medicine, intending to become a good doctor in a psychiatric hospital. Research, at first, felt like an obligation standing between her and the real work. Then came a diploma thesis in her third year on the neural correlates of acute and remitted depression, and a supervisor who told her he saw a promising academic path ahead. She felt honoured and slightly puzzled. The detour became the road. Doctoral research followed, alongside specialist training in psychiatry and psychotherapeutic medicine and, in parallel, training in psychoanalytic psychotherapy, “deeply inspired by Vienna’s intellectual and clinical tradition.” She never saw biological psychiatry and psychodynamics as rivals. They were two windows onto the same human being. Habilitation and senior clinical responsibilities followed, and she credits mentors such as Professor Siegfried Kasper for supporting her development.

Her stance against the romance of exhaustion in medicine is just as firm. Asked to name the

most overrated virtue, Dr. Bartova chooses self-sacrifice, especially when it is idealized. “I do not believe that exhaustion should be romanticized,” she says. Wanting a free Sunday in order to work better on Monday is, in her view, not a lack of commitment but part of an intelligent way of working, and she wants younger colleagues to see that ambition and humanity are not opposites. She is equally wary of rules followed blindly.

On summer evenings she lives close enough to the Alte Donau to be swimming within minutes of leaving the clinic, watching the subway pass in the distance. She calls ChatGPT her endlessly patient intellectual sparring partner. Asked whom she would most like to dine with, she names first a grandfather she never met, who died under unclear circumstances when her father was four, and then Milan Kundera, who, like her, came from Moravia and built a life in another country. Her greatest regret is not a choice but the moments in which she was not fully present. She wishes that art of being present were taught in primary school. Some lessons, it seems, arrive late for everyone, even for the people whose work is helping others find their way back.

Dr. Lucie Bartova’s Genomic Press interview is part of a larger series called Innovators and Ideas that highlights the people behind today’s most influential scientific breakthroughs. Each interview in the series offers a blend of cutting-edge research and personal reflections, providing readers with a comprehensive view of the scientists shaping the future. By combining a focus on professional achievements with personal insights, this interview style invites a richer narrative that both engages and educates readers. This format provides an ideal starting point for profiles that explore the scientist’s impact on the field, while also touching on broader human themes. More information on the research leaders and rising stars featured in our Innovators and Ideas – Genomic Press Interview series can be found on our interview website: https://interviews.genomicpress.com/.

The Genomic Press Interview in Psychedelics titled “Lucie Bartova: Beyond Treatment Resistance: Personalized Psychiatry, Brain Recovery, and the Human Behind the Diagnosis,” is freely available via Open Access, starting on 17 November 2026 in Psychedelics at the following hyperlink: https://doi.org/10.61373/pp026k.00012.

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