

LONG COVID IN PRIMARY CARE

Guide to Assessment and Management

WHAT IS LONG COVID?

Long COVID, post-acute sequelae of SARS-CoV-2 or Post COVID conditions are terms to describe long-term unexplained symptoms following infection with COVID-19 virus and are symptoms characteristic of ME/CFS and post viral syndromes.

This guide is designed to help GP's assess and manage long COVID and the overlaps with ME/CFS and can be used in conjunction with the most current Diagnostic and Management Guidelines for long COVID.

DIAGNOSIS

The World Health Organization (WHO) and New Zealand Health Pathways require:

- Unexplained symptoms persist more than 12 weeks after initial suspected/confirmed COVID-19 infection and not explained by an alternative diagnosis.
- Wide range of symptoms possible (Multiple body systems may be involved)
- Symptoms may last weeks, months or years and may fluctuate as in ME/CFS.



COMMON SYMPTOMS

Common symptoms: fatigue/weakness, myalgia/arthritis, depression, anxiety, cognitive dysfunction, dyspnea, altered breathing pattern, insomnia, post exertional symptom exacerbation (PESE) - which is like post exertional malaise (PEM) in ME/CFS, palpitations, tachycardia on standing, diarrhoea, anosmia, menstrual irregularity, premature menopause.

Over 200 different symptoms have been recorded in association with long COVID.

SYMPTOM MANAGEMENT

IDENTIFY POST EXERTIONAL SYMPTOM EXACERBATION (PESE)



PESE is a disabling, often delayed exhaustion or symptom that has increased disproportionate to the effort made.

It is most often triggered by activity which includes day to day living tasks, physical activity, or something that requires concentration or high emotion. PEM/PESE onset can occur between hours up to days after engaging in an activity, and this response can last for days, weeks or even months. **The primary goal in management is to avoid it.**

Fatigue after minimal exertion, plus any three additional symptoms:

- Malaise - e.g sore throat, poor memory/concentration, flu like symptoms
- Weakness - feel weak or fatigued
- Sleep dysfunction - poor sleep, interrupted sleep
- Pain - joint or muscle pain

Energy management is key - avoiding overexertion. Pushing through will not help.

MULTI-DISCIPLINARY REHAB - RETURN TO ACTIVITY AND EXERCISE

- Plan, Pace, Prioritise tasks to manage PESE.
- Use an activity diary to track activity and PESE.
- Patients must be able to perform daily activities (washing, dressing, meal prep etc) without PESE before a careful, symptom paced return to exercise is considered.
- Keep care plans flexible and individualised.
- Refer to cardio respiratory physiotherapist www.physio.org. for breathing pattern assessment and support with return to activity.
- Consider a referral to Occupational therapy for an assessment for energy saving devices and equipment and support with pacing.
- Consider a referral to counselling.
- Regularly monitor and review symptoms - get patients to track progress in a diary.
- Sleep hygiene - assess and support appropriate changes.
- Diet - assess appropriate water intake. Sugar, caffeine, and alcohol can exacerbate symptoms.

Use [ANZMES ME/CFS for Primary Care Resource](#)
[ME/CFS guidelines](#) and [long COVID guidelines](#)

[DSQ-PEM](#)

[Physio for long COVID Activity Diary](#)

ASSESSMENT - Evaluate, Investigate, Refer

- Person centred approach
- Comprehensive medical history - ask the patient to describe their symptoms/experience
- Use the Long COVID symptom tool to report and track symptoms
- Holistic assessment - multiple body systems may be impacted
- Assess for exacerbated comorbidities - diabetes, hypertension, kidney disease, heart disease
- Consider that assessment may need to be completed in order of symptom priority to support fatigue management

TEST FOR ACUTE/SERIOUS COMPLICATIONS

Check for Red Flag symptoms.

Urgent investigation:

- new onset confusion
- symptoms suggesting stroke
- tachycardia
- >100bpm at rest/min exertion
- chest pain on exertion
- Syncope on exertion
- Sats <94% at rest
- desaturation >3% on exertion
- new or worsening dyspnoea
- thoughts of self harm
- worsening anxiety/depression

Fatigue:

FBC, Renal/Liver function, Thyroid, CRP, HbA1C, Vit D (not funded)

Respiratory

Pulse oximetry, CXR, Pulmonary function tests

Cardiac

ECG, NASA lean test / Active Stand Test, BNP.

REFER - FOR SPECIALIST CARE

Respiratory: pulmonary embolism, severe pneumonia, lung damage
Cardiac: POTS pericarditis, myocarditis, myocardial infarction,
Neurological: acute neurological event, post traumatic stress disorder

Gastro-enterology: swallowing problems, ongoing diarrhoea

Memory clinic: cognitive dysfunction impairing day to day function and return to work

ENT: vocal changes, Tinnitus



CARE & SUPPORT PLANNING

Assess individual needs and refer for community support:

- WINZ - for financial assistance where employment is impacted.
- Referral to social worker to support forms and applications
- Wellbeingsupport.health.nz - for free early intervention, mild to moderate mental health support.
- ANZMES for information and to connect with regional social support groups.

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