

Changing the Way We Work

February 24, 2023: Long COVID

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Co-host: Dr. Mekalai Kumanan
Co-Moderator: Dr. Tara Kiran

Curated answers from CoP guest, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time.

Long COVID Symptoms

How common is persistent joint pain after covid? If hot, swollen joints and a positive Anti-Sm, is this Long COVID, or has covid triggered a new autoimmune diagnosis? How do we manage?

Approximately 15% of people report arthralgia. If it is a new condition (according to diagnostic criteria for a specific autoimmune condition) then NOT Long COVID according to WHO.....but would be according to CDC.

How does this compare to chronic fatigue which was much more common 20 years ago? Also how does this compare to infectious mono persistence?

~50% of people with Long COVID also meet diagnostic criteria for mE/CFS. I hope that the attention given to Long COVID will also result in major advancements to support people with ME/CFS. We also have lots to learn from the experience with ME/CFS in supporting people living with Long COVID.

Long COVID Prevention/Treatment

Can you please be specific? I think you said 3-4 L of water. Amount of salt? 20-30 mmHg compression stockings?

1. 3-4L fluids per day.
2. 10g of salt.
3. Sleeping in the head-up tilt position (> 10°) to promote volume expansion and reduce nocturnal diuresis
4. Compression of 30-40mmHg if tolerated.

What role does hyperbaric oxygen therapy have in the management Long COVID?

A small trial demonstrated benefit. There is a study looking to try this on a larger scale. There will be major access issues and people will need to be very committed to its use as it requires

multiple treatments at a centre over time. Currently, the UHN clinic will not treat people with Long COVID.

What is access to rehabilitation like for these patients? Are there online or self-guided resources for them to do the exercise rehab at home?

Access is a major equity issue as rehab is often via private PT clinics. We do not recommend unsupervised exercise among people who screen positive for PEM/PESE.

Re: “structured sub-threshold activities”: 1) how to determine the threshold; 2) can this threshold change/improve over time?

For now we ask patients to keep a symptom-activity diary to track. We are doing research using biometric measures to help inform this. It improves over time with supervised activity.

I’ve seen stimulants (Vyvanse, Concerta, Modafinil) used for memory issues, brain fog, and fatigue associated with Long COVID but it’s not mentioned here. Is it invalidated by research?

I have not seen quality evidence to support their use (which means I have also not seen evidence that invalidate their use). The decision to trial these should be made with shared-decision making and frank discussion of the risk-benefits.

What was the name of the lab that sends holter monitor to the home?

M-Health

How would Metformin help in the Long COVID prevention?

The belief is that its underlying anti-inflammatory properties may address one of the four mechanistic pathways that are believed to contribute to its development.

If Paxlovid has shown prevention why are pharmacists so resistant in giving it for acute infections?

There are a ton of drug-drug interactions which makes it challenging to use. Its evidence is mainly for reducing severe acute disease, although the baseline risk for hospitalization in those studies was quite low in both groups.

Can you speak to risk of autoimmune disease post COVID infection? Do these diseases (i.e. lupus, rheumatoid arthritis, PMR), when associated with COVID, behave the same way and respond to treatment the same way as they do in a non COVID setting.

There are observational studies demonstrating an association with these conditions, and work in McMaster and elsewhere showing the presence of these autoimmune antibodies in people with Long COVID. Unclear if using the same treatments for these conditions will also help people with Long COVID.

What do you mean by orthostatic pacing?

Unproven therapy but appears low risk and anecdotally improves fatigue/PEM and memory impairment. Every 1-2 hours, people should lie on the ground with their feet on the wall above their head for ~10 minutes. The belief is that this “unloads” the cardiovascular system and autonomic nervous system.

What are the salts that you use? Regular NaCl/table salt?

Yes. It's the cheapest solution.

Thank you for advocating on behalf of us through these sessions to finally get in writing the ability to prescribe Paxlovid in advance at a pharmacy.

You are most welcome! We have a slide addressing this issue at the very end as well. The OCFP has done a great job advocating for us as family docs. Thanks for raising it.

Diagnosing Long COVID

Can you describe the 10 minute standing test again?

10-minute passive stand test used to diagnose postural orthostatic tachycardia syndrome (POTS):

1. Ask the person to lie on the examination table for 5 minutes.
2. Measure and record heart rate and blood pressure once per minute for 3 minutes.
3. Ask the person to stand up and lean with their back against the wall with feet together touching only shoulder blades to the wall.
4. Measure and record heart rate and blood pressure once per minute for 10 minutes. Spontaneously reported symptoms are recorded during the test.

Should we test for antibodies to support the diagnosis?

A positive COVID test or antibody testing is not required in Long COVID.

Further details on diagnosis can be found here:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid-qa.pdf>

Given possible issues of insurance coverage and possible need for documentation of Covid infection for Long COVID should we be doing testing on patients whose symptoms are consistent with Covid but RAT negative? The group that is approved for covid testing is much larger than the group approved for treatment. Or would this be a bad use of resources?

Dr. Quinn noted that a positive COVID test (PCR or otherwise) is not required for a diagnosis of Long covid.

This is also outlined in our OCFP Q+A on Long COVID:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid-qa.pdf>

Can you please speak to the symptoms that might be present with micro clots if they cannot be seen with imaging? What treatment options can be offered?

Generally these can manifest in any tissue bed where ischemia may occur. The current belief are that dyspnea (lungs), memory impairment (brain), diarrhea (gut) may be where these micro clots are occurring.

Thank you for this approach. I find it hard to reconcile how to take this comprehensive assessment with a typical 15-30 min appointment in family practice. Recognizing that we all try to give every patient the time they need. We need more efficient ways and resources to assess, diagnose and follow patients.

I agree, Diana. It can be very challenging in primary care. Patients with Long COVID will likely require multiple appointments and/or longer appointments. David K may also speak to more work being done within the system to support pts who require assessment and management of Long COVID.

When should this post covid 19 status self-reported tool be used? Weeks after onset, after 4 weeks since onset of covid or 12 weeks post onset?

I would use the tool at 12 weeks. The diagnosis of PCC is symptoms that last =>12 weeks.

Should we test for antibodies to support the diagnosis?

No. there is no evidence for antibody testing.

Is there any stats on new diagnosis or recurrence of a fib in Long COVID?

Only from observational studies, and often in older adults who are likely at higher risk. That said, the incidence appears to be low (<1%) PROVIDED it didn't arise during their acute COVID.

Re POTS, why wouldn't orthostatic hypotension be an autonomic dysfunction?

Orthostatic HYPotension can be dysautonomia, just not POTS.

What is PESE?

Post-exertional symptom exacerbation.

Chronic fatigue vs Long COVID? How to tell?

Very challenging as ~50% of people with Long COVID meet criteria for ME/CFS. The principals of management around energy conservation are very similar.

Vaccines

Any updates on the possible connection between COVID vaccines and fertility/menses? Patients keep expressing concerns and it will have an influence on future boosting.

We don't have an update on this today. We'll have an ID doc at our next session in March.

I don't understand the logic of giving further vaccines to someone who has already had Covid given that we now have good data showing strong natural immunity post infections? All vaccines have risks including Covid vaccines so why would you further risk this patient by giving him a vaccine for something he already has at least 6-12 months of natural immunity for?

Immunity (both natural and vaccine-induced) wains after ~6 months.

Insurance

With respect to the guidelines not to test; how do we can we support the insurance applications? The insurance companies are notorious for not accepting the family doctor's opinion. And deny the applications.

I would include the post-covid guidance from Ontario Health to explain that the evidence and guidance is not to over investigate.

How did you get his disability approved? Any advice? Struggling to get my patient approved.

I'm hoping to offer some advice when I speak - hopefully helpful.

Wondering why the patient in the case did not qualify for disability? Are there things as clinicians we need to be documenting to ensure our patients are not denied inappropriately?

I'm hoping to speak to this in my talk, Carrie.

Like Fibromyalgia how can we tell or test for Long COVID for sure. Fake malingering or Munchausen or secondary insurance gain from a million dollar high income job life long? To zero? Many or all (depends on postal code) Canadians have CPP disability applications pending and a right to apply.

Important question. I would suggest we do not need to worry about proving this diagnosis to insurance companies and income security programs. What we can do is put our time into detailing symptoms and impacts on function, treatments tried and adherence, other medical conditions and their interplay. The insurance companies/income programs are expert at sorting through this information to determine eligibility.

Given possible issues of insurance coverage and possible need for documentation of Covid infection for Long COVID should we be doing testing on patients whose symptoms are consistent with Covid but RAT negative? The group that is approved for covid testing is much larger than the group approved for treatment. Or would this be a bad use of resources?

In general, insurance programs and companies are accepting that a covid test is not required for this diagnosis. But they will still push for a link to signs of infection in some cases.

Which of the disability supports include drug coverage?

ODSP is the only one I know of ... private extended health insurance may continue if receiving private disability coverage.

Most workplaces do not require reporting COVID-19 at the workplace anymore, how can we prove that it is workplace transmission for WSIB?

This is a really important question, and one that I expect will play out through legal processes as WSIB is being quite rigid in its demands so far. The best we can do right now is show that someone works in a high covid risk environment and that, if possible, there were signs of covid infection preceding the Long covid symptoms.

How did you manage getting his disability approved? Any advice? I am struggling to get my patients disability approved.

I use this language in my letters: "In Ontario, a disability is defined under the Ontario Disability Support Program Act as 1) having a substantial mental or physical impairment that is continuous or recurrent and is expected to last one year or more; and that 2) the direct and cumulative effect this impairment results in a substantial restriction in the ability to work, care for oneself, or take part in community life. People who are disabled by Long COVID will qualify for disability benefits under programs like the Ontario Disability Support Program (ODSP). In the United States, Long COVID is recognized as a disability under Titles II (state and local government) and III (public accommodations) of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 (Section 504), and Section 1557 of the Patient Protection and Affordable Care Act (Section 1557) when it substantially limits one or more major life activities."

Other

Any studies on impact of anti-inflammatory diet in preventing Long COVID?

Not that I've seen that are high quality. Please send if you have them!

The D - dimer test is elevated in COVID infection, after being seen in ER, do we need to follow this test going down?

Studies of Systematic screening reveals very low incidence of VTE.

Please put the contact info of provincial clinic following people anywhere in province in the chat?

The contact info is in a link on page 3 of the guidance:

https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCovidConditionsClinicalGuidance_EN.pdf

These additional questions were answered live during the session. To view responses, please refer to the session recording.

- How can we differentiate between Long covid and other chronic conditions causing similar symptoms such as Somatic disorders? Mood disorder? Fibromyalgia?
- Difference of Long COVID from different variants. Original vs. alpha. vs. delta vs. different omicron
- Are there any medications we should be considering other than for treating symptoms (e.g. beta blockers, salt)? My patients keep asking about treating "micro clots". Am I supposed to be investigating for such "clots" or treating them?
- Any role for stimulant medications for the brain fog?
- What are you looking for on the 10 min standing test?
- Ontario Health: Where are we at setting up Long COVID care centers for assessment and treatment covered by OHIP? We as family doctors have no extra appointment slots to deal with the morbidity of COVID. This is especially important for those who don't have family doctors, front line essential workers (grocery/factory) who maybe can't afford physio etc. Is this on the agenda?
- I spend so many appointments and time on mental health, disability, forms that I actually have very little slots for acute issues. They have to go to walk in clinics. The burden of COVID-19 is affecting how family doctors care for all of their patients. Ripple effects. Do others experience this?