

HEALTH MANAGEMENT INSIGHTS

Long Covid

While most people recover from COVID-19 within a few weeks, there are a sizeable minority of patients who experience lingering symptoms for months after the initial infection has gone.

This is formally known as 'post COVID-19 syndrome' and informally as 'long Covid' - and the likelihood of experiencing long-term symptoms is not always related to the severity of the initial illness.

Long Covid is described by the National Institute for Health and Care Excellence (NICE) as: "Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis."

The syndrome usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time - and which can affect any system in the body.

The cause is unknown, but there are a number of theories and research is ongoing.

Key takeaways

- > Those with symptoms lasting from 4-12 weeks are regarded as having "ongoing symptomatic COVID" (long Covid 4-12 weeks)
- > When symptoms are experienced for longer than 12 weeks, it becomes post COVID-19 syndrome (long Covid 12 weeks or more)
- > Length of recovery is not directly related to the severity of the initial illness
- > However, a severe initial illness can lead to lingering respiratory symptoms
- > Around one third of COVID-19 sufferers may be classed as having long Covid
- > Older people, women and the unvaccinated are more likely to be affected
- > Recovery time is different for everyone, but it can last for months and symptoms often fluctuate with periods of relapse and remission
- > Treatments targeting specific symptoms are recommended
- > Work is generally good for health and many people work effectively despite significant illness or disability, but it may help to provide suitable support
- > Keep in touch with your employee if they are absent from work
- > Discuss a bespoke return to work with the employee, normal 'rules' for a phased return may not apply
- > Consider requesting specialist occupational health advice at an early stage, to support return to work

How common is long Covid?

As of October 2021, the UK's Office of National Statistics (ONS) estimated that around 1.1 million people living in private households (1.7% of the population) were experiencing self-reported long Covid symptoms. Around 26 million people in England have a long-term condition of some form, so this is a sizeable problem.

ONS research has also found that around one third of COVID-19 sufferers have experienced symptoms more than 12 weeks after their initial illness.

A similar study on US COVID-19 patients found that 37% had at least one long Covid symptom in the three-to-six months after getting the illness.

A further study led by the University of Leicester found that, of patients hospitalised with COVID-19, seven-in-10 had not fully recovered five months after discharge - and the authors felt that around one-in-five could be considered to have a new disability.

Research has also shown that older people, women and the unvaccinated are more likely to suffer from the condition.



Symptoms and diagnosis

In diagnosing long Covid, doctors ask about symptoms and their impact on a patient's life.

Tests may be suggested to explore the symptoms further and to rule out other possible issues. These could include blood tests, checks of blood pressure and heart rate, and a chest X-ray.

Research involving 500,000 people by Imperial College London found there were two main categories of ongoing symptoms:

- > A smaller group of people experiencing respiratory symptoms, such as a cough or breathlessness, who were more likely to have had a severe illness initially
- > A larger group with a cluster of more general symptoms, particularly tiredness and fatigue

Symptoms associated with long Covid can include:

Respiratory and Cardiovascular symptoms



- > Breathlessness
- > Cough
- > Chest tightness
- > Chest pain
- > Palpitations

Ear, nose and throat symptoms



- > Tinnitus
- > Earache
- > Sore throat
- > Loss of taste and/or smell

Neurological symptoms



- > Cognitive impairment ('brain fog', concentration or memory issues)
- > Headache
- > Sleep disturbance
- > Pins and needles or numbness
- > Dizziness
- > Delirium (in older people)

Gastrointestinal symptoms



- > Abdominal pain
- > Nausea
- > Diarrhoea
- > Anorexia and reduced appetite (in older people)
- > Weight loss

Generalised symptoms



- > Fatigue
- > Fever
- > Pain

Musculoskeletal symptoms



- > Joint pain
- > Muscle pain

Psychological/psychiatric symptoms



- > Symptoms of depression
- > Symptoms of anxiety

Dermatological symptoms



- > Skin rashes



Treatment and recovery

Long Covid is a new illness and evidence on how to treat it is rapidly emerging and evolving.

Patients will discuss suitable care and support measures with their doctor - and are likely to be given advice on how to manage and monitor symptoms at home.

Where symptoms are having a significant impact on everyday life, patients may be referred to a service which specialises in their specific symptoms. For example, specialist long Covid clinics have been set up nationally - or specialist physiotherapy may be recommended for those experiencing breathlessness.

Long Covid and work

Normal rules for a return to work do not apply - and are unlikely to be effective.

Return-to-work recommendations should be flexible and individualised - and employers should be prepared to allow an extended timeframe.

The arrangements should be person-led, and not incremental or time bound. Rather, employers should:

- > Take into account the type of work the employee does. For example, is their work safety critical? And if so, can they return to work safely? If not, can they temporarily be redeployed to another role?
- > Consider adjustments to the role. For example, ensure workload is adjusted in accordance with hours and ability. Consider homeworking to reduce travel and avoid physical work initially. Allow regular hours rather than shifts, while they remain symptomatic.
- > Ensure symptoms are stable prior to return to work or an increase in activity, ie. use a 'pacing' or energy management approach – this is all about balancing daily activity and rest to avoid relapses, which can be associated with over-exertion. Exertion need not be physical but can be cognitive.
- > Employees do not need to be 100% fit to resume work. A supportive return-to-work programme can be beneficial to the recovery process.
- > Good communication is key.
- > Plan for less than the person may be capable of - it is easier to build up than to implement a relapse plan.
- > Consider involving Access to Work, a publicly funded employment support programme which can pay for practical support to help employees remain in work. The scheme may pay for special equipment, help with travel and help with working from home.
- > Don't forget the potential psychological impact on the employee - and make sure they are aware of potential resources available, for example, an employee assistance programme.
- > Stress can exacerbate symptoms related to many conditions. Consider a stress risk assessment, particularly if any specific work issues are highlighted by your employee.
- > Contact your occupational health team for further support and guidance.

Contact us to find out more.

 info@healthmanltd.com

 healthmanagement.co.uk

 

Useful resources

[NHS – Your COVID recovery](#)

[NHS – Long Covid](#)

[Gov - Access to work](#)