Could My Patient Have Long COVID?

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Long COVID Guiding Council
Convened by the Minnesota Department of Health
Long COVID Program in partnership with Stratis Health.





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Session Objectives:

- Describe scope and impact of long COVID in Minnesota and United States
- . Identify key features in the clinical presentation of common COVID phenotypes
- Discuss options available for symptom management and support for patients presenting with symptoms consistent with long COVID

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Impacts of the viru	ıs that 🏻 🍖	Montal health
causes COVID-19		anxiety, departsion, sleep problems, substance abose
Signs, symptoms, and continue or develop after a SARS-CoV-2	Cardiovascular acute coronary disease, heart leiture, palpitudions, anythmias	Nervous system stroke, headaches, memory problems, smell protiems
infection.	Respiratory system Cough, shortness of treath, less blood	Metabolic/ endocrine
Present 4+ weeks after infection	oeygan .	obesity, diabetes, high cholesterol
May be multisystemic	Scate Midney Injury, chronic Midney disease	Gastrointestinal Constitution,
 May be relapsing-remitting 	Musculoskeletal	dianthea, acid reflux
Progression may worsen over time, be severe, and last years	joint pain, muscle weakness	Skin disorders hair loss, rach
time, be severe, and last years	General	Coagulation

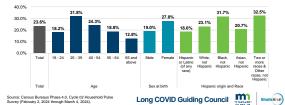
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MN Long COVID: Household Pulse Survey

Percent of self-reported COVID-19 symptoms lasting 3 months or longer in persons reporting a COVID-19 infection, by age, sex, and race/ethnicity



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MDH Post-COVID Survey Findings

Persistent Symptoms (4 weeks or longer)

(n=1,597 with SARS-CoV-2; March 15 - July 31, 2023)

- 58% reported at least one symptom that lasted a month or longer
- 24% reported at least one symptom as severe

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MDH Post-COVID Survey Findings

Number and Duration of Persistent Symptoms in Individuals with a Confirmed SARS-CoV-2 Infection (n=1,597; Mar 15 – July 31, 2023)

Most respondents with symptoms reported 5 or fewer symptoms. However, many respondents reported current symptoms that had already persisted for at least 6 months at the time of interview

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MDH Post-COVID Survey Findings Most Frequently Reported Persistent Symptoms in Individuals with a Confirmed SARS-CoV-2 Infection (n=1,597; March 15 – July 31, 2023)

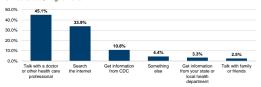
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Long COVID: Importance of providers

Percent distribution of where adults would go first to learn more about Long COVID, United States, August 2023



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Identifying Long COVID in Primary Care

- · Have you had a viral illness or COVID recently?
- Do you feel back to normal?
- Consider Long COVID for any symptoms lingering longer than 2 months.

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Identifying Long COVID (Specialist Perspective)

Two buckets:

- Less Familiar" Conditions

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Long COVID Phenotypes

- When in the "less familiar" realm:
 - Fatigue Phenotype ~ ME/CFS
 - Myalgia Phenotype ~ Fibromyalgia
 - Orthostasis Phenotype ~ POTS
 - Dyspnea, Other phenotypes depending on symptoms



Patients often have multiple phenotypes

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Management Options in Primary Care

- Consider additional testing for: neurologic, cardiac and pulmonary symptoms
- Past history of concussion COVID may have a TBI-like appearance. Consider therapies, PM&R, neurology referrals.
- Vague symptoms: consider referral to therapies (PT, OT, ST) for evaluation
- Remember pacing
 Therapy availability in rural communities
- Behavioral health support for brain fog, cognitive concerns, mood changes
- FMLA or Disability for Long COVID. Link to document (includes resources for social supports and workplace accommodations template letter): https://stratishealth.org/wp-content/uploads/2024/04/Workplace-accommodation_Provider-FAQ-letter-template-.pdf

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Management - Specialist Perspective

- · Once post-COVID dysautonomia / postexertional malaise is confirmed, pacing is key
 - Other therapies cannot be fully effective if there is no energy left to work with!



Grach, SL, Seltzer J, Chon TY and Ganesh R. Diagnosis and management of myalgic encephalomyelitis/chronic fatigue syndrome. Mayo Clin Proc. 2023

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Phenotype/Symptom-Based Tx

henotype Fatigue	Dyspnea	POTS	Myalgia
reatment ptions - Low dose nattrexone - Low dose Abilify - Guanfacine	Inhaled corticosteroids Antihistamines (1st generation)	Rate Control – β-blocker, Ca channel blocker, ivabradine Vessel constriction – midodrine Salt and water retention – fludrocortisone Pyridostigmine	SNRI – duloxetine, milnacipran TCA – amitriptyline, nortriptyline Gabapentinoid pregabalin, gabapentin

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To conclude...

Long COVID Tips

- Invisible Illness is not the same as Absent Illness
 - Ask about recovery from recent viral illnesses
 - Listen carefully and keep Long COVID on your differential
 - Patients need to feel heard and believed
 - Stay curious, there is so much still to learn about Long COVID

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Long COVID Resources

- Long COVID A Post-COVID Condition MN Dept. of Health
- Long COVID Guiding Council
- Long COVID or Post-COVID Conditions | CDC



Long COVID ECHO in partnership with MN Academy of Physicians - Scan QR code to sign up! Registration link: Long COVID ECHO Registration

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Long COVID Guiding Council -Provider Representation

- · Carris Health/CentraCare
- Community-University Health Care Center (CUHCC)
- · Essentia Health
- Genevieve
- HealthPartners Clinics and Hospitals
- · Hennepin Healthcare
- M Health Fairview/University of Minnesota
- · Mayo Clinic
- Minneapolis Veterans Affairs Health Care System
- · Minnesota Community Care
- · Minnesota Department of Health
- Minnesota Department of Human Services
- · St. Mary's Health Clinics

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Thank you! We appreciate your participation. See you on ECHO!

ECHO Registration: Long COVID ECHO Registration

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