



South African Society of Psychiatrists

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SASOP/PsychMg Post Covid- 19 Position Statement

Introduction

“Long Covid”, with symptoms of brain fog, fatigue and shortness of breath lasting for six months or more, is set to become the biggest health challenge facing business and the [health care system](#) beyond the immediate crisis of the [Covid-19 pandemic](#).

Definition

According to the WHO (2021), post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. ¹ Common symptoms include fatigue, shortness of breath, cognitive dysfunction and others, and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.

Prevalence

Since the global spread of Covid-19 from early 2020, there is an emerging body of evidence from many countries of a growing number of people who experience prolonged symptoms beyond the initial, acute stage of the disease. Individual studies indicate that between 10% and 30% of patients who recover from acute Covid-19 become ‘long haulers’, still experiencing symptoms six months later. In one study of 3 762 patients who had confirmed or suspected Covid-19, most of whom had symptoms lasting longer than 90 days, 45% needed a reduced work schedule compared to before they became ill and 22% were not working due to their health conditions. ²

Presentation

Long Covid affects multiple bodily systems, with cognitive dysfunction (“brain fog”), fatigue and post-exertional malaise (a relapse or flare-up of symptoms after physical or mental effort) being the most common symptoms and the most



long-lasting, still experienced six months after infection. Brain fog is an umbrella term referring to symptoms such as memory loss, confusion, muddled thinking, poor concentration, and generally feeling mentally sluggish. Up to 25% of people infected with Covid-19 experience this and other neurological symptoms. ³

Multiple pathomechanisms are proposed for Post COVID-19 presentations. ⁴ Until further information is available, it may be useful to evaluate each person in terms of four symptom clusters: prolonged symptoms of the acute infection, later onset Long Covid presentations, mental health related presentations and complex combined presentations. For prolonged Post COVID-19 presentations there are known treatments and outcomes. ⁵ For most Long Covid presentations, pathomechanisms are uncertain and until these are determined and clinical trials have completed, treatment proceeds from first principles, with emphasis on support for the patient, rehabilitation, and restoration of function.

Recommendations for management

While organisations have so far focused on primary prevention of Covid-19 infection – measures such as masks, sanitising, physical distancing and working from home, employers also need to turn their attention to [employees returning to work](#) after recovering from Covid-19 and to what is needed to accommodate those suffering with Long Covid. Organisations are facing a potential increase in employees needing workplace accommodations for ill health or disability, long-term sick leave or even medically incapacitated and no longer able to perform their current job. Employers need to be reviewing their occupational health services, employee assistance and wellness programmes, policies on sick leave and reasonable accommodation, post-illness return-to-work plans, and ensure they are not discriminating on grounds of mental health or disability. The implications are far-reaching, and the likes of health care funders and income-protection insurers need to be reviewing their policies and guidelines on treatment and disability.

Similar to acute Covid-19 disease, the symptoms of Long Covid are diverse and vary between individuals, and also change and fluctuate over time – making it important for employers to discuss their condition with individual employees and understand what support they need, and to allow for flexibility in workplace accommodations.

Where Long Covid persisted for more than a month, during which the person may need to take sick leave, by the second month the employer would need to be looking at reasonable accommodation and/or reduced responsibilities.

Beyond two months, it is likely that assessment and treatment by a multi-disciplinary team would be the correct approach, involving the general practitioner along with professionals in areas such as psychiatry, neuropsychology, and occupational therapy. Although many persons with long-COVID will be managed in primary care, others will require



input from rehabilitation medicine experts. Care should not be delayed and referral to pulmonologists, neurologists, physicians, and psychiatrists should happen sooner rather than later if interdisciplinary care is unavailable.⁶

Regarding returning to work, the ability of patients to return to work or exercise should be assessed on an individual basis and will vary depending upon their baseline pre-COVID-19 functional status and the severity of illness, and the type and severity of complications.

In general, for most patients recovering from their acute illness gradual resumption of exercise as tolerated, starting at a low-intensity level, and slowly increasing activity over the next several weeks. The same principle can be applied to work.⁷

This is important as we know from experience that the longer a patient is away from work, the lesser the chances that the person will return to work. After six months away from work, only 15% will be able to return to work and therefore extended periods away from work should be avoided at all costs.⁸

Every patient will need an individualised approach, with time away carefully planned by the multidisciplinary team. The team, which may consist of for example a general practitioner, a pulmonologist, a physiotherapist and an occupational therapist, should together draw up a return-to-work plan which will consist of a definitive plan with regard to returning to work. It has been shown that recovery is often faster if a person can do some work whilst recovering.⁹

On behalf of SASOP/PsychMg, November 2021

Prof Renata Schoeman, Prof Stoffel Grobler & Dr Leigh Janet

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