LONG COVID WEB

LONG COVID ECHO
SESSION SUMMARY **12 September 2025**

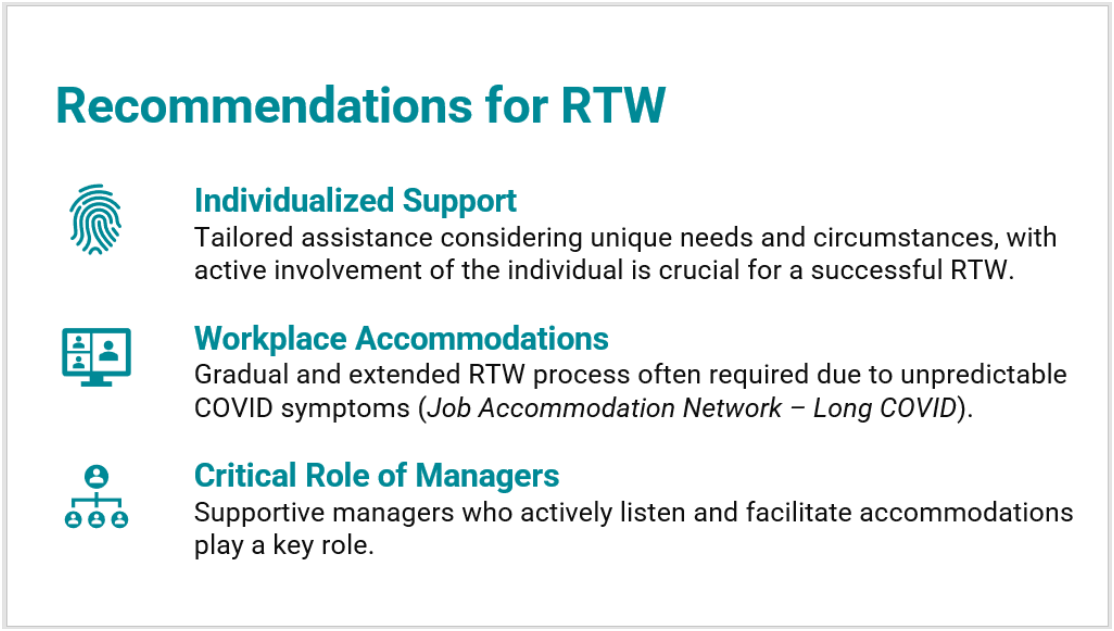
(i) KEY PRESENTATION: Workability and Long Covid: Challenges, Supports, and Experiences by Gagan Nagra, PhDc (slide deck attached)

A summary of main points from the presentation:

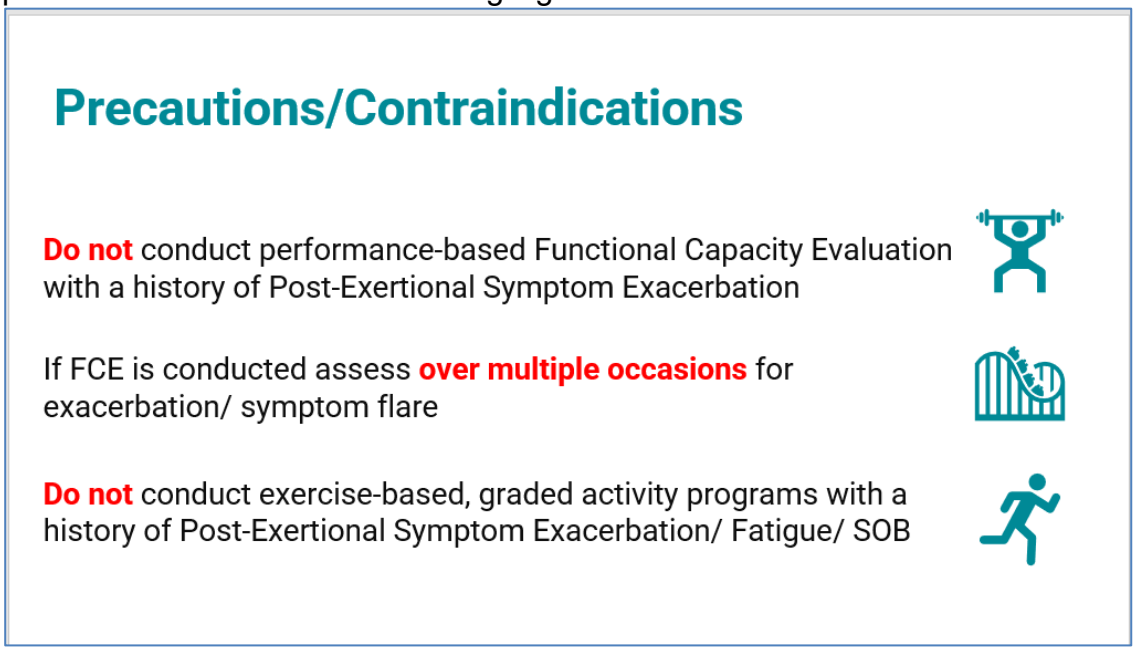
- The presentation began with a reminder of the centrality of work to our identity and social roles, and the benefits of work for our clients. Long COVID sufferers often feel anxious as they cope with their condition, and while it's natural for people to ask, "How's work going?" such questions can unintentionally provoke anxiety.
- The speaker highlighted that, based on data collected between 2020 and 2022, Long COVID accounted for 31% of all claims filed in New York State. Specifically, out of a total of 3,139 claims submitted during this period, 977 were related to Long COVID.
- Long COVID has shared but also unique challenges to other illnesses and injuries. It is often episodic and fluctuating, the disability it causes is often invisible, and the 'recovery' process is unpredictable.

- Key papers mentioned were:
  - Young, Amanda & Wasiak, Radek & Phillips, Leah & Gross, Douglas. (2011). Workers' perspectives on low back pain recurrence: "It comes and goes and comes and goes, but it's always there". Pain. 152. 204-11. 10.1016/j.pain.2010.10.033
  - Loisel, P., Buchbinder, R., Hazard, R., Keller, R., Scheel, I., van Tulder, M., & Webster, B. (2005). Prevention of work disability due to musculoskeletal disorders: the challenge of implementing evidence. *Journal of occupational rehabilitation*, *15*(4), 507–524. https://doi.org/10.1007/s10926-005-8031-2
  - O'Connor, R. J., Parkin, A., Mir, G., Mullard, J., Baley, S., Ceolta-Smith, J., & Rayner, C. (2024). Work and vocational rehabilitation for people living with long covid. *BMJ (Clinical research ed.)*, *385*, e076508. https://doi.org/10.1136/bmj-2023-076508
  - The speaker's own research is on patient-oriented research, and involves people living with Long COVID in the research process e.g. by having a patient committee. Nagra, G., Hung, P., Peters, M. R., Guptill, C., Ezeugwu, V. E., Cooper, L., McKeen, B., & Gross, D. P. (2025). Considerations for engaging in patient-oriented research with injured workers. *Frontiers in health services*, *5*, 1589643. https://doi.org/10.3389/frhs.2025.1589643 and: (submitted for publication) A Scoping Review of Interventions and Recommendations for Enhancing Work Ability and Facilitating Return-to-Work in People with Long COVID.

- The Scoping review's key recommendations for return-to-work include individualized support, workplace accommodations and manager support, see slide 16 below.



- Helpful healthcare interventions include timely access to safe and supportive rehabilitation; including psychoeducational approaches such as pacing, breathing strategies, tailored physical activity and medication management; and interventions lasting from 3 days to 5 weeks. Some precautions/contradictions were highlighted – see slide 18 below.



- The presentation concluded with some ongoing challenges including ongoing confusion around the nature of the condition, inconsistent policies nationwide, and lack of testing.

(ii) CASE PRESENTATION:

The case concerned a 35-year-old woman with a 3-year history of Long COVID with ME/CFS phenotype and postural orthostatic tachycardia syndrome (POTS). The patient has been off work for 3 years but has shown significant improvement in fatigue, neurocognitive symptoms, post-exertion malaise (PEM), and POTS. She developed skills through self-management groups and POTS management techniques that helped her return to work in sales over the last 6 months.

Her current challenges include work-related travel that can precipitate PEM, requiring rest to recuperate. Intense emotional experiences can also trigger PEM, leading to evenings and weekends spent in bed. Her POTS is managed with salt intake (2 teaspoons), hydration (4 liters of water), athletic compression garments up to the waist, and specialized exercise taught by OT and PT specialists. Her medications include Ivabradine 5mg twice daily and Midodrine 7.5mg three times daily.

The case discussion focused on: 1) advice for decreasing PEM episodes – with members noting that we do not have proper data on the risk of repeated PEMs to decrease the overall baseline, yet there are data that triggering PEM does not improve the threshold; 2) whether recurrent PEM will lead to long-term work limitations, and 3) if any medications can help with PEM such as dextromethorphan, however evidence is limited, and interactions and serotoninergic syndrome are important to note.

A member shared a paper: Gloeckl, R., Zwick, R. H., Fürlinger, U., Schneeberger, T., Leitl, D., Jarosch, I., Behrends, U., Scheibenbogen, C., & Koczulla, A. R. (2024). Practical Recommendations for Exercise Training in Patients with Long COVID with or without Post-exertional Malaise: A Best Practice Proposal. *Sports medicine - open*, *10*(1), 47. https://doi.org/10.1186/s40798-024-00695-8

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Submit your de-identified cases (PROJECT ECHO) to: Christine.chan@uhn.ca
Keep up-to-date with session topics: https://www.longcovidweb.ca/echo
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