

MY EXPERIENCE OF LONG COVID-19 IN A RURAL GENERAL PRACTICE

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THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine

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Disclosures: Does have a relationship (financial or otherwise) with a for-profit or not-for-profit organization to disclose.

Doctors of BC Guidelines and Protocol Advisory Committee including membership on working groups that advised or reviewed covid related material and educational resources.



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1. How do patients with long covid present in rural BC? My experience...
2. What investigations and support can be provided with fewer resources?
3. What are patients trying for treatments?



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PRACTICE - APPLICABILITY

Rural BC

Near the USA Border

Nearest large BC referral is Kelowna (6+hrs)

General Practice

Interest in Covid

POC Testing

Spectrum of patients

Professionals

Very independent

Well educated and informed

Ask hard questions!



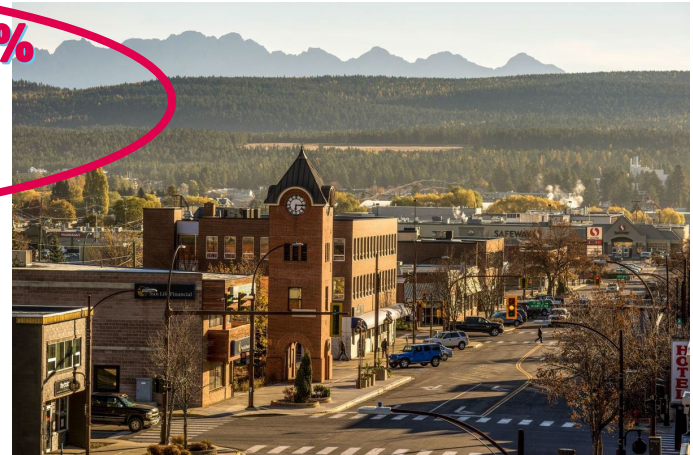
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Who presents with long Covid to Rural Primary Care?

Categories of Patients

Presented initially by Dr. Zachary Schwartz

1. Post op ICU
2. No hospitalization but very symptomatic **5%**
3. Asymptomatic **5%**
4. Mild symptoms **80%**



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PRESENTATIONS

1. Chest pain, fatigue, palpitations, SOBOE
2. Fatigue, brain fog, headache, SOB
3. Children respiratory



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Resources

Pathways PHSA



Post COVID-19 Interdisciplinary Clinical Care Network

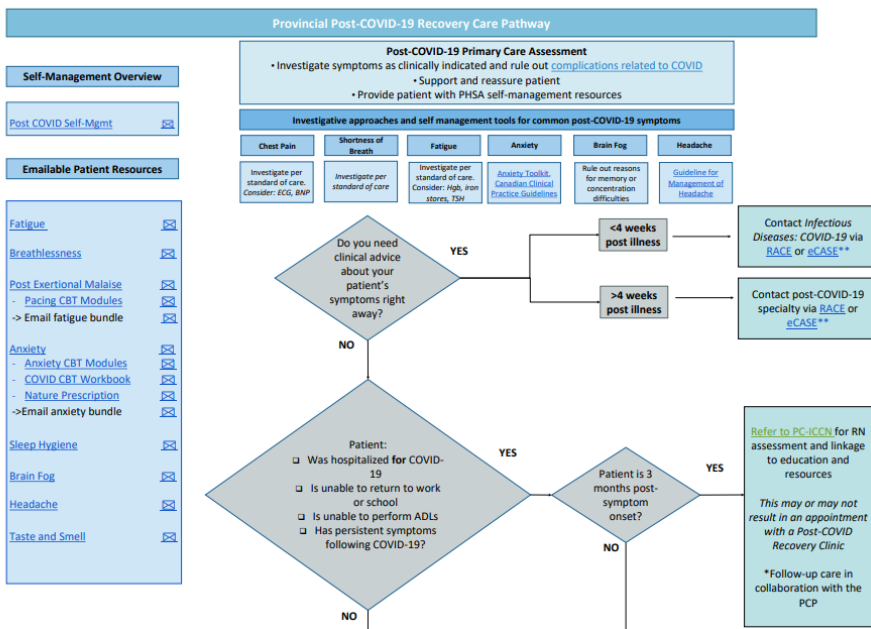
Recovery | Care | Research | Education

Acute COVID-19 should be managed symptomatically. Patients may experience persistent symptoms for up to 12 weeks following COVID-19 infection. If symptoms worsen, the Primary Care Practitioner (PCP) should order labs and diagnostics as clinically indicated. Persistent symptoms of post-COVID-19 can be physical, cognitive, social or emotional. All symptoms must be assessed to identify potential complications. **Once complications are ruled out, patients should be managed symptomatically.** PCPs should call the [RACE](#) line if they require advice in the management of their post-COVID-19 patient. **It is imperative that patients are heard and understood throughout their recovery.**

The Post-COVID-19 Pathway is available for PCPs to help their patients appropriately navigate the currently available resources so they receive appropriate, effective and timely care. Key messages include:

- The pathway is grounded in the experience of physicians in the Post-COVID-19 Recovery Clinics (PCRCs)
- Not everyone will need to access a Post-COVID Recovery Clinic, but all individuals should have access to appropriate care, support and education.**
- Persons whose symptoms have not resolved within 12 weeks should be re-assessed and considered for [referral to the Post-COVID Interdisciplinary Clinical Care Network](#).
- Referral to health-care providers who are not directly involved in the PCRC may be required.
- Many patients are taking as long as 12 weeks to recover, it is important to provide patients with information and resources to guide self-management of symptoms.

Note: The Post-COVID-19 Interdisciplinary Clinical Care Network provides intervention at 3 months post infection. It does not deal with urgent medical concerns.



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Investigations/Treatment By Category

1. Chest Pain

- Complete Physical Exam
- Rule out MI etc.,. ECG, Cardiac Enzymes, BNP, d-dimer, BNP, CXR, CRP/LFTS/Renal if needed
- Accompanied walking with pulse oximeter
 - Ectopy noted
 - ?Myocarditis
 - Holter, ECHO, Stress Test if not improving
 - No cardiac MRI or CT angio ;-)
- Supportive Care and regular follow up
- Modification of activity



Investigations/Treatment By Category

2. Fatigue, SOBOE, headache

- Physical including orthostatic BP (?PoTS??)
- CBC, TSH, Ferritin, OSA (if meet requirements)
- CXR (further imaging if abnormal and indicated)
- Inhalers
- Energy Envelope and Modification
- Reassurance

3. Children

- Post URTI cough
- Reassurance
- Short Term Corticosteroid/ Bronchodilators



Treatments Tried by Patients

OFF LABEL USES! N of 1 Trial maybe....

1. Low Dose Naltrexone

- Glial Cell Modulator
- Evidence from the fibromyalgia/chronic pain/inflammatory bowel research
- Low Side Effects

2. H2 Blockers/ Antihistamines

3. Zinc, Vitamin C and Vitamin D



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