



# Long Covid



## Information for GPs and other healthcare professionals



**Long Covid Scotland work with and for people with Long Covid.** The condition is now recognised by SIGN and NICE as Post COVID Syndrome (NG188), for symptoms continuing beyond 12 weeks, however, earlier investigations and diagnosis may be necessary.

The following notes are informed by the guideline and peer-reviewed research and have been medically reviewed by GPs treating the condition. These points are not intended to take the place of the guideline, but may offer a snapshot of key information for healthcare practitioners.

- **People living with Long Covid can be any age and children are also affected.** They may not have a known underlying condition, been hospitalised, or had a positive antigen or antibody test.
- **10% of patients** even with mild disease report ongoing symptoms at 12 weeks.
- **Symptoms can vary greatly**, affecting numerous systems in the body. Cardiorespiratory and neurological symptoms are common. The disease process fluctuates but, for many, trends towards slow improvement over months and, likely, years. There is hope.
- **The Coverscan study found nearly 70% of patients had organ damage.** Cardiac injury occurs in up to 30% of patients with mild disease, with 15% having ongoing myocarditis at 12 weeks (detectable on cardiac MRI). Appropriate investigation is vital to ensure safe counselling on the role of exercise.
- **Emboli may be present despite normal D-dimer tests and have a delayed presentation**, even after many months. Youth and fitness will obscure the presentation of pathology and may need more provocation to reveal disturbed physiology e.g. jogging to trigger destinations secondary to PE.
- **Both myocarditis and emboli may present similarly to PoTS.**
- **Some patients report symptoms of Mast Cell Activation Syndrome**, which can cause anaphylaxis and body-wide symptoms.
- **Some symptoms of Long Covid may mimic anxiety**, or anxiety may occur in addition to various symptoms. Furthermore, being fearful of a distressing health event does not suggest an underlying psychiatric illness, though adjustment reactions are common.
- **People with Long Covid report worsening effects with Graded Exercise Therapy (GET)**, which NICE no longer recommends for post-viral illness. Pacing is more effective.
- **People with Long Covid often have other challenges**, such as their financial status, or their ethnic background. Social care referrals may be beneficial to those with caring duties.
- **Therapeutic intervention is possible.** Tachyarrhythmias can be medicated, neuropathy can be eased, anti-histamines can be trialled, and referrals can and should be made to exclude the possibility of concurrent pathology.
- **In many cases, patients with Long Covid prefer shared decision making**, and will have a good knowledge of their condition and what could help them.

