

Long COVID: What We Know and the Way Forward

By Mark Bonta, MD, FRCPC

What exactly is Long COVID or the Post-COVID condition? Not only have we failed to standardize the name that describes the constellation of symptoms that develop or linger after a COVID-19 infection, but diagnostic criteria vary worldwide.¹ In Canada, we describe the "Post-COVID-19 condition", with 18 symptoms in patients who may have had COVID-19 (formal testing is not required).² Regardless of the name, similarities include fatigue, multisystem physical symptoms, mental health symptoms, and sleep impairment.^{3,4}

Interestingly, this complex of disabling physical and mental symptoms has existed for decades prior to COVID-19. From Post-Ebola Syndrome (West Africa)⁵ to Chronic Fatigue Syndrome (North America), these conditions describe people with Medically Unexplained Physical Symptoms (MUPS). Central sensitization, the purported mechanism responsible for chronic pain, has gained traction as a likely etiology, in part, for MUPS.⁶ Somatic Symptom Disorder, used by psychiatrists, is an umbrella term for physical symptoms that impair function in other facets of life. Somatic Symptom Disorders include conditions with known pathophysiology, while also including MUPS patients.⁷ Simple scoring systems can be used to quantify the degree of impairment experienced by the patient and allow one to monitor their somatic symptom burden over time, useful for trending longitudinal changes. The Symptom Severity Scale (SSS)⁸ used in fibromyalgia research is an example.

A 2018 survey of Canadian rheumatologists identified that half of them would potentially refuse consultations for fibromyalgia.⁹ The terms "difficult patients" and "heartsink" have been coined and have become synonymous with MUPS. Studies have highlighted a gender bias in treating pain. The list goes on, and all the while we wait with bated breath for a Long COVID clinic to open and accept all our referrals, solving our problems. We need to set aside our biases and preferences and recognize that we do have tools to help these patients.

Collectively, we must appreciate the impact that MUPS has across multiple domains, such as societal burden, strain on the healthcare system, economic impact, and family strain, and start helping the 1.5 million Canadians (at last count) living with MUPS,¹⁰ instead of shrugging our shoulders and saying, "there's nothing objectively wrong with you" and referring onwards.

First, we can sit down, listen to our patients, and

empathize with them.¹¹ As we recognize with someone who presents debilitated from acute polyarthritis due to rheumatoid arthritis, our patients with MUPS are also suffering. Empathize with them. Remind them they are not alone, as many other Canadians are experiencing similar symptoms. Wonderful resources (CANCOV Database, www.DrRicArseneau.ca) abound that provide evidence-based interventions, along with a host of patient-specific information resources.

Secondly, we can use our diagnostic acumen to ensure that a medical condition with known pathophysiology is not at play. By trusting our medical judgment and intuition, we can recognize when to shift our questioning to features of central sensitivity syndromes and minimize over-investigating. Moreover, we can modify our history-taking to include features associated with the development of MUPS¹² (i.e., physical trauma, sexual trauma) and screen our patients for mental health conditions which are far more prevalent than in those without MUPS.¹³

Third, we can advocate for our patients to have access to a clinical milieu purposed to suit their needs. Interprofessional management, with close collaboration between experts in both mental and physical health working together instead of in silos, is something that we can all advocate for.

Finally, we can draw on the chronic pain literature to acknowledge the mind-body duality and apply evidence-based strategies to improve physical function and quality of life.¹⁴ Prescribing Cognitive Behavioural Therapy (CBT), mindfulness-based relaxation, diaphragmatic breathing, and psychosocial counselling are evidence-based.¹⁵ Working with our patients and empowering them to take ownership over their symptoms and commit to a longitudinal journey of self-management can go a long way.

In the perpetual evolution of medicine, novel avenues for treatment, healing, and potential cures continually emerge, demanding our unwavering attention. It is incumbent upon us, as physicians, to vigilantly assess these advancements and adapt our approaches accordingly. Such a task requires a collective commitment from us, our patients, and healthcare administrators alike. We must uphold and enrich the sanctity and depth inherent in clinical practice. Through generous listening, we nurture genuine, reciprocal relationships, fostering a shared sense of purpose between clinicians and patients that transcends the confines of standardized guidelines or algorithms.

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Arthritis Society Canada Announces Funding for Stars Career Development Awards in 2024



Arthritis Society Canada announced the recipients of the 6th annual Stars Career Development Awards on January 16th. The Stars Career Development Awards offer robust support for the early career progression of promising researchers in the arthritis community. This program rewards emerging academics with a three-year funding commitment of up to \$375,000 from Arthritis Society Canada, matched with an additional three years of funding by the researcher's host institution.

"We are thrilled to recognize and support the outstanding work of researchers dedicated to improving the lives of those people living with arthritis," said Dr. Siân Bevan, Chief Science Officer at Arthritis Society Canada. "The Stars Career Development Awards reflect our ongoing commitment to championing the best and brightest minds

and leading ground-breaking research that will make a meaningful impact on the understanding and treatment of this devastating disease."

This year's recipients are:

- Dr. May Choi, University of Calgary — *Using artificial intelligence to design new blood tests for autoimmune muscle diseases associated with inflammatory arthritis*
- Dr. Nikolas Knowles, University of Waterloo — *Improving early detection and treatment of shoulder osteoarthritis*

To learn more about their research projects, visit arthritis.ca/researchers/competition-results.