

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Understanding symptoms suggestive of Long COVID Syndrome and healthcare use among community-based populations

Priority 1 (Research Category)

COVID-19

Presenters

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Abstract

Context: Long COVID Syndrome (LCS), defined as symptoms for ≥ 3 months, can include a variety of symptoms such as fatigue, cognitive impairment, shortness of breath, and headaches. Estimates of LCS have relied on medical records which may underestimate true prevalence.

Objective: This study aimed to characterize populations with COVID-19 and LCS, describes symptoms, and health care utilization by presenting symptoms.

Study Design and Analysis: Two survey's captured acute COVID-19 symptoms, LCS symptoms, and health care utilization. Descriptive and bivariate analysis assessed populations that did, and did not, access health care based on LCS symptoms.

Setting or Dataset: One Survey was disseminated to all residents in Manitoba, Canada, a second to Manitobans accessing a medical fitness center (MFC).

Population Studies: In March 2022, members of a MFC were surveyed. Between June-October 2022 an online survey was advertised to all Manitobans using social media, traditional media, and poster distribution.

Intervention/Instrument: The survey included 23 questions (7 on COVID-19, 4 on LCS, 7 on health service utilization and 4 demographic).

Outcome Measures: Characteristics of patients with COVID-19, LCS symptoms, and healthcare access.

Results: In total, we received 921 survey responses. There were 267 responses from the MFC and 654 online responses. Among MFC respondents, 130 (48.7%) reported experiencing LCS. Online 334 (54.2%)

respondents reported LCS symptoms. Despite LCS symptoms, only half of respondents accessed primary care (MFC 57.5%, online 63.2%). Among online respondents, 15.2% accessed an ED, and 32.0% accessed a specialist or therapist. Symptoms associated with primary care access included extreme fatigue (MFC 56.5% online 95.9%), shortness of breath (MFC 60.9%, online 87.8%), cognitive impairment (MFC 52.2%, online 77.0%), and headaches (MFC 39.1%, online 92.6%). Online respondents reported shortness of breath was the most common reason for accessing the ED (90.5%). The majority of online respondents that saw a specialist or therapist (89.7%) reduced their activities due to symptoms and 20.6% required assistance with day-to-day activities.

Conclusions: The survey captured experiences of patients with and without health system use and confirms that health records data underrepresents COVID-19 and LCS. The variety of symptoms experienced presents a challenge for health care providers demonstrating the value of interdisciplinary care teams.

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