INNOVATIONS IN PRIMARY CARE

Long COVID Shared Medical Appointments: Lifestyle and Mind-Body Medicine With Peer Support

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THE INNOVATION

Long COVID is a new rising health concern with no clear treatment guidelines.^{1,2} Patients have multiple distressing symptoms which are difficult to address in time-restricted clinic visits.^{1,3,4} Early evidence indicates a role of cytokines and chronic inflammatory processes in developing long COVID.⁵ Healthy lifestyle behaviors and modifying stress responses reduce chronic systemic inflammation.^{6,7} We created a novel shared medical appointment (SMA) program to provide healthy lifestyle education, mindfulness training, and group peer support for patients with long COVID symptoms.

WHO & WHERE

Medical clinicians (physician or nurse practitioners) and a psychotherapist from the Cleveland Clinic Center for Integrative and Lifestyle Medicine virtually co-lead the SMA sessions. Each SMA cohort meets for 2 hours weekly for 6 weeks with a maximum of 10 participants.

HOW

Patient Enrollment Process

Primary care physicians or specialists refer patients to our center for long COVID symptom management. Patients attend an initial 60-minute appointment during which one of our cllinicians reviews detailed medical, lifestyle, and psychosocial history, and makes individual integrative treatment recommendations. Based on symptom severity and interest, patients are referred to the long COVID SMA and the coordinator contacts and enrolls patients. Since May 2021, eight SMA cohorts (n = 91 patients) have been conducted, and more than 80% of participants attended at least 4 of the 6 sessions.

Conflicts of interest: authors report none.

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Long-COVID SMA Content

We share information on the role of lifestyle factors in causing systemic inflammation. Every session includes mindfulness practice and nutrition advice. We assign daily homework consisting of lifestyle modification goals and mindfulness practices. Each appointment includes time for peer support during which participants share their progress, setbacks, experiences, and successes.

Weeks 1 and 2: We share information about the effect of diet on physical health. Patients are encouraged to remove pro-inflammatory foods (sugar, processed food) and introduce anti-inflammatory foods such as the Mediterranean diet.^{8,9} Week 3: We review how emotional stress contributes to chronic disease and share mindfulness practices to reduce the stress responses. Week 4: We teach the importance of sleep for regeneration and recovery with practical tools to maintain good sleep hygiene (Supplemental Appendix).¹⁰ Week 5: We review the benefits of exercise on mental and physical health. Patients are encouraged to add some form of movement into their daily living, being mindful of their physical limitations post COVID. Patients are led through a chair yoga practice. Week 6: The final session includes a review of all materials and progress made by the participants.

LEARNING

The initial 90-minute SMAs with a maximum of 6 patients were extended to 120 minutes with 10 patients per session due to a waitlist of more than 30 patients within the first 2 months. We stopped Friday evening sessions due to high no-show rates as patients frequently reported being too exhausted at this time.

Clinicians realized psychosocial stressors interfered with several patients' ability to attend appointments and commit to lifestyle modifications (eg, primary caregiver, partner needed surgery, multiple health care appointments). Patients were given options to participate in another provider's weekly SMA if they could not attend their regular SMA.

Patients felt educated, connected, and supported ("I am not alone, I am not crazy." "This class gives me tools to help myself.")

Clinicians can educate multiple patients longitudinally, and patients benefit from the knowledge and peer support.



Key words: long COVID; shared medical appointments; group visits; lifestyle; mind-body; peer support

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Previous presentations: NIH videocast presentation, Reflections: Long COVID Group Visit, for the NIH Office of Cancer Complementary and Alternative Medicine. November 18, 2021.



Supplemental materials, including references