

Multidisciplinary collaborative guidance on the assessment and treatment of patients with Long COVID: A compendium statement

TABLE 4: Holistic management of persons presenting with symptoms suggestive of Long COVID

Management Element	Management Details
Validate symptoms, counsel on prognosis	<ul style="list-style-type: none"> • “Long COVID is a real condition and fits with your symptoms. Many people experience it – you are not alone.” • “Every person is different. Many patients, though not all, improve or fully recover over several months or even years.” • “Although we don’t have a cure right now, many patients can manage their symptoms and improve their quality of life with the treatment strategies we do have.” • “Researchers are learning more about Long COVID every day, and we can work together to make sure you have access to any new treatments that are discovered and are right for you.”
Manage symptom triggers	<ul style="list-style-type: none"> • Pacing: When returning to physical and cognitive activities that provoke symptoms, “Start low and go slow”⁵⁷ (See Figure 1 for return to activity guidance) • Avoid pushing activities to the point of symptom exacerbation <ul style="list-style-type: none"> ◦ “Respect your symptoms.” ◦ “Listen to your body.” • Identify appropriate workplace and school accommodations (See Disability section)
Address modifiable risk factors	<ul style="list-style-type: none"> • Support a healthy lifestyle with education, counseling, and referrals to community and social support resources⁵⁸ <ul style="list-style-type: none"> ◦ Whole-food plant-predominant nutrition^{2, 5, 59} ◦ Stress management (e.g., consider mindfulness, meditation) ◦ Sleep optimization⁸ <ul style="list-style-type: none"> › Address obstructive sleep apnea (OSA) or other sleep disorders, if present › Sleep hygiene › CBT-I, if available[†] › Over-the-counter sleep aids › Limited or short course of prescription medication ◦ Avoidance of risky alcohol/substance use ◦ Positive social connections <ul style="list-style-type: none"> › Including in-person or online Long COVID peer support ◦ Regular physical activity as tolerated, without triggering PEM/PESE (See Figure 1 for return to activity guidance) • Use caution if considering a restrictive diet[‡] <ul style="list-style-type: none"> ◦ If patient is interested, pursue under nutritionist/dietician guidance • Stay up-to-date on vaccines[§] • Treat coexisting conditions
Optimize medications	<ul style="list-style-type: none"> • Reduce polypharmacy <ul style="list-style-type: none"> ◦ Previously tolerated medications may flare symptoms • Consider medication trials based on the patient’s full symptom constellation (Table 5)
Follow-up	<ul style="list-style-type: none"> • If symptoms are significantly impacting daily life, to ensure response to treatment • If titrating medication
Consider referral and/or collaborative treatment	<ul style="list-style-type: none"> • To allied health services (e.g., PT, OT, SLP, social work, psychology), if symptoms are significantly impacting daily function or activity levels <ul style="list-style-type: none"> ◦ Preferable for care team members to have experience treating Long COVID • To specialty medical care if: <ul style="list-style-type: none"> ◦ Diagnosis is uncertain ◦ Symptoms are severe or new/persistent/worsening despite first-line treatment ◦ Symptoms are out of scope of the treating clinician

[†]The Veterans Affairs Insomnia Coach (<https://mobile.va.gov/app/insomnia-coach>) is freely available from commercial app stores.

[‡]Some patients with gastrointestinal and mast cell related symptoms have reported benefit from low-histamine, gluten-free, dairy-free, and low Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols (FODMAP) diets. However, there is a lack of strong evidence of benefit from restrictive diets, and these can cause harm in some cases (e.g., vitamin or nutrient deficiencies).

[§]COVID-19 vaccination is not contraindicated except in cases of preexisting allergy or previous serious adverse reaction.

Abbreviations: CBT-I (cognitive behavioral therapy for insomnia), PEM (post-exertional malaise), PESE (post-exertional symptom exacerbation), PT (physical therapy), OT (occupational therapy), SLP (speech-language pathology).

