

Long-Covid

An Occupational Medicine Perspective

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The problem

- Around 25% of my cases currently are Long Covid
- They are all different.
 - No simple solution
 - Difficult for management to understand and deal with
- Management like simple algorithmic phased returns over four weeks
- Management like definitive prognoses
- The impact on business is considerable
 - Sickness absence
 - Physical limitations, firefighters, police, prison service, healthcare
 - Self-employed...

Individual concerns

- Impatience
- Lack of understanding, with anxiety
- Substantial loss of fitness and shortness of breath
- Worry about safety
 - Cardiac symptoms
- Neurological effects
 - Cognitive, memory, slow
- Some feel they are not believed
 - Listen to the patient
- Some are taking the mickey

Solutions

- Management need to understand:
 - Variability in symptoms and capabilities
 - Likely duration of incapacity
 - Need for flexibility in phased return
- Simple tests of capability
 - Physical, pulse oximetry, six minute walk
 - Cognitive
- Self-employed need support and advice
- In many cases the patient knows what will be best
 - Realistic solutions are needed
 - Solutions must be financially viable for employer and employee

Return to work

- Simple phased returns for those who are progressing well, tailored to rate of progress
 - Our bread and butter, simple and straightforward
- Predicting return to work for those not yet ready
 - Must emphasise the risk of long-term absence leading to dismissal and worklessness, 3-6 month window.
 - Try to get objective measurements of fitness
 - Ensure referral to Long Covid clinics
 - Lung function, cardiac function, VO2Max
 - Cognitive function
- Integrate return to work with rehab from Long Covid clinics

Return to work longer term

- May need short or long term redeployment
 - Try to identify those who may never return to full fitness
 - Permanent lung damage on CXR
 - Strokes, neurological damage on brain MRI
 - Cardiac damage on ECG, imaging
- May need prolonged reduction in hours, possibly for over twelve months
 - Try to predict from progress and warn employers
 - May need change to contracts to avoid constant pressure to increase to full time

Beliefs and expectations

- Some will not understand what is happening, and will be very anxious
- Some will expect to be permanently disabled, from misinformation on internet, support groups etc.
- Some will want to be permanently disabled
 - Secondary gain
 - Illness behaviours
- There is no medical reason why most people with long covid cannot make a full recovery in the long term
 - Some will be unable to do so
- Management or pension funds may require objective evidence of infection in order to access long-term financial benefits