

Supporting patients with long COVID return to work

Post-COVID-19 syndrome, often called 'long COVID' refers to signs and/or symptoms that develop following COVID-19 infection, which continue for more than 12 weeks and are not explained by an alternative diagnosis.¹ Long COVID presents with clusters of symptoms, often overlapping, can affect any system in the body, and fluctuate in time and severity. Symptoms of long COVID that commonly impact on function and may impede return to work (including travel to and from work) include fatigue, shortness of breath, chest pain, and neurocognitive impairment.¹

This article presents the guiding principles of supporting people with long COVID to return to work based on a review of the current literature and guidance from the Faculty of Occupational Medicine of the Royal College of Physicians.² Return to work can be an effective part of rehabilitation from illness and is generally good for health, providing a sense of purpose, boosting self-esteem, and enabling financial independence.

The risk of falling out of work increases steeply with the length of time someone has been on sick leave, with the probability of a person not being able to return to work reaching approximately 50% after 6 months of sick leave.³ It is therefore important to note that a person can begin the return to work process before they are 100% fit. Many people can work effectively despite significant illness or disability, particularly if they are provided with suitable support in the workplace.

WHAT SHOULD YOU COVER IN YOUR CONSULTATIONS?

As part of assessing your patient's fitness to return to work, you need to first elucidate their current symptomatology, and manage and investigate as per the National Institute for Health and Care Excellence guidance on

the management of the long-term effects of COVID-19.⁴ This includes examining people who have symptoms that may indicate organ damage, such as cardiopulmonary symptoms, which may impede a return to work. Your examination should include the one-minute sit-to-stand test and the three-minute active stand test.⁵ Arrange for your patient to have further investigations if required and consider whether they require onward referral to a long-COVID clinic. You may wish to signpost them to the Your COVID Recovery website.⁶

Fatigue, a common symptom that prevents people from returning to work, and sleep disturbance is common in long COVID; therefore, take a good sleep history, including the frequency and duration of daytime naps, and give sleep hygiene advice if necessary.⁷

Like patients with other long-term health conditions, people with long COVID often experience symptoms of depression and anxiety. In addition, poor concentration, loss of self-confidence, and fatigue may compound the functional impairment caused by long COVID making return to work harder still. Consider whether your patient would benefit from a referral to an Improving Access to Psychological Therapies service.

HOW SHOULD YOU TAKE AN OCCUPATIONAL HISTORY FOR A PATIENT WITH LONG COVID?

Take an occupational history that includes what the patient's job is, what it involves on a day-to-day basis, the pattern of working hours and shift work, how physical the job is, and if it is safety critical, for example, working with machinery, driving, or frontline emergency services.

It is also important to establish the functional impairment that results from the patient's symptoms and assess how they

Resources for patients

- Royal College of Psychiatrists. *Sleeping well*. 2015. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/sleeping-well>.
- GOV.UK. *Get support in work if you have a disability or health condition [Access to Work]*. <https://www.gov.uk/access-to-work>.
- NHS England. *Your COVID recovery: Supporting your recovery after COVID-19*. 2021. <https://www.yourcovidrecovery.nhs.uk>.

might impact on their work. For example, if they are suffering from shortness of breath, does their role involve physical exertion? If they are suffering from fatigue, does their role involve working long shifts?

Ask the patient what they believe are the main factors impeding their return to work and if they can identify solutions to their return to work obstacles. Ask if the patient's manager has been in touch with them and ask the patient if they think that their work could be adjusted, even for a temporary period, to facilitate a gradual or phased return to work. Enquire how the patient normally travels to and from work and whether this is possible with their current symptoms; if not, enquire if alternative arrangements can be made, for example, home working or taxis.

WHAT SHOULD YOU DO IF YOUR PATIENT DOESN'T FEEL READY TO RETURN TO WORK?

Establish what the obstacles are to your patient returning to work and help them explore which ones could be overcome. If they have not already done so, encourage

Resources for healthcare professionals

- National Institute for Health and Care Excellence. *COVID-19 rapid guideline: managing the long-term effects of COVID-19*. NG188. 2020. <https://www.nice.org.uk/guidance/ng188>.
- National Institute for Health and Care Excellence. *Rehabilitation after critical illness in adults*. QS158. 2017. <https://www.nice.org.uk/guidance/qs158>.
- NHS England. *National guidance for post-COVID syndrome assessment clinics*. 2021. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/C1248-national-guidance-post-covid-syndrome-assessment-clinics-v2.pdf>.

“... a person can begin the return to work process before they are 100% fit [...] Return to work can be an effective part of rehabilitation from illness and is generally good for health, providing a sense of purpose, boosting self esteem, and enabling financial independence.”

them to contact their line manager and determine which adjustments they might need in order for them to return to work. This may initially include reduced hours, flexitime, or special equipment. Symptoms may fluctuate over time and some people may be able to return to work for a period of time, but then have further relapses in the future necessitating a reduction in hours or further period of leave. If they need assistance with paying for any adjustments, they or their employer may be eligible for financial assistance from Access to Work.⁸ Ask if they have access to occupational health advice via their workplace and if they do, encourage them to make contact with the service. If you and your patient agree that they may be fit to return to work with adjustments then a 'maybe fit for work' note (Med 3) should be completed, giving as many details as possible in the 'adjustments' and 'functional effects' section. Be sure to tailor and adapt the patients return to work with their symptoms and give them reassurance

that a mild increase in symptoms on return to work is unlikely to make their condition worse.

Ira Madan,

Professor of Occupational Medicine, Guy's and St Thomas' NHS Trust and King's College London.

Email: ira.madan@kcl.ac.uk

Tracy Briggs,

Expert-by-experience on long COVID.

Carolyn Chew-Graham,

GP Principal, NHS Manchester; Professor of General Practice Research, School of Medicine, Faculty of Medicine and Health Sciences, Keele University, Keele.

This article was first posted on *BJGP Life* on 30 Jun 2021; <https://bjgplife.com/support>

DOI: <https://doi.org/10.3399/bjgp21X717533>

REFERENCES

1. Carfi A, Bernabei R, Landi F, Gemelli Against COVID-19 Post-Acute Care Study Group. Persistent symptoms in patients after acute COVID-19. *JAMA* 2020; **324**(6): 603–605.
2. Faculty of Occupational Medicine of the Royal College of Physicians. *Guidance for healthcare professionals on return to work for patients with long-COVID*. https://www.fom.ac.uk/wp-content/uploads/longCOVID_guidance_04.pdf [accessed 5 Oct 2021].
3. Waddell G, Burton AK. *Concepts of rehabilitation for the management of common health problems*. 2004. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/208968/hwwb-concepts-of-rehabilitation.pdf [accessed 5 Oct 2021].
4. National Institute for Health and Care Excellence. *COVID-19 rapid guideline: managing the long-term effects of COVID-19*. NG188. 2020. <https://www.nice.org.uk/guidance/ng188> [accessed 5 Oct 2021].
5. Greenhalgh T, Javid B, Knight M, Inada-Kim M. What is the efficacy and safety of rapid exercise tests for exertional desaturation in covid-19? 2020. <https://www.cebm.net/covid-19/what-is-the-efficacy-and-safety-of-rapid-exercise-tests-for-exertional-desaturation-in-covid-19> [accessed 5 Oct 2021].
6. NHS England. Your COVID recovery. Supporting your recovery after COVID-19. 2021. <https://www.yourcovidrecovery.nhs.uk> [accessed 5 Oct 2021].
7. Royal College of Psychiatrists. Sleeping well. 2015. <https://www.rcpsych.ac.uk/mental-health/problems-disorders/sleeping-well> [accessed 5 Oct 2021].
8. GOV.UK. Get support in work if you have a disability or health condition (Access to Work). <https://www.gov.uk/access-to-work> [accessed 5 Oct 2021].

