Experiences living with Long COVID among racialized communities in Canada

Nadine Akbar PhD[1,2,3], Siona Phadke[1], Sumaya Mehelay[2], Alexandra Godinho[1], Afolasade Fakolade PhD[2], Marcia Finlayson PhD[2], Ryan Phan[5], Rosemarie Lall MD[6], Kelly Tough[7]

[1] Humber River Health, [2]Faculty of Health Sciences, Queen's University, [3] Institute of Health Policy, Management and Evaluation, University of Toronto, [5] Faculty of Health Sciences, McMaster University, [6] Scarborough Health Network, University of Toronto, [7]Providence Healthcare, Unity Health Toronto

Background

- Racialized communities have greater risk of Long COVID[1] and possible differential symptom profile.[2]
- The nature of Long COVID symptoms and experience has yet to be fully understood among racialized communities who have been historically underrepresented in existing research.
- Furthermore, the experiences of racialized **Canadians** living with Long COVID has yet to be described.

Objective

- To describe the symptoms, functional impact, and barriers to treatment and rehabilitation for Canadians with Long COVID, with a particular focus on racialized communities.
- To further determine whether there are differences across racial groups with regards to experience of Long COVID.

Methods

- This study used a convergent parallel mixed-methods design, with concurrent semi-structured qualitative interviews and quantitative measures.
- Data was collected virtually through Microsoft Teams.

Data Analysis

- Qualitative interviews were analyzed using thematic analysis.[3]
- Quantitative and qualitative data were first analyzed separately and then merged for interpretation.

Results

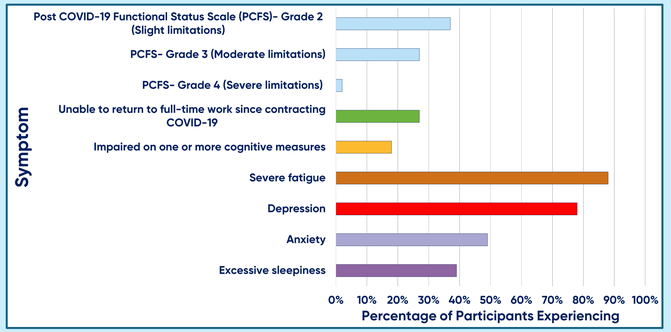
Table 1. Participant characteristics, total n=49

		Frequency	Percentage (%)
Gender	Male	9	18.4
	Female	40	81.6
Age in Years (Mean, SD)		34 (8)	
Racial/Ethnic Group	White	20	40.8
	Black	8	16.3
	South Asian or Indo-Caribbean	10	20.4
	Latinx	2	4.1
	Indigenous	2	4.1
	West Asian (Egypt, Bahrain)	3	6.1
	Chinese	2	4.1
	Filipino	1	2.0
	Mixed race	1	2.0
Living in Ontario		44	89.8
Length of time passed since contracted COVID-19 in months (Mean, SD)		17.1 (11.7)	
%age vaccinated for COVID-19		42	85.7

- Depression was especially common in this sample, though large variability in symptoms was reported across participants.
- Racialized communities did not have more severe symptoms (based on quantitative measures) but reported more barriers to appropriate care (based on interviews - Fig 3).

Results (cont.)

Figure 1. Results of quantitative measures.



a- Performance less than 1.5 SD below reference norms on one of more tests of D-KEFS Verbal Fluency Test, California Verbal Learning Test- Third Edition, WAIS-IV Digit Span
b- Total score of 38 or higher on the Fatigue Severity Scale
c- Total score of 16 or more on the Centre for Epidemiological Studies Depression Scale
d- Total score of 10 or more on the General Anxiety Disorder (GAD–7) Scale
e- Total score of 10 or more on the Epworth Sleepiness Scale

Figure 2. Themes and sub-themes that emerged from qualitative analysis on symptoms and functional impact: Participants described marked changes in their daily functioning compared to before getting COVID-19, and debilitating symptoms which were unpredictable and invisible to others. Participants then needed and/or sought out support from various sources, the majority of times unsuccessfully due to dismissal and/or lack of understanding.

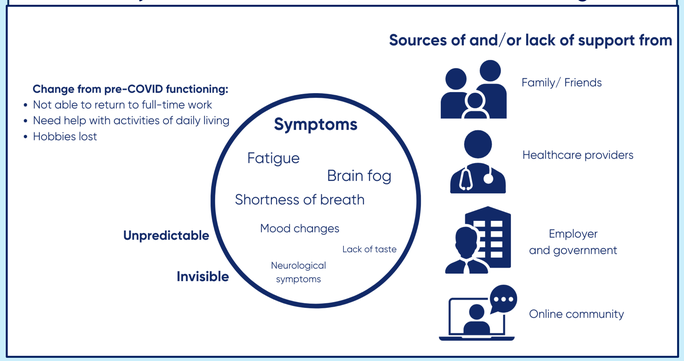
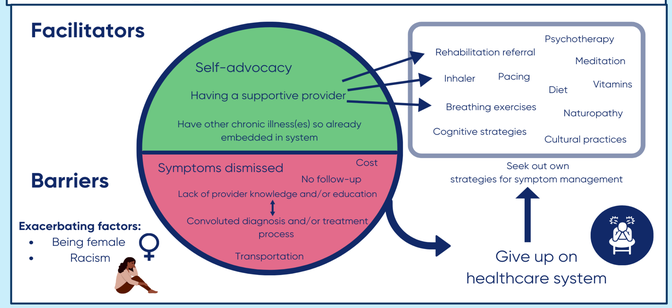


Figure 3. Themes related to treatment and/or rehabilitation experiences: Self-advocacy was crucial to getting treatment/ rehabilitation and supportive providers (if present) did provide appropriate referrals and treatment strategies. Most participants, however, experienced multiple barriers to treatment/ rehabilitation causing them to give up on the healthcare system and seek out their own strategies for symptom management. Barriers were exacerbated due to sexism (being female) and racism.



Discussion and Implications

- Depression was common (78%), which may be due to minority stress,[4] prompting the need for more mental health support, especially for racial minorities living with Long COVID.
- There is a need for healthcare providers to no longer dismiss symptoms and for the prompt development and utilization of culturally appropriate clinical care guidelines and rehabilitation programs for Long COVID.
- Multiple barriers to treatment and rehabilitation of Long COVID exist, even in Canada, and these barriers were more present among racialized communities.

REFERENCES:

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