A Scoping Review of Interventions and Recommendations for Enhancing Work Ability and Facilitating Return-to-work in People with Long COVID

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Expected Return-to-Work Pathway





Return-to-Work in People Living with Long COVID







https://rcni.com/long-covid-pacing

Objectives

• Synthesize evidence on return to work (RTW) interventions and recommendations for people living with Long COVID.

• Identify 'promising' approaches for enhancing work ability and RTW.



Scoping Review Steps



Figure 1. Design of Included Studies



Figure 2. Studies by Country





Figure 3. Summary of RTW Outcomes in Intervention Studies





Figure 4. Categories of Intervention Studies





Summary of 'Promising' Interventions

• Diverse Interventions:

Multidisciplinary or multimodal rehabilitation.

Program Components:

Psychoeducation, pacing, breathing strategies, tailored physical activity, and medication management.

Intervention Duration:

Ranged from 3 days to 5 weeks.



Summary of Recommendations for RTW

• Individualized Support:

Tailored assistance considering unique needs and circumstances, with active involvement of the individual is crucial for a successful RTW.

• Workplace Accommodations:

Gradual and extended RTW process often required due to unpredictable Long COVID symptoms.

• Critical Role of Managers:

Supportive managers who actively listen and facilitate accommodations play a key role.

• Intervention Programs:

Multidisciplinary involvement.



Conclusions

- RTW and remaining employed for people living with Long COVID remains complex.
- Appropriate workplace interventions must be tailored to each individual in a timely manner.
- Likely several understudied factors that come into play.
- Change in occupation may be required.



Thank you

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Questions





Frisk et al. 2023: A safe and effective micro-choice based rehabilitation for patients with long covid: Results from a quasi-experimental study

Micro-Choice Based Rehabilitation (n=78; 19-67 years): Longitudinal study

Mean pre-treatment symptom duration: 10.2 ± 4.8 months.

Duration: 3-day micro-choice based rehab program with 7-day and 3-month follow-up

Core components:

- Patient education
- Individually tailored exercise on breaking inflexible patterns
- Physical activity/exercise training
- Brief mindfulness sessions

Focus shift: From symptom monitoring to facilitating increased physical activity and functioning through micro-choices.



Altmann et al 2023. Pulmonary recovery directly after COVID-19 and in Long-COVID

Multimodal COVID-19 rehab program (n=21 Long COVID): Quasi-experimental

Pre-treatment symptom duration: mean of 10.1 months [Range: 4-20 months].

Program components:

- Educational support and group conferences.
- Access to Long-COVID ambulatory care app (MyMEDIAN@Home) and websites.
- Detailed coaching for RTW.
- Device-based breathing therapy and monitoring of O2 sats.
- Medication management with Prednisolone and Colchicine.
- Psychological counseling/meditations and psychiatric appointments as needed.
- Attention to social needs post-discharge.

Intervention duration: 4-5 weeks.



Brehon et al. 2022 Return-to-Work Following Occupational Rehabilitation for Long COVID: Descriptive Cohort Study

Multidisciplinary post-COVID occupational rehabilitation program (n=81; age mean 48.9 ± 10.5 years): descriptive cohort study of an intervention program.

Mean pre-treatment symptom duration: 165.2 ± 73 days.

Program components:

- Psychoeducational
- Pacing and energy conservation guidance
- Breathing strategies
- Tailored activity or exercise interventions

Intervention duration: 49.9 ± 12.5 days



Sathyamoorthy et al. 2022 Enhanced external counterpulsation for management of symptoms associated with long COVID

Enhanced External Counterpulsation (EECP) for Long COVID (n=16; mean age: 53.8

± 15.3 years): Retrospective cohort study.

Mean pre-treatment symptom duration: 8.3 ± 3.6 months

Program components:

• EECP: 1 hour sessions for 35 sessions or a modified regimen of 15 sessions.

Findings:

- Initial trial utilized 15 sessions as proof-of-concept.
- 25 to 35 sessions may ultimately be the most suitable.
- Improvement in brain fog symptoms observed in all patients.

