FATIGUE AND ACTIVITY INTOLERANCE

This provides suggestions as you engage in shared health care decision-making with Veterans. It is not intended to replace clinical judgement.

Fatigue is one of the most common Long COVID related signs and symptoms in multiple studies, with an incidence of 63% in those hospitalized ²⁹ (AAPM&R, 2022) and 46% in those not hospitalized. ³⁰ (Stavem K, 2021)

Things to Keep in Mind

- Assess the Veteran's prior level of function (independence with activities of daily living (ADLs), working hobbies, exercising), current level of function, and recovery time from activities
- Veteran may experience post-exertional malaise, making a titrated return to individualized activity (<u>Appendix</u>
 important
- Screen for mental health, substance disorder, sleep disturbances
- Medication reconciliation
- Women more likely to experience fatigue at 6 months³¹ (Xiong Q, 2021)
- Assess pregnancy/lactation status, review teratogenic medications

Evaluation

Labs to Consider

- Complete blood count (CBC)
- Thyroid stimulating hormone (TSH)
- B12
- Vitamin D
- Comprehensive Metabolic Panel (CMP)
- Hemoglobin A1C
- Consider:
 - Human immunodeficiency virus (HIV)
 - Hepatitis C virus (HCV)

Tests to Consider

- Ambulatory pulse oximetry
- 30 second sit to stand to evaluate functional lower extremity strength and endurance, and provide information about fall risk, activity tolerance, activity endurance, and functional mobility (<u>Appendix C</u>)²⁹ (AAPM&R, 2022)
- Evaluate other organ systems that may have been affected by COVID-19 that impact exercise participation (e.g., cardiac, pulmonary)

PACT Management to Consider

- ICD-10 Code: U09.9, Post-COVID-19 condition, unspecified
- Titrated return to individualized activity program (<u>Appendix B</u>)
- Diaphragmatic Breathing
- Cognitive Behavioral Therapy (CBT) for Insomnia
- Replete B12 if low
- Replete Vitamin D if low
- Consider Fish oil 1000mg (500mg DHA/EPA) capsule combined eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) daily with food (avoid if on blood thinners or experiencing gastroesophageal reflux disease (GERD))

Consults to Consider

- Occupational Therapy for a titrated return to individualized activity program (<u>Appendix B</u>) and energy conservation techniques
- Physical Therapy for titrated return to individualized activity program (<u>Appendix B</u>)
- Physical Medicine & Rehabilitation (PM&R)
- Cardiology
- Pulmonology
- Mental Health
- Nutrition to discuss an anti-inflammatory lifestyle and diet history.
- Whole Health System approach: mindfulness, health coaching, yoga, Tai Chi, biofeedback

 ²⁹American Academy of Physical Medicine and Rehabilitation (AAPM&R). https://www.aapmr.org/members-publications/covid-19/pasc-guidance
 ³⁰ Stavem K. Prevalence and Determinants of Fatigue after COVID-19 in Non-Hospitalized Subjects: A Population-Based Study. Int J Environ Res Public Health. 2021 Feb 19;18(4):2030. doi: 10.3390/ijerph18042030

³¹ Xiong Q. Clinical sequelae of COVID-19 survivors in Wuhan, China: a single-centre longitudinal study. Clin Microbiol Infect. 2021 Jan;27(1):89-95. doi: 10.1016/j.cmi.2020.09.023