



Long Covid - A Rural Perspective

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Case - 46yo Farmer “Bob”

- ❑ Normally fit and well share milker (300 head dairy farm). Competed Coast to Coast 2018.
- ❑ Covid confirmed March 2022.
- ❑ Moderate symptoms managed with GP support at home. Unwell for 7 days unable to work.
- ❑ Returned to work day following completion of isolation.
- ❑ Presented to GP 4 weeks following diagnosis with concerns about inability to complete full day of work due to ongoing symptoms.



The daily battle

- Lethargy
- Reduced exercise capacity
- Muscle weakness
- Shortness of breath
- Nausea
- Exacerbated with physical or emotional exertion.

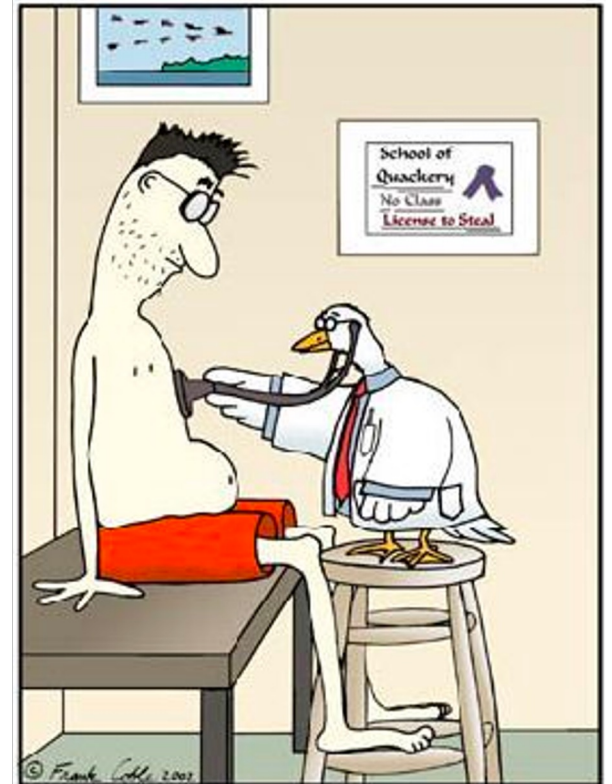
“One day I would feel 100% then next as weak as a Heineken 0%. I just couldn’t fight it off.”

Table 1: Commonly reported symptoms of long COVID

Cardiopulmonary <ul style="list-style-type: none">• Difficulty breathing or shortness of breath• Cough• Chest pain, tightness, or heaviness[†]• Palpitations	Generalised symptoms <ul style="list-style-type: none">• Fatigue• Fever• Pain• Reduced exercise capacity
Neurological <ul style="list-style-type: none">• Cognitive impairment ('brain fog', loss of concentration or memory issues)• Headache• Sleep disturbance• Peripheral neuropathy symptoms (pins and needles, numbness)• Ongoing changes to smell or taste• Dizziness• Delirium (in older populations)	Gastrointestinal <ul style="list-style-type: none">• Abdominal pain• Nausea• Diarrhoea• Anorexia and reduced appetite (in older populations)
Musculoskeletal <ul style="list-style-type: none">• Muscle aches and pains• Muscle weakness[‡]• Joint pain	Ear, nose, and throat <ul style="list-style-type: none">• Tinnitus• Earache• Sore throat• Dizziness
Psychological/ psychiatric symptoms[§] <ul style="list-style-type: none">• Symptoms of depression• Symptoms of anxiety	Other <ul style="list-style-type: none">• Skin rashes (including vesicular, maculopapular, urticarial, or chilblain-like lesions on the extremities)• Metallic or bitter taste• Metabolic disruption (such as poor control of diabetes)• Thromboembolic conditions

The struggle to find an answer.

- ❑ Medical barriers:
 - ❑ Investigation delays and access
 - ❑ Lack of diagnostic expertise
- ❑ Patient barriers:
 - ❑ Denial
 - ❑ Stigma of post-viral syndromes
 - ❑ Barriers to accessing care
 - ❑ Work obligations
 - ❑ Lack of cover/support



Frank started to get a funny feeling that his doctor was a quack.

Management challenges

- ❑ Patient factors:
 - ❑ Stigma
 - ❑ Responsibility of work with lack of cover
 - ❑ Financial barriers
- ❑ Medical factors:
 - ❑ Lack of clinical expertise in rural setting
 - ❑ Lack of access to Long Covid MDT care - Physiotherapy
- ❑ Employer barriers
 - ❑ Acceptance: Lack of hard “evidence” of condition
 - ❑ Understanding: Long term planning required to get best outcomes for patient and employer



“It took me a good 6 months of hitting my head against a wall before I accepted that my symptoms were real. I needed to accept that to get back to where I was before would take dedicating myself to a plan for months or even years. Now that I have I am seeing improvement, slow improvement but improvement nonetheless.”

Brief takeaways

- ❑ Post viral syndromes including Long Covid have real impacts and are more common than we all expect.
- ❑ Rural settings increase barriers to both diagnosing and managing this condition.
- ❑ Having a strong relationship with your local GP is crucial in overcoming these barriers.
- ❑ To get optimal outcomes we need to put in place and adhere to long term plans that works for the client and their employers and community.

Thank you.