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| **Characteristics of post-COVID patients referred to pulmonary telerehabilitation** |
| Jack M Reeves1,2, Lissa M Spencer1,2, Ling-Ling Tsai1,2, Andrew J Baillie2,3, Yuna Han4, Regina WM Leung5,9, Joshua Bishop6, Lauren K Troy7,8, Tamera J Corte7,8, Alan Teoh7,8, Matthew Peters8,9, Carly Barton7, Lynette Jones7, Jennifer A. Alison.2,3 |
| *1. Physiotherapy Department, Royal Prince Alfred Hospital, NSW, Australia**2. Sydney School of Health Sciences, Faculty of Medicine and Health, the University of Sydney, Sydney, NSW, Australia.**3.Allied Health,Sydney Local Health District, Sydney, NSW, Australia.**4. Physiotherapy Department, Canterbury Hospital, NSW, Australia.**5. Physiotherapy Department, Concord Repatriation General Hospital, NSW, Australia.**6. Physiotherapy Department, Balmain Hospital, NSW, Australia.**7. Department of Respiratory and Sleep Medicine, Royal Prince Alfred Hospital, NSW, Australia.**8. Sydney Medical School, Faculty of Medicine and Health, the University of Sydney, Sydney, NSW, Australia.**9. Respiratory Medicine, Concord Repatriation General Hospital, NSW, Australia.* |
| **Introduction/Aim:** Persistent post-COVID sequelae involving the respiratory system include dyspnoea, chest pain, cough, wheeze, and dysfunctional breathing. Pulmonary telerehabilitation may be effective in addressing persistent respiratory sequelae and other symptoms, although further research is needed to identify ideal candidates with treatable traits. We aimed to describe the characteristics of people attending a Post-COVID Respiratory Clinic who were deemed eligible for pulmonary telerehabilitation.**Methods:** People with persistent respiratory sequelae who attended a Post-COVID Respiratory Clinic at a major tertiary metropolitan hospital and who were deemed eligible for pulmonary telerehabilitation were recruited after informed consent. Participants completed the following assessments remotely: 1-minute sit-to-stand test (1minSTST); 5 repetition sit-to-stand test (5STST); Montreal Cognitive Assessment (MoCA-BLIND); COPD Assessment TestTM (CAT); Hospital Anxiety and Depression Scale (HADS); Fatigue Severity Scale (FSS); Kessler Psychological Distress Scale (K6+). Data were compared with normal values.**Results:** Fifty participants were recruited and completed the assessments. Participants mean(SD) age was 54 years(14), body mass index 30kg/m2(8), 60% female, 80% had not been hospitalised, 48% had a smoking history, 34% had a history of respiratory disease, 32% lived alone and 22% had caring responsibilities. Mean(SD) and [normal values] 1minSTST 21(7) repetitions [range 33-47] ; 5STST 13(4) seconds [range 5-10]; MoCA-BLIND 19(3) [≥18]; CAT 20(7) [≤5]; HADS-Anxiety 9(4) [≤7], HADS-Depression 9(5) [≤7]; FSS 53(9) [<36]; K6+ 21(4) [<5].There were no significant differences when comparing hospitalised with non-hospitalised participants, or when comparing participants <50 years with those ≥50 years old.**Conclusion:** People attending a Post-COVID Respiratory Clinic and eligible for pulmonary telerehabilitation for persistent respiratory symptoms post-COVID were typically middle-aged, female, non-hospitalised for acute SARS-CoV-2 infection, overweight, living with others, non-smokers, and without caring responsibilities. Based on normative values participants were likely to display poor exercise capacity, a high symptom burden, fatigue, anxiety, depression, and were in the normal range for cognition.**Grant Support:** Allied Health Grant, Sydney Local Health District.Key Words: COVID-19, Telerehabilitation, Pulmonary Rehabilitation, Physiotherapy. |