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LONG COVID UPDATE FOR PRIMARY CARE

Authors' reply to Ward

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Ward comments¹ on a lack of acknowledgement of functional symptoms in long covid in our Practice Pointer.²

The terms "organic" and "functional" are misleading. They imply a clear (Cartesian) split between illnesses of the body and those of the mind.³ Long covid symptoms have been shown to be associated with various structural abnormalities in different organs and derangement of physiological function.⁴⁵ Like any other medical condition, long covid also includes an element of mental processing of symptoms and emotional and psychological reaction to the illness and the limitations it confers. We did not ignore these aspects of long covid; we included them as key elements of a whole person condition that requires whole person management.

The patient's symptoms may be many, varied, and fluctuating; no single biomarker exists to confirm or exclude long covid. Rather than label this pattern as "functional," we need to listen carefully to the patient's story, do a physical examination and relevant investigations, exclude alternative diagnoses, make and record the diagnosis of long covid, and direct the patient to self-management resources, support groups, and professionals with appropriate expertise.

Multidisciplinary rehabilitation is an effective approach even in so-called functional or "medically unexplained" conditions.⁶⁷ Using terms such as "psychological" or "functional" is unlikely to be helpful in engaging patients in treatment plans.

Rather than polarising around outdated taxonomies, we should all acknowledge that prompt assessment and holistic management of the whole patient is what patients deserve and what the health service should be offering for long covid.

Competing interests: TG is a member of Independent SAGE. MS is WHO Europe adviser on covid rehabilitation policy and led the development of the C19-YRS (Yorkshire Rehabilitation Scale) outcome measure for long covid. RE and TG are members of the NHS England Task Force for long covid.

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