

CURRENT AWARENESS BULLETIN

LONG COVID

May 2025

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EPIDEMIOLOGY OF LONG COVID

Carr, C. R., Gentile, N. L., Bertolli, J., Szewczyk, W., Lin, J. S., Unger, E. R., . . . Fitzpatrick, A. L. (2025). [Comparison of long COVID, recovered COVID, and non-COVID post-acute infection syndromes over three years](#). *PLoS ONE [Electronic Resource]*, *20*(5), e0323104.

BACKGROUND: Comparing the characteristics of patients with long COVID to those with other post-acute infection syndromes (PAIS) could potentially provide clues to common underlying disease processes that may affect patient recovery. **CONCLUSIONS:** Patients diagnosed with long COVID were more similar to patients with a non-COVID-related PAIS than to recovered patients with COVID-19. This suggests risk factors for PAIS may be similar and independent of the infectious agent.

Chandrasekhar, T., Ravishankar, C., Geethanjali, A., & Lahari, T. (2025). [Outcomes in patients with long COVID-19 one year after their discharge from intensive care units](#). *Cureus*, *17*(4), e81739.

Introduction: Survivors of prolonged severe COVID-19 who are treated at ICUs are at risk for physical and psychological complications, including lung injury and multi-organ dysfunction. As the number of survivors of severe COVID-19 increases, it is necessary to understand the trajectory of the disease and the patient care needed after discharge from the ICU. This study tries to efficiently assess the long-term clinical sequelae among patients with prolonged severe COVID-19 who were admitted to the ICU, one year after their discharge. The parameters tested included the chronic obstructive pulmonary disease assessment test (CAT) score, pulmonary function tests, and laboratory data. **Conclusion:** The management of ICU survivors after severe COVID requires a multi-disciplinary approach. It includes preventive measures and rehabilitation services along with appropriate treatment strategies to relieve the residual symptoms.

Chu, A. M. Y., Tsang, J. T. Y., Chan, S. S. C., Chan, L. S. H., & So, M. K. P. (2025). [Utilizing Google trends data to enhance forecasts and monitor long COVID prevalence](#). *Communication Medicae*, *5*(1), 179.

BACKGROUND: Long COVID, the persistent illness following COVID-19 infection, has emerged as a major public health concern since the outbreak of the pandemic. Effective disease surveillance is crucial for policymaking and resource allocation. **CONCLUSIONS:** By utilizing a comprehensive list of search terms and sophisticated statistical analytics, our study contributes to exploring the potential of Google Trends data for forecasting and monitoring long COVID prevalence. These findings and methodologies can be used as prior knowledge to inform future infodemiological and epidemiological investigations.

Duenas, K., Chwa, W. J., & Hoque, F. (2025). [Overview of long COVID: Navigating the aftermath](#). *Journal of Brown Hospital Medicine*, *4*(2), 133879.

The coronavirus disease (COVID-19) pandemic was a global health crisis with far-reaching consequences. Among these were physical and mental health complications that emerged weeks or even months after the initial COVID-19 infection, collectively termed "long COVID" or "post-COVID syndrome." Identifying the epidemiology, risk factors, clinical manifestations, and management strategies for long COVID is crucial for both clinicians and patients, which is the focus of this review. The prevalence of long COVID varies across studies, generally ranging from 5% to 20%. Prominent risk factors include female sex, older age, a high number of acute symptoms, lower socioeconomic status, and underlying comorbidities such as diabetes, asthma, or chronic obstructive pulmonary disease. The clinical manifestations of long COVID are diverse; beyond the commonly reported symptoms of fatigue, malaise, ageusia, and anosmia, neuropsychiatric complications such as headache, cognitive deficits, and depression are also potential outcomes. Although there is currently no consensus on the management of long COVID, multidisciplinary care teams with appropriate referrals and follow-up diagnostic studies are essential in evaluating the clinical course of long COVID patients.

Jiang, S., Loomba, J., Zhou, A., Sharma, S., Sengupta, S., Liu, J., . . . On Behalf Of N C Consortium. (2025). [A Bayesian survival analysis on long COVID and non-long COVID patients: A cohort study using national COVID cohort collaborative \(N3C\) data](https://libkey.io/libraries/2838/10.3390/bioengineering12050496). *Bioengineering*, 12(5)<https://libkey.io/libraries/2838/10.3390/bioengineering12050496>

Since the outbreak of the COVID-19 pandemic in 2020, numerous studies have focused on the long-term effects of COVID infection. On 1 October 2021, the Centers for Disease Control (CDC) implemented a new code in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting 'Post COVID-19 condition, unspecified (U09.9)'. This change indicated that the CDC recognized Long COVID as a real illness with associated chronic conditions. The National COVID Cohort Collaborative (N3C) provides researchers with abundant electronic health record (EHR) data by harmonizing EHR data across more than 80 different clinical organizations in the United States. This paper describes the creation of a COVID-positive N3C cohort balanced by the presence or absence of Long COVID (U09.9) and evaluates whether or not documented Long COVID (U09.9) is associated with decreased survival length.

Martins, B. A. A., Garcia, A. L. H., Borges, M. S., Nobles, D. D. R., Hansen, A. W., Spilki, F. R., . . . da Silva, J. (2025). [Acute and chronic post-COVID-19 conditions: A study of genetic integrity and clinical markers](#). *Mutation Research-Genetic Toxicology & Environmental Mutagenesis*, 904, 503870.

The long-term effects of COVID-19 infection on genomic integrity, along with hematological, biochemical, and inflammatory, remain poorly understood. Viral infections, including SARS-CoV-2, are known to induce genomic instability, potentially contributing to the persistence of post-COVID-19 symptoms. This study aimed to assess genomic instability in individuals with acute and chronic post-COVID-19 conditions, alongside hematological profiles, metabolic parameters, and inflammatory markers, compared to a SARS-CoV-2-negative control group. Participants (n=231) from southern Brazil were stratified into acute post-COVID (n=78), chronic post-COVID (n=79), and control groups (n=74). DNA damage was assessed using alkaline and enzyme-modified comet assays. Oxidative lesions were detected across all groups, but no significant differences were observed among them. Correlations with biochemical markers suggest inflammation and oxidative stress as central mechanisms in post-COVID-19 pathophysiology. Hematological and biochemical analyses revealed persistent inflammation, lipid metabolism disruptions, and gender-specific alterations, such as higher levels of inflammatory markers (C-reactive protein and ferritin) and lipid abnormalities in men, whereas women exhibited distinct hematological patterns. Age-related influences on metabolic and inflammatory markers further illustrate the systemic complexity of post-COVID-19 effects. The chronic group exhibited ongoing but attenuated markers of inflammation and oxidative stress compared to the acute group. These findings suggest that genetic instability alone may not fully explain the observed clinical manifestations, emphasizing the role of persistent inflammation and metabolic dysregulation. This study provides a comprehensive view of the interplay between genomic instability, inflammation, oxidative damage, and systemic alterations in post-COVID-19 condition. It underscores the importance of a multifaceted approach to understanding disease mechanisms and the need for longitudinal studies to explore the dynamic nature of these alterations and their long-term health implications.

Prgomet, M., Kamalakkannan, A., Thomas, J., Pearce, C., McLeod, A., Gardner, K., & Georgiou, A. (2025). [Identifying long COVID patients using general practice data: Challenges, classification and long COVID patterns](#). *Studies in Health Technology & Informatics*, 327, 838–842.

General practice data, extracted from electronic medical records, holds immense potential to generate a wealth of public health knowledge. But it is not without challenges. Our aim in this study was to identify long COVID patients within a large general practice dataset through data classification. We discuss the classification and its validation, and present initial data patterns for the identified long COVID cohort. We found significant variation in how general practitioners document and describe long COVID presentations. Less than half of the identified long COVID patients had a documented acute COVID

infection. The highest proportion of long COVID patients were female and those 40-49 years of age. Overall, this study highlights key lessons for researchers utilizing general practice data, particularly in the context of long COVID, and underscores the vital importance of collaboration between researchers, general practitioners, and data custodians to ensure the robustness of data underpinning knowledge translation.

Rus, A., Schreiber, S., Lieb, W., Vehreschild, J. J., Heuschmann, P. U., Illig, T., . . . Bahmer, T. (2025). [Genome-wide association study of post COVID-19 syndrome in a population-based cohort in Germany](#). *Scientific Reports*, 15(1), 15791.

If health impairments due to coronavirus disease 2019 (COVID-19) persist for 12 weeks or longer, patients are diagnosed with Post-COVID Syndrome (PCS), or Long-COVID. Although the COVID-19 pandemic has largely subsided in 2024, PCS is still a major health burden worldwide, and identifying potential genetic modifiers of PCS remains of great clinical and scientific interest. We therefore performed a case-control type genome-wide association study (GWAS) of three recently developed PCS (severity) scores in 2,247 participants of COVIDOM, a prospective, multi-centre, population-based cohort study of SARS-CoV-2-infected individuals in Germany. Each PCS score originally represented the weighted sum of the binary indicators of all, or a subset, of 12 PCS symptom complexes, assessed six months or later after the PCR test-confirmed SARS-CoV-2 infection of a participant. For various methodical reasons, however, the PCS scores were dichotomized along their respective median values in the present study, prior to the GWAS. Of the 6,383,167 single nucleotide polymorphisms included, various variants were found to be associated with at least one of the PCS scores, although not at the stringent genome-wide statistical significance level of 5×10^{-8} . With $p = 6.6 \times 10^{-8}$, however, the genotype-phenotype association of SNP rs9792535 at position chr9:127,166,653 narrowly missed this threshold. The SNP is located in a region including the NEK6, PSMB7 and ADGRD2 genes which, however, does not immediately suggest an etiological connection to PCS. As regards functional plausibility, variants of a possible effect mapped to the olfactory receptor gene region (lead SNP rs10893121 at position chr11:123,854,744; $p = 2.5 \times 10^{-6}$). Impairment of smell and taste is a pathognomonic feature of both, acute COVID-19 and PCS, and our results suggest that this connection may have a genetic basis. Three other genotype-phenotype associations pointed towards a possible etiological role in PCS of cellular virus repression (CHD6 gene region), activation of macrophages (SLC7A2) and the release of virus particles from infected cells (ARHGAP44). All other gene regions highlighted by our GWAS did not relate to pathophysiological processes currently discussed for PCS. Therefore, and because the genotype-phenotype associations observed in our GWAS were generally not very strong, the complexity of the genetic background of PCS appears to be as high as that of most other multifactorial traits in humans.

Sardell, J., Pearson, M., Chocian, K., Das, S., Taylor, K., Strivens, M., . . . Gardner, S. (2025). [Reproducibility of genetic risk factors identified for long COVID using combinatorial analysis across US and UK patient cohorts with diverse ancestries](#). *Journal of Translational Medicine*, 23(1), 516. <https://libkey.io/libraries/2838/10.1186/s12967-025-06535-x>

BACKGROUND: Long COVID is a major public health burden causing a diverse array of debilitating symptoms in tens of millions of patients globally. In spite of this overwhelming disease prevalence, staggering cost, severe impact on patients' lives and intense global research efforts, study of the disease has proved challenging due to its complexity. Genome-wide association studies (GWAS) have identified only four loci potentially associated with the disease, although these results did not statistically replicate between studies. A previous combinatorial analysis study identified a total of 73 genes that were highly associated with two long COVID cohorts in the predominantly (> 91%) white European ancestry Sano GOLD population, and we sought to reproduce these findings in the independent and ancestrally more diverse All of Us (AoU) population. **CONCLUSION:** These results demonstrate the reproducibility of long COVID disease signal found by combinatorial analysis, broadly validating the results of the original analysis. They provide compelling evidence for a much broader array of genetic associations with long COVID than previously identified through traditional GWAS studies. This strongly supports the hypothesis

that genetic factors play a critical role in determining an individual's susceptibility to long COVID following recovery from acute SARS-CoV-2 infection. It also lends weight to the drug repurposing candidates identified in the original analysis. Together these results may help to stimulate much needed new precision medicine approaches to more effectively diagnose and treat the disease. This is also the first reproduction of long COVID genetic associations across multiple populations with substantially different ancestry distributions. Given the high reproducibility rate across diverse populations, these findings may have broader clinical application and promote better health equity. We hope that this will provide confidence to explore some of these mechanisms and drug targets and help advance research into novel ways to diagnose the disease and accelerate the discovery and selection of better therapeutic options, both in the form of newly discovered drugs and/or the immediate prioritization of coordinated investigations into the efficacy of repurposed drug candidates.

Sarmiento Varon, L., Alvarez, H., Huirimilla Casanova, L. C., Diaz Mora, M. P., Munoz Cuevas, L. A., Gonzalez-Puelma, J., . . . Navarrete, M. A. (2025). [Estimating the prevalence of persistent symptoms after SARS-CoV-2 infection \(post-COVID-19 syndrome\): A regional cross-sectional study protocol](#). *BMJ Open*, 15(5), e093844.

INTRODUCTION: The COVID-19 pandemic, driven by the SARS-CoV-2 virus, has had a significant global impact, with over 775 million cases reported and more than 7 million deaths as of July 2024. In Chile, approximately 5.4 million people have been infected, with a substantial proportion experiencing persistent symptoms known as post-COVID-19 syndrome. This study aims to estimate the prevalence of post-COVID-19 syndrome in Punta Arenas, Chile, and to explore the associated symptoms, mainly focusing on psychological, physical and molecular impacts on the affected population. **METHODS AND ANALYSIS:** This cross-sectional study will use stratified random sampling to select a representative sample of 282 adults from Punta Arenas. Participants eligible for the study are those who had tested positive for SARS-CoV-2 by reverse transcription-quantitative PCR between July 2022 and July 2023. Data collection will include comprehensive clinical assessments, psychological evaluations and laboratory analyses of inflammatory biomarkers. Standardised instruments will be used to ensure consistency and reliability in measuring persistent symptoms. Statistical analyses will include descriptive statistics, regression models and subgroup analyses to identify risk factors and the prevalence of post-COVID-19 syndrome.

Shi, J., Lu, R., Tian, Y., Wu, F., Geng, X., Zhai, S., . . . Wang, W. (2025). [Prevalence of and factors associated with long COVID among US adults: A nationwide survey](#). *BMC Public Health*, 25(1), 1758.

BACKGROUND: People with long COVID report prolonged, multisystem involvement and significant disability. This study aimed to determine long COVID prevalence and factors associated with it among US adults using nationally representative data. **CONCLUSIONS:** Long COVID affects 7.2% of US adults, with higher vulnerability among women, middle-aged individuals, White individuals, socioeconomically disadvantaged groups, and those with chronic conditions. These findings underscore the need for targeted public health strategies to address disparities in long COVID burden and support high-risk populations.

PATHOPHYSIOLOGY AND MECHANISM OF LONG COVID

There were a large number of relevant new articles and research this month, so to save space, I have only included the citations below. Please click on the hyperlinks to access or request the full-text.

Butzin-Dozier, Z., Ji, Y., Wang, L., Anzalone, A. J., Coyle, J., Phillips, R. V., . . . Hubbard, A. E. (2025). [COVID-19 vaccination timing, relative to acute COVID-19, and subsequent risk of long](#)

COVID. MedRxiv : The Preprint Server for Health Sciences

Canziani, L. M., Monforte, A. d., Giannella, M., Rodriguez-Bano, J., & Tacconelli, E. (2025). [Bridging the evidence gap: Expert consensus on management of SARS-CoV-2 acute infection and post-COVID-19 condition in immunocompromised patients](#). *Clinical Microbiology & Infection*.

de Melo, B. P., da Silva, J. A. M., Rodrigues, M. A., Palmeira, J. d. F., Amato, A. A., Arganaraz, G. A., & Arganaraz, E. R. (2025a). [SARS-CoV-2 spike protein and long COVID-part 2: Understanding the impact of spike protein and cellular receptor interactions on the pathophysiology of long COVID syndrome](#). *Viruses*, 17(5)

de Melo, B. P., da Silva, J. A. M., Rodrigues, M. A., Palmeira, J. d. F., Saldanha-Araujo, F., Arganaraz, G. A., & Arganaraz, E. R. (2025b). [SARS-CoV-2 spike protein and long COVID-part 1: Impact of spike protein in pathophysiological mechanisms of long COVID syndrome](#). *Viruses*, 17(5)

Duong, K. E., Henry, S. S., Cabana, M. D., & Duong, T. Q. (2025). [Longer term effects of SARS-CoV-2 infection on asthma exacerbation](#). *The Journal of Allergy & Clinical Immunology in Practice*,

El-Naas, A., Hamad, O., Nair, S., Alfakhri, B., Mahmoud, S., Haji, A., . . . Zakaria, D. (2025). [New onset of type 1 and type 2 diabetes post-COVID-19 infection: A systematic review](#). *Emerging Microbes & Infections*, 2492211

Gross, R. S., Carmilani, M., & Stockwell, M. S. (2025). [Long COVID in young children, school-aged children, and teens](#). *JAMA Pediatrics*

Hery, C. M., Zhang, X., McLaughlin, E., Von Ah, D., Anderson, G. L., Harris, H. R., . . . Paskett, E. D. (2025). [Association of cancer history with COVID-19 risk and outcomes among older postmenopausal women: Results from the women's health initiative](#). *Cancer Epidemiology, Biomarkers & Prevention*

Idris Fadul, A. A., Osman Mohamed, A. A., Mohammed Ahmed, A. A. S., Elmobark, S., Merghani Hammour, A. S., Elgaleel Khir Elsiad, N. M. N., & Mohammed Elhaj, E. A. (2025). [Post-coronavirus disease 2019 \(COVID-19\) cardiovascular manifestations: A systematic review of long-term risks and outcomes](#). *Cureus*, 17(4), e83083. <https://libkey.io/libraries/2838/10.7759/cureus.83083>

Iijima, H., Funaki, T., & Kubota, M. (2025). [Long-COVID in children and their parents: A prospective cohort study](#). *Pediatrics International*, 67(1), e70042.

Khandelwal, Y., Ora, M., Jain, B., Dixit, M., Singh, P., Khan, A., . . . Gambhir, S. (2025). [Post-COVID-19 lung disease: Utility of biochemical and imaging markers in uncovering residual lung inflammation and monitoring anti-inflammatory therapy, a prospective study](#). *European Journal of Nuclear Medicine & Molecular Imaging*

Lammi, V., Nakanishi, T., Jones, S. E., Andrews, S. J., Karjalainen, J., Cortes, B., . . . Ollila, H. M. (2025). [Genome-wide association study of long COVID](#). *Nature Genetics*,

Maqsood, K., Ahmad, S., Saeed, A., & Roohi, N. (2025). [Plasma protein biomarkers for long COVID-19: Predictors of symptom severity and mortality risk](#). *Clinica Chimica Acta*, 575, 120350. <https://libkey.io/libraries/2838/10.1016/j.cca.2025.120350>

- Matsuda, Y., Sakurada, Y., Nakano, Y., Otsuka, Y., Tokumasu, K., Honda, H., . . . Otsuka, F. (2025). [Clinical characteristics of vitamin D deficiency detected in long COVID patients during the omicron phase](#). *Nutrients*, 17(10)
- Michalak, K. P., Michalak, A. Z., & Brenk-Krakowska, A. (2025). [Acute COVID-19 and LongCOVID syndrome - molecular implications for therapeutic strategies - review](#). *Frontiers in Immunology*, 16, 1582783.
- Moustakli, E., Stavros, S., Michaelidis, T. M., Potiris, A., Christodoulaki, C., Zachariou, A., . . . Zikopoulos, A. (2025). [Long-term effects of COVID-19 on women's reproductive health and its association with autoimmune diseases, including multiple sclerosis](#). *Journal of Clinical Medicine*, 14(9)
- O'Mahoney, L. L., Routen, A., Gillies, C., Jenkins, S. A., Almaqhawi, A., Ayoubkhani, D., . . . Khunti, K. (2025). [The risk of long covid symptoms: A systematic review and meta-analysis of controlled studies](#). *Nature Communications*, 16(1), 4249.
- Peter, R. S., Sedelmaier, L., Nieters, A., Brockmann, S. O., Gopel, S., Merle, U., . . . Kern, W. V. (2025). [Symptom burden and post-COVID-19 syndrome 24 months following SARS-CoV-2 infection: Longitudinal population-based study](#). *Journal of Infection*, 90(6), 106500.
- Posharina, T., Varonen, M., Jarva, H., Kanerva, M., Liira, H., & Laakso, S. M. (2025). [Serum antineuronal antibodies in patients with post-COVID-19 condition - association to intensive care](#). *Brain, Behavior, & Immunity*, <https://libkey.io/libraries/2838/10.1016/j.bbi.2025.05.026>
- Rajlic, G., Sorensen, J. M., Shams, B., Mardani, A., Merchant, K., & Mithani, A. (2025). [Post-acute sequelae of COVID-19 in residents in long-term care homes: Examining symptoms and recovery over time](#). *PLoS ONE [Electronic Resource]*, 20(5), e0321295.
- Ranque, B., & Cogan, E. (2025). [Internal medicine at the crossroads of long COVID diagnosis and management](#). *Frontiers in Medicine*, 12, 1521472.
- Robineau, O., Hue, S., Surenaud, M., Lemogne, C., Dorival, C., Wiernik, E., . . . Carrat, F. (2025). [Symptoms and pathophysiology of post-acute sequelae following COVID-19 \(PASC\): A cohort study](#). *EBioMedicine*, 117, 105792.
- Silva, L., Fernandes, J., Lopes, R., Costa, S., Malheiro, S., Aires, E., . . . Maia, L. F. (2025). [Long-term persistent headache after SARS-CoV-2 infection: A follow-up population-based study](#). *European Journal of Neurology*, 32(5), e70130.
- Sommer, S. B., Dietrich, M. S., & Barroso, J. V. (2025). [The development and initial validation of the memorial symptom assessment scale-long COVID \(MSAS-LC\): A promising tool for measuring long COVID](#). *International Journal of Environmental Research & Public Health [Electronic Resource]*, 22(5)
- Takaoka, S., Saito, H., Kawate, M., Tanaka, C., Wu, Y., Kosugi, S., . . . Wakaizumi, K. (2025). [Exploring the presence of long COVID-like symptoms in patients with chronic pain: A large-scale internet-based cross-sectional study in Japan](#). *Pain*,

Vallee, A., Arutkin, M., Ceccaldi, P., Feki, A., & Ayoubi, J. (2025). [Long COVID and endometriosis: A systematic review and meta-analysis](#). *BMC Women's Health*, 25(1), 229.

Vieira Junior, J. C. d. A., Sander, M. R. L., Matos, J. A. d. O., Medeiros, A. d. M., Silva, F. S. d., & Aires, C. A. M. (2025). [Neurological post-acute sequelae of COVID-19 in non-hospitalized patients: An integrative review](#). *Biological Research for Nursing*, 10998004251335968

Vreeman, E. C. A., Pillay, J., & Burgess, J. K. (2025). [Post-COVID pulmonary sequelae: Mechanisms and potential targets to reduce persistent fibrosis](#). *Pharmacology & Therapeutics*, 108891

Vu, P. D., & Abdi, S. (2025). [Post-acute sequelae SARS-CoV-2 infection and neuropathic pain: A narrative review of the literature and future directions](#). *Pain Management*, 15(6), 333–343.

PSYCHO-SOCIAL IMPACTS OF LONG COVID (INC. WORK, EDUCATION, QOL)

de Andrade, M. L., do Monte, A. L., Gerage, A. M., Galliano, L. M., Costa, E. C., Ritti Dias, R. M., & Correa, F. I. (2025). [Effects of physical exercise on functional physical performance in individuals with long COVID: A systematic review](#). *Journal of Cardiopulmonary Rehabilitation & Prevention*, **PURPOSE:** To analyze the effect of physical exercise on functional parameters in individuals with long coronavirus disease-2019 (COVID-19). **SUMMARY:** Results suggest potential benefits of exercise training for subjects with long COVID-19 in several outcomes, mainly in functional capacity, depression symptoms, quality of life, and fatigue.

Durstenfeld, M. S., Leonard, D., Pettee Gabriel, K., Barlow, C. E., Shuval, K., Priest, R., . . . DeFina, L. F. (2025). [Association of pre-COVID fitness with post-COVID fitness and long COVID in the cooper center longitudinal cohort study](#). *Journal of the American Heart Association*, 14(10), e040629. **BACKGROUND:** Cross-sectional studies suggesting that SARS-CoV-2 infection and long COVID are associated with reduced cardiorespiratory fitness (CRF) lack preinfection CRF measures. The objective of this study was to determine the association of SARS-CoV-2 infection and long COVID with change in CRF. **CONCLUSIONS:** Pre-COVID fitness, on average, is lower among people who developed long COVID. COVID does not greatly accelerate age-related declines in CRF, even among some with long COVID, although few included participants had severely disabling long COVID. Future longitudinal research will clarify if differences in CRF by infection status emerge over longer follow-up.

Gonzalez Rosas, Z., Martinez-Jimenez, H. S., Arroyo-Landin, M., Fragoso, G., Chavez-Canales, M., Hernandez, M., . . . Cardenas, G. (2025). [Long-term neuropsychiatric sequelae of COVID-19 in an open population: A prospective pilot study](#). *Journal of Neuropsychiatry & Clinical Neurosciences*, **appineuropsych20240040** **OBJECTIVE:** COVID-19 has been associated with a wide range of systemic and neurological complications, known as long COVID or postacute sequelae of COVID-19 (PASC). Such sequelae can be observed among all infected individuals, even among those with a mild disease course. Dysbiosis, a common condition associated with low-grade inflammation, has been proposed as a potential mechanism of PASC by altering levels of circulating lipopolysaccharide (LPS) and the tryptophan pathway metabolites kynurenine and quinolinic acid, known to affect neurocognitive function. The authors evaluated the evolution of neurological, neurocognitive, and neuropsychiatric COVID-19 sequelae and their relationship with circulating LPS and kynurenine and quinolinic acid levels. **CONCLUSIONS:** Significant neurocognitive and neuropsychiatric impairments were observed among COVID-19-convalescent individuals, along with decreased kynurenine levels, which recovered during a 12-month follow-up period.

Henning, E., Musci, R., Johnson, S. B., Villatoro, C., & Malone, L. A. (2025). [Pediatric long COVID: Relationships with premorbid history of anxiety or depression and health-related quality of life.](#)

Journal of Pediatric Psychology

OBJECTIVE: Up to 25% of youth may develop long COVID following COVID-19 infection. Mood changes are commonly reported; however, few studies use validated measures. This study describes prevalence of self-reported anxious and depressive symptoms among youth with long COVID. We also examined the association of these symptoms with prior mental health diagnosis and health-related quality of life.

CONCLUSIONS: Prevalence of anxious and depressive symptoms in this clinical sample was high. Screening measures for mood and anxiety overlap with physical symptoms of long COVID and use of collateral information is recommended. The relationship between the Ineffectiveness subscale and the PedsQL warrants further investigation to evaluate if they assess the same domain or if negative perception of abilities contributes to health-related quality of life.

Jacka, B. P., Cheng, Q. L., Schiavone, B., Darley, D. R., Kelleher, A. D., Dore, G. J., & Matthews, G. V. (2025). [Trajectories of health-related quality of life 2 years after mild/moderate severe acute respiratory syndrome coronavirus 2 infection in the pre-omicron era.](#) **Open Forum Infectious Diseases, 12(5), ofaf142.**

Background: Individuals with postacute sequelae of coronavirus disease 2019 (COVID-19), or long COVID, experience substantial burden of illness many months after initial infection. Few studies have comprehensively and longitudinally assessed health outcomes for people with long COVID following mild/moderate infection. We applied the Wilson-Cleary model of health-related quality of life (HRQOL) to describe the impact of long COVID on multiple health dimensions up to 24 months following mild/moderate COVID-19. **Conclusions:** Substantial long-term impairment in various health domains were observed for individuals with long COVID following mild/moderate initial infection, with little improvement over time in most. Multimodal interventions must address impairment in multiple domains of HRQOL in individuals with long COVID.

Joseph, G. (2025). [The impact of physical activity on long COVID symptoms among college students: A retrospective study.](#) **International Journal of Environmental Research & Public Health [Electronic Resource], 22(5)**

Millions worldwide suffer from long COVID, which affects daily life and impairs multiple organs. Younger adults report symptoms more frequently than older adults. Since physical activity enhances overall health, this study examines whether regular exercise reduces long COVID severity in college students. This cross-sectional retrospective study surveyed 309 teacher-training college students about their long COVID symptoms and physical activity levels. Participants were categorized based on activity levels, and symptom differences were analyzed. Among respondents, 44 (14.4%) reported long COVID symptoms, with fatigue being the most common (13.3%). Students engaging in regular, intense physical activity did not experience fewer symptoms than less active students (1.83 +/- 0.85; 1.75 +/- 0.89, p = 0.376). However, physical education students reported fewer symptoms than students in other programs (6.7% vs. 17.4%). Greater self-reported participation in physical activity was not associated with less reported long COVID symptoms among college-aged students; however, students enrolled in physical education programs-who integrate physical activity into their daily routines as part of their academic curriculum-reported fewer symptoms, suggesting that sustained, structured physical activity may contribute to reduced symptom burden. Further research is needed to explore this relationship.

Karnadipa, T., Pratama, A. D., Pahlawi, R., Noviana, M., Yu, C. W., Caraka, R. E., & Wan, Y. (2025). [Clinical indicators for predicting physical activity levels in long-term COVID-19: Insights from physical exertion and oxygen saturation.](#) **Journal of Bodywork & Movement Therapies, 42, 198–204.**

INTRODUCTION: Long COVID-19 syndrome, affecting approximately 80% of adults after SARS-CoV-2 infection, often reduces physical activity due to fatigue and breathing difficulties, leading to impaired

physical function and lung capacity. This cross-sectional study examined predictive variables such as physical exertion, heart rate, and oxygen saturation to assess physical activity levels in adults with long COVID-19 syndrome. **CONCLUSION:** Physical exertion and oxygen saturation are potentially crucial predictors of physical activity levels in individuals with persistent post-COVID-19 symptoms. These findings offer valuable insights for managing long COVID-19 syndrome, emphasising the need for tailored interventions to address reduced physical activity levels in affected individuals.

Keith, S., Hill, G., Smith, A., Brechin, D., Mustafa, R., Antunes, G., & Swanson, V. (2025). [Identifying the prevalence of symptoms of anxiety and depression in patients with post COVID](#). *Journal of Psychosomatic Research*, 194, 112147.

Koller, K., Herold, R., Morawa, E., & Erim, Y. (2025). [Coping competence and health outcomes in post-COVID: A prospective study on the role of adaptive strategies in symptom management and physical and mental health](#). *Journal of Psychosomatic Research*, 194, 112152.

BACKGROUND: Post-acute sequelae of COVID-19 (PASC), characterized by persistent symptoms like fatigue, cognitive impairments, and mental health problems, requires effective coping strategies for symptom management, yet their impact on health outcomes in PASC patients remains unclear. This study examines differences in coping strategies across subgroups, changes over time, and their relationship with PASC symptoms and physical and mental health. **CONCLUSION:** Strengthening coping competence may improve symptom management and severity in PASC patients, highlighting the need for targeted interventions.

Metcalf, J., Scoullar, M. J. L., Whyler, N. C. A., Balkin, H., & Tippett, E. (2025). [Beyond time as the healer: Action in long COVID treatment to improve patient outcomes](#). *Internal Medicine Journal*, Long COVID is complex and disabling. Despite emerging therapies, the lack of guidelines and clinician awareness delays treatment. This paper highlights options available now to improve function and quality of life. We call for a symptom-focused, person-centred approach that incorporates lived experience and clinical judgement to bridge the gap between evidence and care. Time alone is not the answer.

Naik, H., Zhu, B., Er, L., Sbihi, H., Janjua, N. Z., Smith, P. M., . . . Zhang, W. (2025). [Work productivity loss in people living with long COVID symptoms over 2 years from infection](#). *Journal of Occupational & Environmental Medicine*

OBJECTIVE: To evaluate the work productivity loss in people experiencing long COVID symptoms more than two years after infection. **CONCLUSIONS:** Long COVID is associated with substantial work productivity loss. Given the large number of individuals affected by COVID, this has significant implications for healthcare systems, the workforce, and economies.

Ortega-Martin, E., & Alvarez-Galvez, J. (2025). [Living with long COVID: Everyday experiences, health information barriers and patients' quality of life](#). *Health Expectations*, 28(3), e70290.

BACKGROUND: Long COVID has considerably impacted patients' daily lives, yet qualitative insights in Spain are still scarce. This study seeks to (1) explore patients' experiences and the barriers they face, (2) analyse challenges in accessing accurate information and (3) evaluate the effects on quality of life by examining its dimensions in detail. **CONCLUSION:** The impact of Long COVID transcends physical health, pointing to economic pressure, legal uncertainty and fragmentation of care. We reveal how misinformation and a lack of guidance intensify inequities in access to reliable information. These findings underscore the need for integrated models of care, policy recognition and targeted strategies to reduce socio-economic inequalities.

Schmidt, L. M., Klingner, C., Petersen, I., Volkmer, A., Schreiber, M., Schmidt, A., . . . Wagner, F. (2025). [Cognitive impairment and associated neurobehavioral dysfunction in post-COVID syndrome](#). *Psychiatry Research*, 349, 116522.

There is a high prevalence of neuropsychiatric sequelae in post-COVID syndrome, most commonly chronic fatigue, the mechanisms of which remain poorly understood. As altered function of the reward system has been suggested as a causal factor, we aimed to distinguish whether reward processing or task-unspecific cognitive operations are impaired in post-COVID syndrome. Our cohort study included 24 patients diagnosed with post-COVID syndrome and 24 demographically matched healthy controls. Questionnaire assessment of neuropsychiatric symptoms and socio-demographic variables, the Monetary Incentive Delay Task during an fMRI scan, and pupillary measurements were performed. In addition to clinical neuropsychiatric symptoms, participants in the post-COVID group demonstrated significantly slower task performance compared to healthy controls, although the function of behavioral reward circuits appeared unimpaired. However, the influence of rewarding cues on post-COVID patients increased significantly over time during task performance, correlating with temporally delayed activation of the left frontal gyrus and increased activity in task-unspecific brain regions in post-COVID patients. Furthermore, slower reaction times on the task were associated with a lower pupil diameter and a higher pupillary unrest index. This study proposes that post-COVID syndrome is a process that may not affect reward processing, but leads to neural hypoarousal and temporally altered brain activity in frontal and task-unspecific brain regions.

Silver, S. R., Li, J., & Saydah, S. H. (2025). [Burden of selected chronic conditions among adults of prime working age \(25-54\) by 2022 self-reported COVID-19 and long COVID history compared to 2019 pre-pandemic baseline prevalence: Behavioral risk factor surveillance system](#). *American Journal of Industrial Medicine*,

INTRODUCTION: Prior research has observed increased risks for numerous chronic conditions among individuals with Long COVID. Chronic conditions have been associated with employment limitations and increased economic hardships. Data from the Behavioral Risk Factor Surveillance System (BRFSS) present an opportunity to examine changes by employment status in the prevalence of a range of chronic conditions between 2019 (pre-pandemic) and, in 2022, by self-reported COVID-19 or Long COVID. **CONCLUSIONS:** The increased prevalence of a range of chronic conditions between 2019 and 2022 among adults with Long COVID may present a burden for individuals, the workplace, the healthcare system, and the economy. Additional research in a longitudinal context could better quantify these associations. Efforts to prevent, identify, and treat Long COVID can reduce this burden.

Struhal, W., & Almamoori, D. (2025). [A review of the sequelae of post covid-19 with neurological implications \(post-viral syndrome\)](#). *Journal of the Neurological Sciences*, 474, 123532.

Post Covid-19 conditions represent a medical challenge; a unified definition is not achieved after 5 years of the Pandemic. The incidence of Post Covid-19 conditions varies, nevertheless the neurological complications represent an important aspect in the spectrums of fields involved. The current perception is that varied manifestations and long-term complications of COVID-19 reflect underlying pathophysiological processes, including inflammatory, immune-mediated, and vascular mechanisms. These mechanisms underscore the complexity of COVID-19's impact including the nervous system and its potential for lasting effects. A number of symptoms are extremely severe and may also need neurologic attention including fatigue, cognitive disturbances, autonomic symptoms, headache, and sleep disorders. Post Covid-19 conditions are often of chronic nature. Management as in other chronic conditions should rely on the conventional diagnostic measures and management of symptoms irrespective of the temporal relation to the viral infection. To date Post Covid-19 conditions is only accepted as an additional or explanatory diagnosis.

Thant, T. M., Khandai, A. C., Gillan, A., Peace, M., Quinn, D., & Levenson, J. (2025). [Neuropsychiatric symptoms of subacute and chronic long COVID](#). *American Journal of Psychiatry*, 182(5), 498–499.

INTERVENTIONS

Chowdhury, S. R., Islam, N., Zhou, Q., Hasan, M. K., Chowdhury, M. R., Siemieniuk, R. A., . . . Guyatt, G. (2025). [Metformin for covid-19: Systematic review and meta-analysis of randomised controlled trials](#). *BMJ Medicine*, 4(1), e001126.

Objective: To summarise the effects of metformin on covid-19 to inform a World Health Organization (WHO) clinical practice guideline. Design: Systematic review and meta-analysis. Conclusions: Current evidence based on randomised trials suggests no significant effect of metformin on acute clinical outcomes in patients with non-severe covid-19. Metformin might reduce the incidence of long covid when used to treat patients with non-severe acute covid-19 infection, but this was suggested by low certainty evidence from a single trial.

Ferrer, G., Valerio-Pascua, F., Alas-Pineda, C., Gaitan-Zambrano, K., & Pavon-Varela, D. J. (2025). [Intranasal chlorpheniramine for early symptomatic treatment of COVID-19 and the impact on long-COVID](#). *Cureus*, 17(4), e82736.

This review explores the therapeutic potential of intranasal chlorpheniramine maleate (iCPM) in managing both acute COVID-19 and Long COVID by integrating histamine H1 receptor antagonism and bitter taste receptor (T2R) activation. Current literature on histamine-mediated inflammation, T2R activation, and the dual-action mechanisms of iCPM were analyzed. Emphasis was placed on its antiviral, anti-inflammatory, and mucosal immunity-enhancing properties. iCPM demonstrates significant efficacy in addressing acute COVID-19 symptoms by inhibiting histamine-mediated inflammatory pathways and reducing cytokine storms. As a T2R agonist, it enhances mucosal immunity through nitric oxide production, mucociliary clearance, and antimicrobial peptide synthesis, reducing viral replication and supporting respiratory health. Additionally, iCPM shows promise in mitigating persistent symptoms of long COVID, including fatigue, brain fog, and respiratory dysfunction, by addressing chronic inflammation and residual viral activity. The integration of H1 receptor antagonism and T2R activation positions iCPM as a novel dual-target therapy for respiratory infections. Its localized delivery and broad mechanism of action make it a promising candidate for managing both the acute and chronic phases of COVID-19. Future research should focus on large-scale clinical trials and personalized approaches based on genetic variations in T2R pathways.

Junainah, E. M., Abd-El-Rahman, A. H., Alamin, A. A., Hassan, K. E., Elesawy, B. H., Elrashidy, A. H., . . . Taha, S. A. (2025). [Immunopathology and therapeutic strategies for long COVID: Mechanisms, manifestations, and clinical implications](#). *AIDS Reviews*, 27(1), 25–32.

Long coronavirus disease-19 (COVID-19) is a complex, multifactorial condition characterized by persistent symptoms lasting more than 12 weeks following acute severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. The underlying mechanisms remain incompletely understood, but chronic inflammation, immune dysregulation, autoimmunity, and viral persistence are increasingly being implicated. This study investigated the immunopathological drivers of long COVID-19 and their associations with clinical manifestations and organ damage. A prospective, longitudinal cohort study was conducted on 200 COVID-19 survivors aged 18–65 years, in which immune markers, autoantibody profiles, lymphocyte dysfunction, and imaging findings were assessed over a 12-month period. Persistent inflammation was observed, with elevated interleukin-6 and tumor necrosis factor alpha +/- levels correlated with lung fibrosis and cognitive impairment. Autoantibodies were detected in 40% of

the participants, particularly those with cardiovascular and neurological symptoms. A significant reduction in CD8+ T-cell counts was associated with severe fatigue and cognitive dysfunction, whereas persistent SARS-CoV-2 RNA was identified in 10% of cases, primarily in individuals with gastrointestinal symptoms. Imaging studies revealed multiorgan involvement, with structural abnormalities in the lungs, heart, and brain. These findings highlight the interplay of immune dysfunction, chronic inflammation, and autoimmunity in long-term COVID-19, underscoring the need for targeted therapeutic strategies to address its long-term health impacts.

Kogure, Y., Ando, W., Sakamaki, K., & Sugawara, M. (2025). [Treatment of long coronavirus disease in Japan: A nationwide study of symptom-associated drug prescriptions](#). *Biological & Pharmaceutical Bulletin*, 48(5), 641–649.

Long coronavirus disease (COVID) is characterized by symptoms persisting or reappearing at least 2 months post-recovery from acute coronavirus disease 2019 (COVID-19). Although Long COVID symptoms have been widely studied, data on drug prescriptions for patients with Long COVID in Japan remain limited. Therefore, this study aimed to analyze drug utilization patterns for Long COVID treatment using a nationwide database in Japan, with the goal of providing basic data to support the establishment of standard treatments in the future. The Medical Data Vision COVID-19 dataset was used to identify patients diagnosed with Long COVID between January 15, 2020 and December 31, 2022. Symptoms and prescribed medications were extracted, and descriptive statistics were used to analyze the relationship between symptoms and drug prescriptions. Among 652016 patients with COVID-19, 3769 (0.6%) developed Long COVID. Common symptoms included fatigue, bronchial asthma-like symptoms, and insomnia. Acetaminophen was the most prescribed drug in the first month of diagnosis. Other frequently prescribed drugs included dextromethorphan, l-carbocysteine, and polaprezinc. From 3 months post-diagnosis, prescriptions for Hochu-ekki-to (a traditional Japanese herbal medicine; Kampo medicine) and polaprezinc increased, especially among patients aged 30-50 years. Long COVID in Japan is characterized by a wide range of symptoms, leading to symptom-based drug prescriptions, particularly fatigue, respiratory issues, and taste disturbances. These findings offer insights into the pharmacological management of Long COVID in Japan, highlighting the need for further research on optimal treatments in the future.

Park, S. O., & Nanda, N. (2025). [Long COVID: A systematic review of preventive strategies](#). *Infectious Disease Reports*, 17(3)

Background: Since the emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in December 2019, long COVID (LC) has become a significant global health burden. While knowledge about LC is accumulating, studies on its prevention are still lacking. **Conclusions:** COVID-19 vaccination is vital as it not only prevents COVID-19 but also reduces the severity of illness and may help prevent LC. Further studies are warranted to shed light on preventive strategies for long COVID.

Patel, V., Korsun, M., & Cervia, J. S. (2025). EXPRESS: [Protective effects of booster dose of SARS-CoV-2 vaccination against post-acute COVID-19 syndrome: A systematic review](#). *Journal of Investigative Medicine*, 10815589251346963

The global impact of COVID-19, caused by SARS-CoV-2, has extended beyond acute infection, with Post-Acute COVID-19 Syndrome (PACS) affecting an estimated 10% of recovered individuals. PACS manifests a range of debilitating symptoms, including fatigue, cognitive impairment, and gastrointestinal issues. While vaccination has proven effective in mitigating severe COVID-19 outcomes, the role of booster doses in preventing PACS remains unclear. This study aimed to evaluate whether COVID-19 booster vaccinations reduce the incidence and severity of PACS in individuals with prior SARS-CoV-2 infection. A systematic review and meta-analysis were conducted in adherence to PRISMA guidelines. Databases PubMed, Embase, and Cochrane were searched for peer-reviewed studies published in English from January 2020-August 2023. Inclusion criteria encompassed RCTs, prospective cohort studies, and case-control studies comparing PACS prevalence between booster recipients and non-recipients. Risk of bias

was assessed using the Joanna Briggs Institute appraisal tool. Data synthesis included pooled prevalence estimates and narrative analyses. Of 849 identified studies, 22 met inclusion criteria, with 12 providing complete data for meta-analysis. Among 38,718 participants, a trend toward lower PACS prevalence was observed in booster recipients (RR: 0.66; 95%-CI: 0.41 - 1.09), though heterogeneity ($I^2 = 98\%$) limited statistical significance. Risk of bias analysis classified most studies as low or moderate risk, with two high-risk studies reporting higher PACS rates in boosted individuals. This study suggests a potential protective effect of booster vaccinations against PACS, though findings were not statistically significant. Further research with larger, standardized cohorts is essential to validate these observations and guide vaccination strategies.

Seo, Y. B., Choi, Y. J., Seo, J., Kim, E. J., Lee, J., & Song, J. Y. (2025). [Therapeutic options for the treatment of post-acute sequelae of COVID-19: A scoping review](#). *BMC Infectious Diseases*, 25(1), 731.

OBJECTIVES: This scoping review aimed to summarize the available studies to address the question of which therapeutic agents can be utilized for patients with post-acute sequelae of COVID-19 (PASC). **CONCLUSION:** Given the heterogeneity of symptoms, this review highlights the need for standardized and targeted research to better address the diverse therapeutic needs of patients with PASC.

Uswatte, G., Taub, E., Ball, K., Mitchell, B. S., Blake, J. A., McKay, S., . . . Cutter, G. (2025). [Long COVID brain fog treatment: An early-phase randomized controlled trial of constraint-induced cognitive therapy signals go](#). *Rehabilitation Psychology*,

PURPOSE: Long COVID brain fog is often disabling. Yet, no empirically supported treatments exist. This study's objectives were to evaluate the feasibility and efficacy, provisionally, of a new rehabilitation approach, Constraint-Induced Cognitive Therapy (CICT), for post-COVID-19 cognitive sequelae. **CONCLUSION:** Those who received CICT adhered to the protocol and were highly satisfied with their outcomes. The findings warrant a large-scale randomized controlled trial with an active-comparison group. (PsycInfo Database Record (c) 2025 APA, all rights reserved).

Vagedes, J., Breitzkreuz, T., Heinrich, V., Sobh, M., Islam, M. O. A., Vagedes, K., & Mergelsberg, J. (2025). [Whole-body hyperthermia as part of a multimodal treatment for patients with post-covid syndrome - a case series](#). *International Journal of Hyperthermia*, 42(1), 2488792.

BACKGROUND: Post-Covid syndrome (PCS) has been an ongoing challenge since the COVID-19 pandemic. Relatively little is known about the effect of whole-body hyperthermia (WBH) in the treatment of PCS. **CONCLUSIONS:** Study results provide preliminary evidence for potentially positive effects of WBH in the setting of this study, in which it is embedded in a multimodal therapy approach. The results should be substantiated by future RCTs to identify specific effects of individual therapy components.

Wang, E., & Patel, Z. M. (2025). [Paxlovid is associated with lower rates of long COVID-19 smell and taste disorders](#). *International Forum of Allergy & Rhinology*, e23612

BACKGROUND: Research is needed on treatments that prevent progression to long COVID-19 olfactory and gustatory dysfunction, which millions continue to suffer from. We sought to explore the utility of Paxlovid in decreasing rates of long COVID-19 smell and taste loss. **CONCLUSIONS:** Early intervention with Paxlovid may decrease the risk of long COVID-19 smell/taste changes. Further study with a randomized controlled trial would help providers know more definitively if they should consider this utility in preventing long-term smell and taste loss.

Weix, N. M., Shake, H. M., Duran Saavedra, A. F., Clingan, H. E., Hernandez, V. C., Johnson, G. M., . . . Hilton, C. (2025). [Cognitive interventions and rehabilitation to address long-COVID symptoms: A systematic review](#). *OTJR: Occupation, Participation, & Health*, , 15394492251–2025 May 19.

Long COVID symptoms include cognitive and physical deficits impacting one's functional performance

and quality of life. Limited evidence examines the use of cognitive interventions provided by occupational therapists in treating long COVID symptoms among adults. This systematic review summarizes existing studies on cognitive interventions and rehabilitation to treat long COVID symptoms and discusses their potential use within the scope of occupational therapy practice. We identified literature from 2021 to 2023 through searches of MEDLINE, CINAHL, PsycINFO, Cochrane Trials, and Scopus databases. Nineteen articles met inclusion criteria and were categorized into five types of intervention: (a) cognitive training, (b) cognitive behavioral therapy, (c) neurostimulation, (d) neurostimulation combined with cognitive training, and (e) multi-component rehabilitation programs. Strong evidence supports cognitive training, moderate supports cognitive behavioral training and low-level evidence supports other interventions provided by occupational therapists to target long COVID cognitive symptoms in adults.; plain-language-summary Long COVID Occupational Therapy Options: Systematic Review Long COVID is defined as COVID symptoms continuing for 1 to 3 months or more, which affects the mental, cognitive, and physical systems, impacting the quality of life and ability to participate in meaningful activities. Few research studies have examined the effectiveness of treatments used by occupational therapists for adult clients with long COVID symptoms involving cognitive problems. This review summarizes research studies on these treatments and discusses their potential use in occupational therapy practice. Of the 338 potential research articles identified; 19 met the search criteria and five types of occupational therapy cognitive interventions to address long COVID symptoms in adults were found. Research about the interventions ranged from low-level to strong evidence.

Language: English

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