

Primary Care Provider FAQ: Common Questions About Long COVID

This FAQ accompanies the Primary Care Toolkit: Supporting Patients with Long COVID and addresses common clinical questions raised by primary care providers.

Diagnosis & Understanding Long COVID

Do I need a positive COVID test to diagnose Long COVID?

No. A confirmed laboratory test is not required. Long COVID can be diagnosed based on a history of suspected or confirmed SARS-CoV-2 infection and a compatible pattern of persistent or fluctuating symptoms, after excluding alternative causes.

How far back can the suspected COVID infection be?

There is no strict time limit. Many patients were infected earlier in the pandemic when testing was limited or unavailable. Clinical judgment should be used, particularly when symptoms began after a compatible illness and persist over time.

How soon after a SARS-CoV-2 infection can long COVID be diagnosed?

Most definitions of long COVID classify long COVID as persistent symptoms that exist at least 3 months after SARS-CoV-2 infection. The symptoms do not necessarily have to start immediately after infection; there may be an initial recovery period.

What is the difference between Long COVID, post-COVID condition and ME/CFS?

Long COVID or post-COVID condition are umbrella terms describing persistent symptoms following SARS-CoV-2 infection. Some patients meet criteria for post-viral syndromes, including myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). There is overlap in symptoms and management principles.

Does it matter which virus caused the symptoms?

For most patients, management is guided by symptom patterns and functional impact, rather than confirmed viral etiology. Treatment principles are similar across post-viral conditions.

What is post-exertional malaise (PEM), and how is it different from regular fatigue?

PEM is a worsening of symptoms following physical, cognitive, or emotional exertion, often delayed by 24–72 hours and lasting days.

It differs from regular fatigue in that:

- Symptoms are disproportionate to exertion
- Recovery is prolonged
- Repeated overexertion may reduce functional capacity

Identifying PEM changes management significantly.



Should antidepressants be first-line treatment for Long COVID?

Long COVID is not a primary mental health condition. It is a multi-system condition that may include physical, cognitive, and autonomic symptoms following SARS-CoV-2 infection. Mental health conditions such as anxiety or depression may occur as comorbidities and should be treated when present. Antidepressants are not first-line treatment for Long COVID itself but may be appropriate when a patient meets criteria for depression, anxiety, or significant sleep disturbance. Management should focus on addressing the underlying symptom pattern (e.g., PEM, POTS) while supporting overall mental well-being.

How common is Long COVID in primary care?

In most primary care practices, Long COVID is not rare — most providers are likely caring for multiple patients with ongoing post-COVID symptoms, even if not all have been formally identified.

Management & Follow-up

Is there a specific treatment or cure?

There is no single curative treatment. Management focuses on:

- Symptom-targeted care
- Pacing and energy management
- Treatment of comorbid conditions including POTS (see toolkit for management approaches)
- Supporting function, participation, and quality of life
- Support mental well-being

Can I prescribe stimulants to patients with long COVID fatigue and brain fog?

There is insufficient evidence to recommend stimulants for long COVID. Stimulants (like methylphenidate and amphetamines) can be harmful to patients by causing anxiety, tachycardia and worsening autonomic dysfunction.

Should I recommend exercise for patients who are tired?

Not automatically. For patients with post-exertional malaise (PEM), traditional graded exercise therapy is not recommended and may worsen symptoms.

Instead:

- [Screen for PEM](#)
- Encourage pacing and energy conservation
- Use symptom-titrated activity rather than fixed exercise prescriptions

If the patient does not have PEM, gentle, gradual activity may be appropriate based on tolerance.

Does Long COVID get better? What should I tell patients?

Recovery trajectories vary. Some patients improve gradually, while others experience relapsing and remitting symptoms. It is appropriate to:

- Validate symptoms
- Acknowledge uncertainty
- Emphasize symptom stabilization and functional gains (see toolkit for management approaches)
- Avoid overly optimistic or dismissive messaging

How often should I follow up with patients?

There are no fixed follow-up intervals. Not all care is expected to occur in a single visit. Frequency should be individualized based on:

- Symptom severity and stability
- Functional impact
- Comorbidities
- Patient needs and goals
- Disability documentation (see toolkit for details)

When should I re-investigate symptoms?

Re-investigation is generally guided by:

- New or worsening symptoms
- Red flags
- Changes in functional status

Routine repeat testing in stable patients is usually not required.

What if my patient is reinfected with COVID-19?

Reinfection may temporarily worsen symptoms or trigger relapse. Management should focus on:

- Acute infection care as appropriate
- Monitoring for symptom exacerbation
- Reinforcing pacing and energy conservation
- Reassessing functional status after recovery
- Consider pharmacologic treatment
 - Nirmatrelvir/ritonavir (Paxlovid): 400 mg (nirmatrelvir 300 mg/ritonavir 100 mg) twice daily for 5 days.
 - Metformin: 750mg BID for 10 days OR Day 1: 500 mg once, day 2-5: 500 mg twice daily, day 6-14: 500 mg in the morning and 1000 mg in the evening.

Reinfection does not exclude a diagnosis of Long COVID.

Should patients with Long COVID receive COVID-19 vaccination?

Vaccination recommendations should follow current public health guidance (e.g., [BC Centre for Disease Control](#), [National Advisory Committee on Immunization](#)). There is no evidence that Long COVID is a contraindication to vaccination. Some patients report symptom exacerbation after vaccination; this is typically temporary. Clinical decisions should be individualized based on patient context and current guidance.

Referral & Program Roles

When should I refer to the Post-COVID Recovery Clinic (PCRC)?

Referral may be helpful when patients:

- Have post-exertional malaise (PEM) with or without POTS affecting quality of life
- Would benefit from interdisciplinary education and allied health support
- Require additional guidance beyond primary care management
- Are ready to participate in virtual group programming and supportive self-management

What does PCRC provide, and what remains in primary care?

Primary care remains the most responsible provider. Referral to PCRC does not transfer responsibility for longitudinal management.

Primary Care Leads	Post-COVID Recovery Clinic
<ul style="list-style-type: none">• Identify and diagnose Long COVID• Order investigations and initial workup• Provide longitudinal follow-up• Refer to other specialists as needed• Manage medications• Complete disability and work documentation• Coordinate overall patient care	<ul style="list-style-type: none">• Group-based education and self-management programs• Allied health support (PT, OT, SW)• Specialist-informed guidance for complex PEM/POTS• Interdisciplinary care• Peer support and engagement opportunities• Provider education and knowledge sharing• Participate in research initiatives

Practical Questions & Resources

How does this toolkit help with work or disability documentation?

The toolkit includes:

- Language to describe functional limitations
- Guidance on pacing and activity tolerance
- Context for fluctuating symptoms

These elements may support workplace accommodations and disability documentation.

Are there clinical guidelines for Long COVID?

Yes. Key guidance documents include:

- [WHO Clinical Management of Post-COVID-19 Condition](#)
- [Canadian CAN-PCC Guidelines](#)

This toolkit aligns with current Canadian and international guidance. For detailed recommendations, refer to the linked guidelines.

Where can I find additional support or guidance?

- Refer to the [Primary Care Toolkit](#)
- Use the **PCP FAQ** alongside the toolkit
- Consider [PCRC referral](#)
- Refer patients to reputable sources (PC-ICCN, BCCDC, WHO, CAN-PCC)

For questions about PEM or post-COVID care, contact the RACE line (General Internal Medicine – Long COVID):

604-696-2131 or 1-877-696-2131 (Mon-Fri, 8am-5pm PST)