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LETTER TO THE EDITOR

PM&R

Response to letter to the editor regarding "Multi-Disciplinary collaborative consensus guidance statement on the assessment and treatment of fatigue in patients with Post-Acute sequelae of SARS-CoV-2 infection (PASC)"

We thank the members of the Long COVID Physio International Executive Board for their thoughtful letter that highlights important issues in the treatment of individuals with Post-Acute sequelae of SARS-CoV-2 (PASC).

The Guidance Statement[1] represents the collective expertise of providers who have treated thousands of patients across the United States and are predicated on ever evolving evidence and experiences to date. Across the collaborative, we recognize both a multitude of PASC phenotypes and differing courses of recovery. Our collective experiences indicate a proportion of patients with PASC symptoms do experience recovery, whereas others have persistent symptoms with varying degrees of debility and resulting disability.

The current recommendation is for individuals to "begin an individualized and structured, titrated return to activity program." The guideline further outlines that "the rehabilitation program should not focus on high intensity aerobic exercises or heavy weightlifting to build strength and endurance." Further, "if the rehabilitation program is advanced too quickly or is too intense, it may worsen symptoms and lead to postexertional malaise (PEM), a diagnostic criterion of ME/CFS." The guidance statement recommends that "if symptoms worsen, activity should be returned to the previously tolerated level." These recommendations are consistent with recommendations for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS).

It is important to underscore that this guidance statement was crafted for the variety of unique patient groups across the spectrum of PASC symptoms. There are similarities among patients with ME/CFS and some patients with PASC, but these terms should not be equated. The guidance statement is meant to serve the entire scope of persistent post-COVID fatigue, including a focus on health equity considerations.

We agree that pharmacologic interventions could be useful in the management of PASC symptoms and may promote improved quality of life. Based on the consensus reached in the collaborative, we included a section titled "Pharmacologic Therapy and Supplements" that discusses "several medications that are commonly used for fatigue in other populations (eg, individuals with ME/CFS, cancer, multiple sclerosis, brain injury, and Parkinson disease) that some PASC clinics prescribe for PASC-related fatigue." To echo the authors of the letter to the editor, there is "a strong call for further research in this area" to enable recommending specific medications for patients with PASC symptoms.

Notably, the order of guidance statement recommendations is not intended to equate with importance. All should be considered in the treatment of individual patients.

Finally, it is our intent to update the guidance statement in the future to incorporate new research and understanding of PASC-related fatigue. Thus, we are grateful for the input of Long COVID Physio as well as other stakeholders. This process is precisely the way that the translation of science into clinical care is optimized.

ACKNOWLEDGMENTS

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REFERENCE

1. Herrera JE, Niehaus WN, Whiteson J, et al. Multidisciplinary collaborative consensus guidance statement on the assessment and treatment of fatigue in postacute sequelae of SARS-CoV-2 infection (PASC) patients. *PM R*. 2021;13(9):1027-1043. doi: 10.1002/pmrj.12684