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# Characterization of internal tremors and vibration symptoms among people with post-acute sequelae of SARS-CoV-2: A narrative analysis of email and social media comments in a patient advocacy group

Dorothy S. Massey, BA;<sup>1</sup> Mitsuaki Sawano, MD, PhD (Co-first author);<sup>2,3</sup> Anna D. Baker, MPH;<sup>4</sup> Diana Berrent Güthe, JD;<sup>5</sup> Nick Güthe;<sup>5</sup> Suzanne Pincus Shidlovsky;<sup>5</sup> Liza Fisher;<sup>5</sup> Connor B. Grady, MPH;<sup>6</sup> César Caraballo, MD;<sup>2,7</sup> Tianna Zhou, BS;<sup>8</sup> Richa Sharma, MD, MPH;<sup>4</sup> Harlan M. Krumholz, MD, SM<sup>2,3,9,10,11</sup>

<sup>1</sup>Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, USA

<sup>2</sup>Center for Outcomes Research and Evaluation, Yale New Haven Hospital,
New Haven, Connecticut, USA

<sup>3</sup>Section of Cardiovascular Medicine, Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, USA

<sup>4</sup>Section of Stroke and Vascular Neurology, Department of Neurology, Yale School of Medicine, New Haven, Connecticut, USA

<sup>5</sup>Survivor Corps, Washington, D.C., USA

<sup>6</sup>Department of Biostatistics, Epidemiology, and Informatics, University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, USA

<sup>7</sup>Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, United State

<sup>8</sup>Yale School of Medicine, New Haven, Connecticut, USA

<sup>9</sup>Department of Health Policy and Management, Yale School of Public Health, New Haven, Connecticut, USA

<sup>10</sup>Department of Health Policy and Management, Yale School of Public Health, New Haven, Connecticut, USA

<sup>11</sup>Center for Infection and Immunity, Yale School of Medicine, New Haven, CT, USA

#### Address correspondence to:

Harlan M. Krumholz, MD, SM

195 Church Street, 5th Floor, New Haven, CT 06510

Telephone: 203-497-1246; Fax: 203-764-5653

Email: harlan.krumholz@yale.edu; Twitter: @hmkyale

#### **Author emails:**

dorothy.massey@yale.edu vano\
i.gov
i.the74@gmail.com
ithe1@gmail.com
i.cus13@gmail.com
sheronu@gmail.com
connorgrady@g.harvard.edu
cesar.caraballo@yale.edu
na.zhou@yale.edu
'na@yale.edu
'na@yale.edu mitsuak.sawano@yale.edu

#### **Abstract**

Objectives: To describe the experiences of patients who have post-acute sequelae SARS-CoV-2 infection (PASC) with internal vibrations and tremors as a prominent component, we leveraged the efforts by Survivor Corps, a grassroots COVID-19 patient advocacy group, to gather information from individuals belonging to its Facebook group with a history of COVID-19 suffering from vibrations and tremors.

Setting and Design: A narrative analysis was performed on 140 emails and 450 social media comments from 140 individuals collected as a response to a call to > 180,000 individuals participating in Survivor Corps between July 15 and July 27, 2021. We used common coding techniques for qualitative data synthesis and the constant comparative method of qualitative data analysis to categorize emails. Comments were analyzed using Word Clouds to visualize frequency of terms.

<u>Main Outcome Measures</u>: Patient-reported long COVID symptom themes and domains related to internal tremors and vibration.

Results: The respondents' emails represented 22 themes and 7 domains pertaining to their experience with internal tremor and vibrations. These domains were: (1) symptom experience, description, and anatomic location; (2) initial symptom onset; (3) symptom timing; (4) symptom triggers or alleviators; (5) change from baseline health status; (6) experience with medical establishment; and (7) impact on individuals' lives and livelihood.

There were 22 themes in total, each corresponding to one of the broader domains. Among the responses, many described symptoms that varied in location, timing, triggers, occurred soon after their COVID-19 infection, and were markedly debilitating. There were often frustrating experiences with the healthcare system.

Conclusions: This study describes key themes and experiences among a group of people reporting long COVID and having a prolonged and debilitating symptom complex that prominently features internal tremors and vibrations.

#### Strengths and limitations of this study

- This study investigated self-reported symptom experiences from the patient perspective from a convenience sample of patients experiencing internal tremors and vibration symptoms as post-acute sequelae of SARS-CoV-2.
- We used common coding techniques for qualitative data and the constant comparative qualitative data analysis method to identify themes from patients' experiences.
- This study represents a convenience sample and therefore cannot provide information on the incidence and prevalence of these symptoms.

#### **Summary Box**

#### What this study adds:

This study contributes to the literature an understanding of the patient perspective regarding internal tremor and vibrations, a potentially important cluster of similar symptoms reported by people with long COVID.



#### Introduction

Post-Acute Sequelae of SARS-CoV-2 infection (PASC), also known as long Covid, is a condition that is marked by protean manifestation that varies considerably among individuals.<sup>1-4</sup> The heterogeneity of long COVID necessitates attention to specific clusters of individuals who are suffering from similar symptoms. Proper clustering may enable efforts to identify biological signatures that help elucidate underlying mechanisms to guide the development of diagnostic and therapeutic strategies.

Some individuals with long COVID manifest symptoms that they describe as internal tremors and vibrations. To date, these symptoms, as experienced by patients, have not yet been well described. There are reports of patients with myoclonus, but they are described from the perspective of clinicians. Solution 12 No underlying cause of the myoclonus episodes among patients with PASC has been identified, however, other studies have reported cases of myoclonus episodes following COVID-19.13-15

To understand the perspective of patients who have PASC with tremors and vibrations as a prominent component, we leveraged the efforts by Survivor Corps, a grassroots COVID-19 patient advocacy group, to gather information from individuals with PASC who belong to its Facebook group and suffer from these symptoms. <sup>16-18</sup> We conducted a qualitative analysis of responses and organized them according to prominent themes. The goal of this study was to characterize the patient perspective and identify a

potentially important cluster of similar symptoms that individuals with PASC are reporting.

#### Methods

#### **Study Design and Sample**

This study was a narrative analysis of emails and Facebook comments that were received from members of Survivor Corps, a long Covid patient advocacy group where member interact in a Facebook group. The concept for the study originated with the experience of Heidi Ferrer and the initiative of her husband, Nick Güthe. Heidi had severe manifestations of the sensations of vibrations and exhibited tremors with onset early in the pandemic. Heidi Ferrer ultimately committed suicide as she found the symptoms intolerable. Nick Güthe spoke with Survivor Corps, which initiated a call for individuals in its Facebook group of over 180,000 individuals to report their experience with vibrations and tremors among those with Long COVID via emails and Facebook comments (Supplemental Table 1.). The qualitative approach was chosen because previous literature characterizing the patient perspective on these symptoms is limited. 19 In addition, a study participant, LF, was involved as a coauthor in the study design and analysis by reviewing themes before final analysis and providing feedback on the manuscript. This study received an exemption from the Yale Institutional Review Board because the comments had been posted publicly.

#### **Data Collection**

Data were collected from unstructured responses that included 140 emails and 450 Facebook comments that occurred in response to Survivor Corps' calls for information in July 2021. Exact dates and names were removed and replaced with month and year and five-year age brackets to protect anonymity. Any information about testing and timing of acute COVID infection were based on self-report.

Survivor Corps collected data for this study in three steps. First, on June 27, 2021, the Survivor Corps founder, Diana Berrent, posted a Facebook poll, titled "Vibration/Buzzing/Pain Poll," in the Survivor Corps Facebook group (Supplemental Table 1). Responses were in a multiple-choice answer format, where respondents could also select multiple answers and add their own answer choices, too. There were 20 answer choices, each a statement relevant to vibration, tingling, buzzing, and neuropathic sensations (Supplemental Table 1). The research team included all poll responses as of July 16, 2021, which totaled 769. In addition, there were 162 Facebook comments posted by group members below the poll as of July 16, 2021, which were all included in data analysis.

Next, Survivor Corps member, Nick Güthe, posted in the Survivor Corps Facebook group on July 14, 2021, requesting that anyone with long Covid in the Facebook group who had experienced "tremors or internal

vibrations" and was interested in participating in a study comment below his post (Supplemental Figure 1). By July 16, 2021, there were 288 comments from group members in response to Nick Güthe's post, all of which were included in data analysis for this study. In response to members' comments, Nick Güthe and Diana Berrent Güthe requested that commenters share their story of these symptoms via email to Survivor Corps for the purposes of the study.

Finally, the Survivor Corps newsletter in July 2021 also included a request for "Long Haulers" with "Neurological tremors or internal vibrations" to send details of their symptoms to Survivor Corps via email for this study (Supplement 1). Survivor Corps received 140 emails for this study between July 15, 2021, and July 27, 2021. All emails were included in data analysis. Including the Facebook comments from the initial poll and the comments from Nick Güthe's post, 450 Facebook comments were analyzed in this study.

#### **Data Analysis**

#### **Emails**

Email data were analyzed using common coding techniques for qualitative data and the constant comparative method of qualitative data analysis.<sup>20</sup> Coding of the data was accomplished in iterative steps. An initial code list was generated after evaluation of the data by research team

members (HMK and DM) (Supplement 2). The initial code list was created in three steps. First, each reviewer separately read the 140 emails (with names and exact dates redacted). Next, each reviewer separately read the 140 emails while creating themes based on the contents of each email, until each statement about internal tremors or vibrations in every email had been assigned to a theme. The reviewers then met to discuss shared themes and reached a consensus on the list of themes. The reviewers then grouped the themes into 7 larger domains. At this point, the full research team reviewed the code structure, including a study participant (LF), for logic and breadth.

Using this final version of the code structure, members of the research team (HMK and DM) independently coded all transcripts, then met as a group to code in several joint sessions, achieving consensus and assigning codes to observations by a negotiated, group process. Coded data were entered into NVivo (version 12, [company, city])[citation] to assist in reporting recurrent themes, links among the themes, and supporting quotations.

#### Facebook Comments

We used Word Cloud methodology to visualize the prevalence of terms (Supplement 3). A Word Cloud is a visual representation of word frequency derived from written text. The more often the word appears within the passage being analyzed, the larger it appears in the image generated. We

set the minimum frequency of words to be included in the Word Cloud to 3, the maximum number of words to 200, and removed extraneous filler words. Word Clouds were generated using the *quanteda*, *wordcloud*, and *tm* packages in R v4version 4v4.0.3 (R Development Core Team, Vienna, Austria).<sup>21,22</sup>

#### **Results**

#### Email data

After review of the email data, respondents' comments reflected 7 domains related to their experience with vibrations and tremors. These domains were: (1) symptom experience, description, and anatomic location; (2) initial symptom onset; (3) symptom timing; (4) symptom triggers or alleviators; (5) change from baseline health status; (6) experience with medical establishment; and (7) impact on people's lives and livelihood (Table 1). There were 22 themes total, each corresponding to one of the broader domains. Sample quotations are listed to illustrate the themes (Supplemental Figure 2).

1) Symptom Experience, Description, and Anatomic Location

Theme 1. Vibrations and tremors were described concomitantly, with descriptions of internal vibrations, visible tremors, and some people experiencing both.

Example 1.

"Sometimes my entire body feels like it's humming and trembling. It's like I'm sitting on a huge speaker with the volume all the way up. Through the progression of the last few months, the complete body humming has slowed down, but still happens 5-8 times a month. My hands and legs also began tremoring about the same time as the whole body. My legs bop up and down aggressively at times. I'm not cold, I'm not restless, but my legs visibly move up and down like I'm tapping my foot. My hands have been the worst of it. I felt like they had improved a few months ago, but they're back with a vengeance. I'm not hungry ever. I know I need to eat, and my go-to has been soup. By the time I get the spoon 4 inches above the bowl, and close to my mouth, all of the broth has been "shaken" off. My handwriting.. awful. Sometimes I absolutely cannot stand myself and just go to bed. That happens more often than not. I usually try to hide my hands in my pockets or under the table, but am not always able to do that. When my whole body is tremoring, I find it a lot more difficult to focus and to get anything accomplished."

#### Example 2.

"Internal vibrations started about 3 weeks after. They started in my back and back of upper thighs. It felt like I was sitting on a vibration massage chair. They never went away but would vary in intensity. February 2021 I started having restless left arm at bedtime where my left arm would flap until I fell asleep. On [May 2021] it progressed to full body myoclonic movements lasting up to 30 minutes."

Theme 2. Vibration or tremor site varied, from the entire body to localization in extremities, chest, abdomen, and other locations.

"I experience daily internal tremors/vibrations all over but mainly inside my brain and chest. I have external tremors in my legs, arms and chest."

Example 2.

Example 1.

"Still suffering with symptoms. One of which is tremors and internal vibrations primarily in the legs and feet but do sometimes occur in arms."

Theme 3. Vibrations and tremors occurred with other symptoms of varying number.

Example 1.

"I also experience relentless headaches. I have had the same one, in varying degrees, since October. Crushing fatigue. Vivid dreams. And the worst, word retrieval."

#### Example 2.

"Here is a list of my current symptoms that I have over a year after my acute infection: 1. Extreme Fatigue 2. Exercise Intolerance/Post-Exertion Malaise (Physical and Mental) 3. Short-Term Memory Loss. Must carry a notebook to remember things 4. Brain Fog 5. Muscle Weakness 6. Dizziness. Can't Drive 7. Seizures 8. Headaches/Migraines 9. High Blood Pressure 10. Cold Hands and Feet 11. Ringing in Ears Tinnitus 12. Hoarseness/Loss of Voice 13. Loss of Coordination in Hands 14. Burning Sensation on Skin Lower Torso"

#### Theme 4. Vibrations and tremors could cause severe pain.

#### Example 1.

"My brain shakes after a few hours inside my head, my face starts to tingle and numb, and then the full head shaking seizures start. I have severe head pain and nausea constantly from all the seizures."

#### Example 2.

"That week of unrelieved spasms left my body barely able to move. Like paralyzed. I had 3 natural child births. I could not fake such 10/10 pain. I have never felt such intense pain, I thought my back would break and my right arm would be completely dislocated twisted out of socket. I could not breathe at times due to the Laryngeal spasms and diaphragm spasms."

#### 2) Initial Symptom Onset

Theme 5. Vibration and tremor initial onset varied, from the day of initial infection to weeks or even months later.

Example 1.

"Symptoms started on [July]. About 3 weeks later, I developed tremors. I've had them ever since."

#### Example 2.

"I contracted COVID from an ICU patient in May 2020. A few days later terrible headaches, loss smell, lung, cardio, eye damage. Ongoing problems fatigue, Headaches, Migraines, Imbalance, Dizzy, Vertigo, SOB, COPD, Brady/Tachycardia, SVT, chest pain, Gastric, swallow, voice, cognitive, exercise intolerance, several leaves of absences off work. I had many scans, tests, labs with both normal results and damage results. I have all Records. Then few months later unrelenting Neuro issues vibrations, ripples, tremors, became intense foot cramps, painful ankle, foot drop, leg spasms started

mostly r foot. I had to wear ankle brace use cane. Very difficult to sleep.

Husband could see ripples under skin and feel the vibrations at times. Body is constantly "on", pain, numb, burning, briar patch, walking on nails, spikes r foot, can't put r foot flat. Also forearms, hands, r side worse."

### Theme 6. Vibrations and tremors occurred following or during acute COVID-19 infections that varied from mild to severe.

Example 1.

"I was diagnosed with COVID-19 in July of 2020. I spent 2 months in the ICU and 9 days on ECMO."

#### Example 2.

"I had a moderate case of Covid in November of 2020 with multiple symptoms. I was never hospitalized. I was recovered one week before my first Long Covid symptom of shortness of breath began."

#### 3) Symptom Timing

## Theme 7. Vibration and tremor episodes could be brief, or could be prolonged, even constant.

Example 1.

"The internal tremors in my chest generally only last for about 5 seconds or so and then completely subside. The ones in my abdomen are more rare and have lasted for longer, but still less than a minute or so in general."

#### Example 2.

"Now here at almost 8 months post covid, I have dealt with these horrible tremors daily. They are constant, they don't come and go. They are 24/7. I feel them more when I am still and resting or at night and early morning, or during naps. If I can just get up and get going most days, I don't notice them much, unless the intensity increases and I get breakthrough pain or headaches. But the night time always reminds me they are still there."

### Theme 8. Vibration and tremor episodes could occur constantly, daily, or only when relapses occurred.

Example 1.

"The tremors and the dizziness are daily challenges."

#### Example 2.

"Tremors and 'vibrations' are a few of the many ongoing symptoms. The tremors I notice in my hands and toes. It lasts for about 10 seconds or less about every 2 to 3 days. The vibrations I notice when I first lay down for bed at night. It lasts about seconds."

### Theme 9. Vibration and tremor symptoms could completely resolve temporarily and could return up to months later.

#### Example 1.

"Even now, almost eight months out in July, I still occasionally experience these. They do not occur daily, but do generally happen in conjunction with the relapse of other symptoms, such as mild chest, throat, and back pressure/tightness, and tingling in my extremities."

#### Example 2.

"Sometimes my entire body feels like it's humming and trembling. It's like I'm sitting on a huge speaker with the volume all the way up. Through the progression of the last few months, the complete body humming has slowed down, but still happens 5-8 times a month. My hands and legs also began tremoring about the same time as the whole body. My legs bop up and down aggressively at times. I'm not cold, I'm not restless, but my legs visibly move up and down like I'm tapping my foot. My hands have been the worst of it. I felt like they had improved a few months ago, but they're back with a vengeance."

Theme 10. People experienced vibrations and tremors over different time periods (even if they were episodic), and some did not have improvement in symptoms after more than a year.

#### Example 1.

"I got tremors on [December 2020] the day I got covid & it increased to where I had it in my whole body vibrating on head as well increasing during activity. It's been very debilitating & frustrating. I have been a patient in Rochester Minnesota Mayo Covid Clinic and my symptoms have lessened. However, it is now it is [July] and the tremors have not subsided."

#### Example 2.

"I had Covid in early February 2020. I did not know I had it. Severe Headache, sore throat, rash and crushing fatigue. Got better in a flash. 5 months later, the floor dropped out. By early October, hand tremors started. They have diminished and come back intermittently. It is now 18 Months after the initial infection."

#### 4) Symptom triggers or alleviators

### Theme 11. Exercise and activity were associated for some with onsets of tremors and vibrations.

#### Example 1.

"Since then I notice that if I get my heart rate up too high (which could be anything above 110-15) the tremors and vibrations are made worse."

#### Example 2.

"I have had long covid for 6 months now, and I get tremors/vibrations/buzzing nerves whenever I overextend myself."

Theme 12. A variety of self-treatment strategies, such as diet modifications and humming, were used to alleviate tremors and vibrations.

#### Example 1.

"Regarding the nerve issues, I have found very recently that humming in the morning helps me to stop the vibrations faster. I suspect our vagus nerve is being affected."

#### Example 2.

"I have experimented with supplements, removing medicines, and diet.

Removing all sugar and processed foods from my diet has reduced the internal vibrations. If I ever slip up, the intensity is extreme."

5) Change from Baseline Health Status

Theme 13. People with vibrations and tremors had varying health states before their COVID-19 infection, from those who were completely healthy to those with pre-existing conditions.

Example 1.

"I was a healthy [30-35-year-old] marathon runner. Now I'm a [30-35-year-old] individual who is grieving who the person was, figuring out how this new body works, realizing it still works differently day-to-day, while also having physicians refuse to treat me."

Example 2.

"I am an extremely physically active [50-55-year-old] peri- menopausal Canadian female with no pre-existing conditions except for being a migraine sufferer all my adult life."

6) Experience with Medical Establishment

Theme 14. Medical testing failed to reveal the mechanism of either tremors or vibrations.

Example 1.

"Had a brain CT & brain MRI (all normal). 2. After a short duration of sleep or a nap (15-30 minutes), upon waking I feel that my heart is racing, like palpitations. I feel shaky...as if there is a fast motor running inside me. I've now learned to sit up slowly and give it a few minutes and then it goes away. Diagnostic cardiac/pulmonary tests I've had: EKGs, CT Thoracic Stress test, Echocardiogram, Pulmonary Function & Blood Oxygen Stress (all normal). Had over 50 lab/blood tests and all normal."

#### Example 2.

"Had MRI that showed micro clots and white matter. Had an EEG but do not know results."

### Theme 15. Tremor and vibration symptoms were sometimes doubted or dismissed by doctors.

#### Example 1.

"Some doctors have been very dismissive and charted that 'she just prefers not to walk'. When I arrived at ER, my previous Neurology MD requested Pysch consult..this delayed medical evaluation. They did not believe my pain nor that I could not breathe as my husband begged them to roll me to my side as they tied me flat to the bed. Most of the time I could barely speak as spasms affected my mouth. The previous Neurologist told me to 'dumb myself down as a nurse and quit researching and causing myself stress'."

#### Example 2.

"In August 2020, when my heart started racing for hours, I tried to speak to my pulmonologist, and they had a local doctor call who was running a test site, and wanted to assure me it wasn't possible for me to have Covid because (1) it wasn't in our area yet, but I was in Boston the day before they announced an outbreak, (2) that symptoms only last 2 weeks max, and I explained Long Covid. (3) That I shouldn't read research that I can't understand, but I used to work in a med related field, trained in pre-med/vet including epidemiology, was part of a 2010-2015 pandemic task force related group, and currently work in genetics research, so then she said that (4) this is all in my head and I just need to get over myself and get back to work full time (I was) and that work makes people better (fatigue says no). She yelled at me for over 2 hours. She now is in charge of home bound patient care and tells people they need to have compassion for Long Covid as it can take 'a few weeks to recover' and then tells stories about people who recover quickly being examples of 'good people' while insinuating that those who stay ill don't want to heal. My doctors have run the gamut of not believing me; to finally agreeing that Long Covid is real but that since I don't have a positive test, I can't have it; to even if I have Long Covid, they don't have treatment, so short of an ER admit, I just need to suck it up."

Theme 16. The vaccine was associated with both improvement in symptoms for some people, and a relapse in symptoms for others.

"I had slight tremors in my hands after originally getting sick in June 2020 and after my second vaccine, on [May 2021] (two days later) I started having more seizure-like symptoms."

#### Example 2.

Example 1.

"I had the internal vibrations intensely during my year of long haul. Since the vaccine most of my symptoms have abated or significantly diminished. I do still have some of the internal vibration though, especially after exertion."

### Theme 17. Medications have been provided for tremor symptoms, with varying results.

#### Example 1.

"They tried Gabapentin but it didn't stop them. From March through [July] I had 5-9 seizures trying to fall asleep every night, but they only happened at night. Since the Gabapentni wasn't working they switched me to Topamax. I was ramping into Topamax throughout June but it wasn't working either. My family and I got sick again at the end of June with something viral (multiple negative Covid, Flu, and Strep tests that week). The same time they adjusted my Topamax dosage up again. Something changed again. Suddenly

I was having non-stop seizures back to back and was hospitalized [July] and also again on [July] at two different hospitals for uncontrolled seizures. My EEG showed normal and they switched meds again to Keppra. So far I am on 500 mg Keppra 2x day and ramping up, but my seizures are uncontrolled. The meds work only for a few hours and I have had to go on Short Term Disability from work."

#### Example 2.

"He also put me on the very lowest dose gabapentin 3x per day. I began the medication the same night. The next day I had a terrible headache but something felt different. I continued the meds 3x per day like directed. After 1 week I began to be able to get up and move a little. I began doing dishes and light house work. My family was rejoicing. I was improving. After a few weeks of being on the medication I could tell it was helping with all the pain. The tremors were still there, but were farther in the background, if that makes sense? ..as if they had been put on soft mute. The meds weren't stopping the tremors but calmed them I guess."

#### 7) Impact on People's Lives and Livelihood

Theme 18. Vibrations and tremors were associated with mental health effects, including anxiety, depression, and suicidal thoughts.

#### Example 1.

"The psychologist who saw me for 30 minutes gaslit me saying I need to exercise more as my severe depression could be the cause of my symptoms when I called him on that he said he noted in his report 'as tolerated' that my chronic fatigue syndrome could also be the cause but he doesn't deal with that only psychological causes. My therapist says I am clearly depressed because of my fatigue from what she has seen for a year. Being in constant pain, unable to participate in life day after day, month after month is depressing. Of course I feel useless. Of course I feel things might not get better. I haven't been functioning for 16 months!"

#### Example 2.

"I could not sleep and went 15 days straight with no sleep. I was suicidal in addition to all the other Covid symptoms, thus one showed up two months after my acute Covid."

## Theme 19. Vibration and tremor symptoms caused disability for some people.

#### Example 1.

"I am writing to advise that I am one of the Covid long-haulers who is experiencing hand tremors. I feel them in my arms also and occasionally in my voice and breathing. The tremors in my hands are so severe that I

cannot grip or hold a pen for any length of time before my hand writing deteriorates to chicken scratch. I have also resorted to dictating many of my emails and messages because my fingers don't hit the right keys. I don't know if tinnitus qualifies as internal vibration but I do have it and it is getting louder all the time. It causes me great anxiety and I have not been able to discover a treatment or solution."

#### Example 2.

"Since March, I have had limited mobility as my legs give way and do not have the strength to walk unassisted. I have to use a chair to shower and walk with a cane. I cannot walk across the room without falling into things and struggle with balance. I have felt internal tremors that feel like a fizzing/bubbling that moves through my trunk and extremeties. My arms and legs shake and I have problems even with holding my fork still to feed myself. My mind doesn't cooperate most days and I have speech issues with slurred speaking and stuttering."

### Theme 20. Vibrations and tremors could disturb or prevent sleep. Example 1.

"Mostly Every morning waking up, there is an electrical zap from the top of my spine to mid back. Before I knew what the correct term was, I was telling doctors I buzz like a battery. This sensation happens first when I'm opening my eyes in the morning. It's the first conscious feeling in the morning every day. If I try and go back to sleep the vibrations get more intense and more upsetting. So the best thing to do upon waking up is just get up and go on about my day. If I take a nap during the day. No problem, no vibrations. But there is a limit that I can sleep at any time, so if I do nap When I wake up, I don't try and sleep more. There is I feel, a component of the vibrations That affect my sleep. I am very tired and feel most nights that my brains at war with itself and I don't feel refreshed when waking up. Sometimes, not very often, I will get a whole body tremor feeling it's unpleasant but, doesn't last very long. I would say the ones that wake me up in the morning are more bothersome because I do not wake up gently or quietly. It really is internal torture."

#### Example 2.

"Just when I thought I was done developing new symptoms in March this started, every time I start to fall asleep I get shooting pain and immense pressure in my arms, legs and spine. It wakes me up instantly. Imagine all the times you doze off a little in the day, times that by 20 if you are on medications that make you sleepy and try to imagine how torturous that symptom is when it happens to you 20 times a day. No one knows what this is or how to stop it. I'm forced to take muscle relaxers, lyrica, and Ativan to try to get to sleep before the symptom starts."

### Theme 21. Vibration and tremor symptoms could prevent people from working or carrying out daily life activities.

Example 1.

"I am not the person I was before Covid. I used to paint, refinish furniture, hang out with girlfriends, dance, golf, bike, travel, date. Now I barely have the energy to help my patient which is the only reason I have a roof over my head. If I can't do it at any point, he needs to replace me and I lose my place to stay. I have no income and I couldn't possibly work."

#### Example 2.

"I got covid [September 2020]. I'm a nurse practitioner and cared for patients with Covid. I tried to go back to work. And after my psych Neuro testing I was found to have cognitive decline and severe memory recall and other memory issues. I was pulled from work [March], and then let go [May]."

Theme 22. Vibration and tremor symptoms could cause financial stress, through a combination of medical care costs and loss of income from medical leave.

Example 1.

"Before the pandemic was looking for another part time job so could live in a better place Now am drowning in medical debt with no relief in sight or ability to hold a job This has devastated my life Now am stuck living in an old garage without plumbing Hauling water back and forth from a garden hose and dumping dirty water takes what little energy have."

#### Example 2.

"I got Covid [September 2020] and continue to have daily debilitating symptoms that have prevented me from going back to work. Side note: is there any government funding for those of us who are long haulers and can't get back to work yet? My short term disability ran out beginning of April and I've been without any income since. It's getting really tough."

#### Facebook

For all 450 comments combined, the 10 most frequent terms were tremors (64%), COVID (55%), pain (51%), vibrations (43%), months (36%), burning (29%), feet (24%), hands (22%), legs (21%), and back (20%). Two Word Clouds were generated based on prevalent terms related to the themes found in emails.

The first Word Cloud (Figure 1) analyzed 288 comments in response to a post that requested people experiencing tremors or internal vibrations to comment. This Word Cloud revealed that the five most common words used

in comments were: tremors, COVID, vibrations, months, and pain. Words included also indicated that symptoms ranged in presentation and severity, and vibrations were mentioned, as were seizures, shaking, and twitching. This Word Cloud also included other long COVID symptoms including brain fog, fatigue, and anxiety. Words indicating timing and duration of symptoms included months, days, and constantly. The only medication captured was gabapentin. Finally, similarly to the email responses, comments included mentions of sleep and being tired.

The second Word Cloud (Figure 2) was created based on 162 comments to a Survivor Corps poll that asked respondents about vibration or buzzing sensations and neuropathic pain. This Word Cloud revealed that pain, burning, COVID, legs, hands, and feet were the most common terms mentioned in comments. This Word Cloud included terms related to sensations such as burning and symptoms such as shingles and thrush.

#### **Discussion**

This study describes key themes and experiences among a group of individuals reporting long COVID and a prolonged and debilitating symptom complex that prominently involves internal tremors and vibrations. While symptom experiences were heterogenous—in symptom timing, medical history, and initial infection, for instance—there were also common themes in how individuals described these symptoms and their effects. Individuals

also reported how diagnostic evaluation and medical care have not yet identified possible mechanisms or successful treatment for these symptoms.

Although the causal pathway remains unclear from these patient reports alone, these patient experiences demonstrate the suffering caused by this symptom complex. Many of the themes identified in this analysis demonstrate physical suffering, including due to severe pain (Theme 2), constancy of the tremor episodes (Theme 7), and tremors lasting for months or even over a year after initial infection (Theme 10). Our findings, importantly, also demonstrate how the suffering from this symptom complex invade peoples' lives, livelihood, and psychological wellbeing.wellbeingwellbeing. Themes included effects on mental health such as anxiety, depression, and suicidality (Theme 18), and effects on daily functioning including inability to exercise (Theme 11), sleep deprivation (Theme 20), and even disability (Theme 19). The cumulative toll of these limits on daily functioning and wellbeingwell-beingwellbeing led some people to have to quit or pause working and household or family responsibilities (Theme 21) and to fall into debt or financial distress consequently (Theme 22). Each individual's experience with these symptoms was different, and not all experienced the most severe effects. However, the reports revealed a pattern that these symptoms could cause immense pain and disruption to daily lives and livelihood.

This study extends the literature in several ways. Previous literature consists of case series that provide preliminary reports of patients' clinical presentation, course of care, and outcomes, but information on people's experience with tremors more broadly has not been described in relation to PASC. 5-12 In addition, prior literature describes symptoms from the point of view of healthcare providers, but not from patients themselves. Previous case-series reports included a total of 16 people previously infected with SARS-CoV-2 who suffered from myoclonus-ataxia syndrome between 3 days to 6 weeks after acute, often mild, or moderate, infection. 5-12 Our report attempts to add a larger, broader overview of experiences of these symptoms. Our analysis expands upon the sensorimotor symptoms described to date. Furthermore, we describe symptoms experienced by individuals who might not have sought formal medical care.

This study, although limited in scope, is an effort to channel the perspective of patients for a condition that has yet to be defined. The utility of this study is that it may enable more formal and structured data collection for individuals with this syndrome. These experiences should be more rigorously characterized to develop hypotheses and understand mechanisms.

There are several key implications of the work. First, internal vibrations and tremors cause severe suffering for a group of individuals after self-reported SARS-CoV-2 infection. Second, while the overall scale of these symptoms is still unknown, this group of people experiencing the symptoms

have not recovered from the symptoms nor have they received specific diagnoses or been given treatment that completely alleviates their suffering. Third, the descriptions of feeling internal vibrations and tremor symptoms were similar across this group of patients and independent of one another's responses as the emails were not seen by the other participants.

This study has several limitations. Respondents were a convenience sample with minimal information about their demographic or clinical characteristics, including laboratory-confirmed infection with COVID-19. Any information about testing is based on self-report. As such, we cannot determine whether these symptoms were caused by their infection with SARS-CoV-2, nor whether the symptoms reported by different people were the same symptom complex or of the same etiology. We also cannot determine whether the sample is representative of the source population experiencing these symptoms. The data are self-reported and crosssectional; information was limited to what individuals provided in their initial communication and there was no follow-up. This limited the scope of findings and may have excluded information that medical professionals would have found relevant. This sample may have been skewed toward individuals healthy enough to be active members of a patient community (Survivor Corps) and to email a response to the group. Finally, this study cannot provide information on the incidence and prevalence of these symptoms.

In conclusion, some individuals report experiencing internal vibration and tremor symptoms, often causing intense suffering, after a self-reported history of SARS-CoV-2 infection. The symptoms had some common features but there was variability in timing, concomitant symptoms, and impact. Further research is needed to understand and alleviate this suffering, by studying the extent and scope of these symptoms, possible mechanisms, tment. and potential treatment.

#### **Competing Interests Statement**

In the past 3 years, Dr. Krumholz reported receiving personal fees from the Massachusetts Medical Society, UnitedHealth, IBM Watson Health, Element Science, Aetna, Facebook, Siegfried and Jensen Law Firm, Arnold and Porter Law Firm, Martin and Baughman Law Firm, F-Prime, and the National Center for Cardiovascular Diseases in Beijing; being a cofounder of HugoHealth and Refactor Health; and receiving grants and/or contracts from the Centers for Medicare & Medicaid Services, Johnson & Johnson, Agency for Healthcare Research and Quality, National Institutes of Health, and the American Heart Association, outside the submitted work. The other authors report no potential conflicts.

#### **Contributor and Guarantor Information**

DM and HK had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. DM, AB, and HK conducted the analysis and drafted the manuscript. DBG, NG, and SPS generated the study idea. MS, AB, DBG, NG, SPS, LF, CG, CC, TZ, and RS contributed to study design and writing.

#### **Transparency Statement**

DM, MS, and HK affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; no important aspects

of the study have been omitted; and there were no discrepancies from the study as originally planned.

#### **Funding Statement**

This study received no funding.

#### **Data Sharing Statement**

Deidentified data will be shared by the corresponding author upon request.

#### **Ethics Approval**

This study involves human participants, but the Yale Institutional Review Board exempted this study.

#### **Patient and Public Involvement**

Members of the patient advocacy group, Survivor Corps (DBG, NG, SPS and LF), played a central role in this research, actively engaging through social media and emails to disseminate surveys, collect responses, and offer insightful feedback on comprehensive analysis drafts. The development of research questions was profoundly influenced by the

patients' priorities, experiences, and preferences, facilitated through multiple interactive sessions that prioritized domain and theme shaping.

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#### Supplement 1

To solicit emails for this study, Survivor Corps and Nick Güthe requested emails from Survivor Corps members via Facebook and an emailed newsletter that is also posted on the Survivor Corps website.

First, Nick Güthe posted the following in the Survivor Corps Facebook page [July 2021]:

"Hi, to anyone on this group. It's Nick Güthe, Heidi Ferrer's husband. A study is forming with a top doctor for Long Haulers with Neurological tremors similar to Heidi Ferrer's -- Tremors or internal vibrations. If you have these symptoms and want to be included please comment below. This isn't a clinical trial but an attempt to gather data and stories to help get funding, bring attention to these symptoms which are so destructive to any Long Haulers physical and mental health."

Nick Güthe and Diana Zicklin Berrent responded to Facebook comments on this post to ask members to email their story, writing: "Send your story to hq@survivorcorps.com."

Second, a <u>newsletter</u> sent to members included the following [July 2021]:

"A study is forming for Long Haulers with Neurological tremors or internal vibrations. If you have these symptoms and want to be included, please **EMAIL** us with your details. This is not a clinical trial, but an attempt to gather data and stories to help get funding, and bring attention to these destructive symptoms that impact Long Hauler's physical and mental health."

#### **Supplement 2. Email Initial Code List**

Below is listed the initial code list created by authors HMK and DM, prior to input from all team members and creation of the final code.

#### 1) Symptom Perception and Location

Vibrations and tremors were described concomitantly, with descriptions of internal vibrations, visible tremors, and some people experiencing both.

Vibration or tremor site varied, from the entire body to localization in extremities, chest, abdomen and other locations.

Vibrations and tremors occurred with other symptoms of varying number.

Vibrations and tremors could cause severe pain.

#### 2) Initial Symptom Onset

Vibration and tremor initial onset varied, from the day of initial infection to weeks later.

Vibrations and tremors occurred following or during acute COVID-19 infections that varied from mild to severe.

#### 3) Symptom Timing

Vibration and tremor episodes could be brief, or could be prolonged, even constant.

Vibration and tremor episodes could occur constantly, daily, or only when relapses occurred.

People experienced vibrations and tremors over different time periods (even if they were episodic), and some did not have improvement in symptoms after more than a year.

#### 4) Symptom triggers or alleviators

The vaccine was associated with both improvement in symptoms for some people, and a relapse in symptoms for others.

Exercise and activity were associated with onsets of tremors and vibrations.

A variety of self-treatment strategies, such as diet modifications and humming, were used to alleviate tremors and vibrations.

#### 5) Change from Baseline Health Status

People with vibrations and tremors had varying health states before their COVID-19 infection, from those who were completely health to those with pre-existing conditions.

#### 6) Experience with Medical Establishment

Medical testing failed to reveal the mechanism of either tremors or vibrations.

Tremor and vibration symptoms were sometimes doubted or dismissed by doctors.

Medications have been provided for tremor symptoms, with varying results.

#### 7) Effect on People's Lives and Livelihood

Vibrations and tremors were associated with mental health effects, ranging from anxiety to suicidal thoughts.

Vibration and tremor symptoms could cause disability people.

Vibration and tremor symptoms could cause financial stress, through a combination of medical care costs and loss of income from medical leave.

Vibrations and tremors could disturb or prevent sleep.

Vibration and tremor symptoms could prevent people from working or carrying out daily life activities.

#### Supplement 3. World Cloud Analysis Methodology

Leveraging the "quanteda" [1], "wordcloud" [2], and "tm" [3] packages in R, we constructed a Word Cloud of the most frequent words used to express some long-term effects of experiencing a COVID-19 infection among a Facebook COVID-19 survivors page. The data was converted from an xlsx to a txt file where it was then loaded as a corpus file, a specific type of file format required for Word Cloud generation, using the "Corpus" function in the "quanteda" package. To clean the corpus file, we utilized the "tm\_map" function in the "tm" package to convert all text to lower case, to remove numbers, to remove punctuation and special characters, and then to collapse extra white space characters to a single blank space. Once cleaned, we built a term-document matrix which was then read into the "wordcloud" function within the "wordcloud" package. We set the minimum frequency of words to be included into the Word Cloud to 3, the maximum number of words allowed into the Word Cloud to 200, and then removed all extraneous, filler words such as "and", "comment", "view", "you." We included all adjectives, nouns, and verbs associated with COVID signs, symptoms, and experiences into the Word Cloud.

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MORE!"

#### Supplemental Table 1. Full Survivor Corps Poll for Word Cloud 2

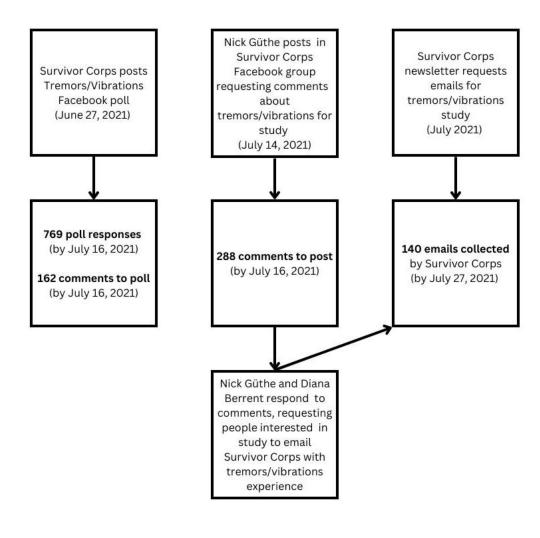
The following poll was posted in Survivor Corps [June 2021] and was titled "Vibration/Buzzing/Pain Poll." There were 20 answer choices, each a statement relevant to vibration, tingling, buzzing, and neuropathic sensations. We have included the poll and responses for context, but for the purposes of qualitative analysis, we reviewed only the comments posted in response to this poll. These poll responses were collected as of July 16, 2021. The following text was included with the Facebook poll:

"VIBRATION / BUZZING / PAIN POLL
SO MANY LONG HAULERS ARE DESCRIBING A BUZZING OR VIBRATION OR
NEUROPATHIC PAIN IN THEIR BODIES AND EXTREMITIES - WE WANT TO LEARN

Answer Choice	Number of
	Votes
I am participating in this poll (please check here!)	769
I HAVE experienced new tingling / buzzing / vibrating feelings since Covid	660
These vibrating feelings come and go	590
I HAVE had neuropathic pain (burning feeling on skin) since Covid	396
These vibrations appear in different parts of my body at different times	365
The neuropathic pain (burning feeling on skin) comes and goes	345
I have these vibrating feelings mostly in my extremities	268
These vibrations bother me a great deal	252
My neuropathic pain (burning feeling on skin) has been in my hands and feet	232
The neuropathic pain (burning feeling on skin) bothers me a great deal	232
My neuropathic pain (burning feeling on skin has been all over my body)	149

These vibrations feel "like they are making me insane"	129
I have NOT had neuropathic pain (burning feeling on skin) since Covid	111
I have these vibrating feelings mostly in my chest	98
The neuropathic pain (burning feeling on skin) is excruciating / makes me	67
feel "like I'm going insane"	
I have NOT experienced any new tingling / buzzing/ vibrating feelings since	48
Covid	
The neuropathic pain (burning feeling on skin) is constant	44
These vibrating feelings are constant	35
These vibrations don't bother me	22
The neuropathic pain (burning feeling on skin) doesn't bother me very	21
much	

#### **Supplemental Figure 1. Data Collection Process**



#### Supplemental Figure 2. Roadmap of themes and domains

#### Domain 1. Symptom Experience, Description, and Anatomic Location

**Theme 1.** Vibrations and tremors were described concomitantly, with descriptions of internal vibrations, visible tremors, and some people experiencing both.

**Theme 2.** Vibration or tremor site varied, from the entire body to localization in extremities, chest, abdomen, and other locations.

**Theme 3.** Vibrations and tremors occurred with other symptoms of varying number.

Theme 4. Vibrations and tremors could cause severe pain.

#### **Domain 2. Initial Symptom Onset**

**Theme 5.** Vibration and tremor initial onset varied, from the day of initial infection to weeks or even months later.

**Theme 6.** Vibrations and tremors occurred following or during acute COVID-19 infections that varied from mild to severe.

#### **Domain 3. Symptom Timing**

**Theme 7.** Vibration and tremor episodes could be brief, or could be prolonged, even constant.

**Theme 8.** Vibration and tremor episodes could occur constantly, daily, or only when relapses occurred.

**Theme 9.** Vibration and tremor symptoms could completely resolve temporarily and could return up to months later.

**Theme 10.** People experienced vibrations and tremors over different time periods (even if they were episodic), and some did not have improvement in symptoms after more than a year.

#### Domain 4. Symptom triggers or alleviators

**Theme 11.** Exercise and activity were associated for some with onsets of tremors and vibrations.

**Theme 12.** A variety of self-treatment strategies, such as diet modifications and humming, were used to alleviate tremors and vibrations.

#### **Domain 5. Change from Baseline Health Status**

**Theme 13.** People with vibrations and tremors had varying health states before their COVID-19 infection, from those who were completely healthy to those with pre-existing conditions.

#### **Domain 6. Experience with Medical Establishment**

**Theme 14.** Medical testing failed to reveal the mechanism of either tremors or vibrations.

 $\label{thm:continuous} \textbf{Theme 15.} \ \text{Tremor and vibration symptoms were sometimes doubted or dismissed by doctors.}$ 

**Theme 16.** The vaccine was associated with both improvement in symptoms for some people, and a relapse in symptoms for others.

**Theme 17.** Medications have been provided for tremor symptoms, with varying results.

#### Domain 7. Impact on People's Lives and Livelihood

**Theme 18.** Vibrations and tremors were associated with mental health effects, including anxiety, depression, and suicidal thoughts.

**Theme 19.** Vibration and tremor symptoms caused disability for some people.

Theme 20. Vibrations and tremors could disturb or prevent sleep.

**Theme 21.** Vibration and tremor symptoms could prevent people from working or carrying out daily life activities.

**Theme 22.** Vibration and tremor symptoms could cause financial stress, through a combination of medical care costs and loss of income from medical leave



STROBE Statement—Checklist of items that should be included in reports of *cross-sectional studies* 

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the	1
		title or the abstract	
		(b) Provide in the abstract an informative and balanced summary of	4
		what was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation	8
8		being reported	
Objectives	3	State specific objectives, including any prespecified hypotheses	8-9
Methods			
Study design	4	Present key elements of study design early in the paper	9
Setting	5	Describe the setting, locations, and relevant dates, including periods	9
28		of recruitment, exposure, follow-up, and data collection	
Participants	6	(a) Give the eligibility criteria, and the sources and methods of	9
1	-	selection of participants	
Variables	7	Clearly define all outcomes, exposures, predictors, potential	10-11
-	•	confounders, and effect modifiers. Give diagnostic criteria, if	
		applicable	
Data sources/	8*	For each variable of interest, give sources of data and details of	10-11
measurement		methods of assessment (measurement). Describe comparability of	
		assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	11-13
Study size	10	Explain how the study size was arrived at	9-11
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If	11-13
		applicable, describe which groupings were chosen and why	
Statistical methods	12	(a) Describe all statistical methods, including those used to control	NA
		for confounding	
		(b) Describe any methods used to examine subgroups and	NA
		interactions	
		(c) Explain how missing data were addressed	NA
		(d) If applicable, describe analytical methods taking account of	NA
		sampling strategy	
		(e) Describe any sensitivity analyses	NA
Results		(iii) Colored and Colored and Joe	1
Participants	13*	(a) Report numbers of individuals at each stage of study—eg	NA
	1.5	numbers potentially eligible, examined for eligibility, confirmed	1,11
		eligible, included in the study, completing follow-up, and analysed	
		(b) Give reasons for non-participation at each stage	NA
		(c) Consider use of a flow diagram	NA
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic,	NA NA
	17	clinical, social) and information on exposures and potential	11/1
		confounders	
		(b) Indicate number of participants with missing data for each	NA
		variable of interest	11/1
Outcome data	15*	Report numbers of outcome events or summary measures	NA

Main results	16	(a) Give unadjusted estimates and, if applicable, confounder- adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	NA
		(b) Report category boundaries when continuous variables were categorized	NA
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	33
Limitations	19	Discuss limitations of the study, taking into account sources of	36
		potential bias or imprecision. Discuss both direction and magnitude	
		of any potential bias	
Interpretation	20	Give a cautious overall interpretation of results considering	33
		objectives, limitations, multiplicity of analyses, results from similar	
		studies, and other relevant evidence	
Generalisability	21	Discuss the generalisability (external validity) of the study results	36
Other information			
Funding	22	Give the source of funding and the role of the funders for the	39
		present study and, if applicable, for the original study on which the	
		present article is based	

<sup>\*</sup>Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

### **BMJ Open**

## Characterization of internal tremors and vibration symptoms among people with post-acute sequelae of SARS-CoV-2: A narrative analysis of Email and social media comments in a patient advocacy group

Journal:	BMJ Open
Manuscript ID	bmjopen-2023-077389.R1
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Complete List of Authors:	Massey, Dorothy; Yale School of Medicine, Cardiology Sawano, Mitsuaki; Yale University, Center for Outcomes Research and Evaluation; Yale School of Medicine, Section of Cardiovascular Medicine, Department of Internal Medicine Baker, Anna; Yale School of Medicine, Section of Stroke and Vascular Neurology, Department of Neurology Güthe, Diana; Survivor Corps Güthe, Nick; Survivor Corps Shidlovsky, Suzanne; Survivor Corps Fisher, Liza; Survivor Corps Grady, Connor B; University of Pennsylvania Perelman School of Medicine, Department of Biostatistics, Epidemiology, and Informatics Caraballo-Cordovez, Cesar; Yale University, Center for Outcomes Research and Evaluation; Yale School of Medicine, Department of Internal Medicine Zhou, Tianna; Yale School of Medicine, Department of Neurology Krumholz, Harlan; Yale University, Center for Outcomes Research and Evaluation; Yale School of Medicine, Center for Infection and Immunity
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# Characterization of internal tremors and vibration symptoms among people with post-acute sequelae of SARS-CoV-2: A narrative analysis of email and social media comments in a patient advocacy group

Dorothy S. Massey, BA;<sup>1</sup> Mitsuaki Sawano, MD, PhD (Co-first author);<sup>2,3</sup> Anna D. Baker, MPH;<sup>4</sup> Diana Berrent Güthe, JD;<sup>5</sup> Nick Güthe;<sup>5</sup> Suzanne Pincus Shidlovsky;<sup>5</sup> Liza Fisher;<sup>5</sup> Connor B. Grady, MPH;<sup>6</sup> César Caraballo, MD;<sup>2,7</sup> Tianna Zhou, BS;<sup>8</sup> Richa Sharma, MD, MPH;<sup>4</sup> Harlan M. Krumholz, MD, SM<sup>2,3,9,10</sup>

<sup>1</sup>Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, USA <sup>2</sup>Center for Outcomes Research and Evaluation, Yale New Haven Hospital, New Haven, Connecticut, USA

<sup>3</sup>Section of Cardiovascular Medicine, Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, USA

<sup>4</sup>Section of Stroke and Vascular Neurology, Department of Neurology, Yale School of Medicine, New Haven, Connecticut, USA

<sup>5</sup>Survivor Corps, Washington, D.C., USA

<sup>6</sup>Department of Biostatistics, Epidemiology, and Informatics, University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, USA

<sup>7</sup>Department of Internal Medicine, Yale School of Medicine, New Haven, Connecticut, USA <sup>8</sup>Yale School of Medicine, New Haven, Connecticut, USA

<sup>9</sup>Department of Health Policy and Management, Yale School of Public Health, New Haven, Connecticut, USA

<sup>10</sup> Center for Infection and Immunity, Yale School of Medicine, New Haven, CT, USA

#### Address correspondence to:

Harlan M. Krumholz, MD, SM

r, New Haven, \(\chi\_16\); Fax: 203-764-565.

Iz@yale.edu; X: @hmkyale 195 Church Street, 5th Floor, New Haven, CT 06510

Telephone: 203-497-1246; Fax: 203-764-5653

Email: harlan.krumholz@yale.edu; X: @hmkyale

#### **Author emails:**

dorothy.massey@yale.edu

mitsuaki.sawano@yale.edu

ucd4@cdc.gov

dianaguthe74@gmail.com

nickguthe1@gmail.com

spincus13@gmail.com

lfisheronu@gmail.com

connorgrady@g.harvard.edu

cesar.caraballo@yale.edu

tianna.zhou@yale.edu

richa.sharma@yale.edu

harlan.krumholz@yale.edu

#### **Abstract**

<u>Objectives:</u> To describe the experiences of patients who have post-acute sequelae SARS-CoV-2 infection (PASC) with internal vibrations and tremors as a prominent component, we leveraged the efforts by Survivor Corps, a grassroots COVID-19 patient advocacy group, to gather information from individuals belonging to its Facebook group with a history of COVID-19 suffering from vibrations and tremors.

Setting and Design: A narrative analysis was performed on 140 emails and 450 social media comments from 140 individuals collected as a response to a call to >180,000 individuals participating in Survivor Corps between July 15 and July 27, 2021. We used common coding techniques and the constant comparative method for qualitative data synthesis and categorizing emails. Coded data were entered into NVivo 12 to identify recurrent themes, theme connections, and supporting quotations. Comments were analyzed using Word Clouds, generated with R version 4.0.3 using quanteda, wordcloud, and tm packages.

Main Outcome Measures: Patient-reported long COVID symptom themes and domains related to internal tremors and vibration.

Results: The respondents' emails represented 22 themes and 7 domains pertaining to their experience with internal tremor and vibrations. These domains were: (1) symptom experience, description, and anatomic location; (2) initial symptom onset; (3) symptom timing; (4) symptom triggers or alleviators; (5) change from baseline health status; (6) experience with medical establishment; and (7) impact on individuals' lives and livelihood. There were 22 themes in total, each corresponding to one of the broader domains. Among the responses, many described symptoms that varied in location, timing, and triggers, occurred soon after their COVID-19 infection, and were markedly debilitating. There were often frustrating experiences with the healthcare system.

<u>Conclusions:</u> This study describes key themes and experiences among a group of people reporting long COVID and having a prolonged and debilitating symptom complex that prominently features internal tremors and vibrations.

#### Strengths and limitations of this study

 This study investigated self-reported symptom experiences from the patient perspective from a convenience sample of patients experiencing internal tremors and vibration symptoms as post-acute sequelae of SARS-CoV-2.

- We used common coding techniques for qualitative data and the constant comparative qualitative data analysis method to identify themes from patients' experiences.
- This study represents a convenience sample and therefore cannot provide information on the incidence and prevalence of these symptoms.



#### **Summary Box**

#### What this study adds:

This study contributes to the literature an understanding of the patient perspective regarding internal tremor and vibrations, a potentially important cluster of similar symptoms reported by people with long COVID.



#### Introduction

Post-Acute Sequelae of SARS-CoV-2 infection (PASC), also known as long Covid, is a condition that is marked by protean manifestation that varies considerably among individuals.[1-4] Common symptoms among long COVID patients encompass a range of respiratory, metabolic, neuropsychiatric, and pain-related disorders, including postexertional malaise, fatigue, dizziness, brain fog, and gastrointestinal symptoms.[5] The heterogeneity of long COVID necessitates attention to specific clusters of individuals who are suffering from similar symptoms. Proper clustering may enable efforts to identify biological, cognitive, and behavioral signatures of long COVID that help elucidate underlying mechanisms to guide the development of diagnostic and therapeutic strategies.

Some individuals with long COVID manifest symptoms that they describe as internal tremors and vibrations. To date, these symptoms, as experienced by patients, have not yet been well described. There are reports of patients with myoclonus, but they are described from the perspective of clinicians.[6-13] Although no underlying cause of the myoclonus episodes among patients with long COVID has been identified, other studies have reported cases of myoclonus episodes following COVID-19.[14-16]

To understand the perspective of patients who have long COVID with tremors and vibrations as a prominent component, we leveraged the efforts by Survivor Corps, a grassroots COVID-19 patient advocacy group, to gather information from individuals with long COVID who belong to its Facebook group and suffer from these symptoms.[17-19] We conducted a qualitative analysis of responses and organized them according to prominent themes. The goal of this study was to characterize the patient perspective and identify a potentially important cluster of similar symptoms that individuals with long COVID are reporting.

#### **Methods**

#### **Study Design and Sample**

This study was a narrative analysis of emails and Facebook comments that were received from members of Survivor Corps, a long Covid patient advocacy group where members interact in a Facebook group. The concept for the study originated with the experience of Heidi Ferrer and the initiative of her husband, NG. Heidi had severe manifestations of the sensations of vibrations and exhibited tremors with onset early in the pandemic. Heidi Ferrer ultimately committed suicide as she found the symptoms intolerable. NG spoke with Survivor Corps, which initiated a call for individuals in its Facebook group of over 180,000 individuals to report their experience with vibrations and tremors among those with long COVID via emails and Facebook comments (Supplemental Table 1.). The qualitative approach was chosen because previous literature characterizing the patient perspective on these symptoms is limited.[20] In addition, a study participant, LF, was involved as a coauthor in the study design and analysis by reviewing themes before final analysis and providing feedback on the manuscript. This study received an exemption from the Yale Institutional Review Board because the comments had been posted publicly.

#### **Data Collection**

Data were collected from unstructured responses that included 140 emails and 450 Facebook comments that occurred in response to Survivor Corps' calls for information in July 2021. Exact dates and names were removed and replaced with month/year and five-year age brackets to protect anonymity. Any information about testing and timing of acute COVID infection were based on self-report.

Survivor Corps collected data for this study in three steps. First, on June 27, 2021, the Survivor Corps founder (DBG), posted a Facebook poll, titled "Vibration/Buzzing/Pain Poll," in the Survivor Corps Facebook group (Supplemental Table 1). Responses were in a multiple-choice answer format, where respondents could select multiple answers and also add their own answer choices. There were 20 answer choices, each a statement relevant to vibration, tingling, buzzing, and neuropathic sensations (Supplemental Table 1). The

research team included all poll responses as of July 16, 2021, which totaled 769. In addition, there were 162 Facebook comments posted by group members below the poll as of July 16, 2021, which were all included in data analysis.

Next, Survivor Corps member NG posted in the Survivor Corps Facebook group on July 14, 2021, requesting that anyone with long Covid in the group who had experienced "tremors or internal vibrations" and was interested in participating in a study comment below his post (Supplemental Figure 1). By July 16, 2021, there were 288 comments from group members in response to his post, all of which were included in data analysis for this study. In response to members' comments, NG and DBG requested that commenters share their symptom stories via email with Survivor Corps for the study, with subjects' consent to use their deidentified emails for research.

Finally, the Survivor Corps newsletter in July 2021 also included a request for "Long Haulers" with "neurological tremors or internal vibrations" to send details of their symptoms to Survivor Corps via email for this study (Supplement 1). Survivor Corps received 140 emails for this study between July 15 through July 27, 2021. All emails were included in data analysis. Including the Facebook comments from the initial poll and the comments from NG's post, 450 Facebook comments were analyzed in this study.

#### **Patient and Public Involvement**

Members of the patient advocacy group, Survivor Corps (DBG, NG, SPS and LF), played a central role in this research, actively engaging through social media and emails to disseminate surveys, collect responses, and offer insightful feedback on comprehensive analysis drafts. The development of research questions was profoundly influenced by the patients' priorities, experiences, and preferences, facilitated through multiple interactive sessions that prioritized domain and theme shaping.

#### **Data Analysis**

#### **Emails**

Email data were analyzed using common coding techniques for qualitative data and the constant comparative method of qualitative data analysis.[21] Coding of the data was accomplished in iterative steps. An initial code list was generated after evaluation of the data by research team members (HMK and DM) (Supplement 2). The initial code list was created in three steps. First, each reviewer separately read the 140 emails (with names and exact dates redacted). Next, each reviewer separately read the 140 emails while creating themes based on the contents of each email, until each statement about internal tremors or vibrations in every email had been assigned to a theme. The reviewers then met to discuss shared themes and reached a consensus on the list of themes. The reviewers then grouped the themes into 7 larger domains. At this point, the full research team reviewed the code structure, including a study participant (LF), for logic and breadth.

Using this final version of the code structure, members of the research team (HMK and DM) independently coded all transcripts, then met to code in several joint sessions, achieving consensus and assigning codes to observations by a negotiated, group process. Coded data were entered into NVivo (version 12, [Lumivero, Denver, CO]) to assist in reporting recurrent themes, links among the themes, and supporting quotations.

#### Facebook Comments

We used Word Cloud methodology to visualize the prevalence of terms (Supplement 3). A Word Cloud is a visual representation of word frequency derived from written text. The more often the word appears within the passage being analyzed, the larger it appears in the image generated. We set the minimum frequency of words to be included in the Word Cloud to 3, the maximum number of words to 200, and removed extraneous filler words. Word Clouds were generated using the *quanteda*, *wordcloud*, and *tm* packages in R v4 version 4v4.0.3 (R Development Core Team, Vienna, Austria).[22, 23]

#### Results

#### Email data

After review of the email data, respondents' comments reflected 7 domains related to their experience with vibrations and tremors. These domains were: (1) symptom experience, description, and anatomic location; (2) initial symptom onset; (3) symptom timing; (4) symptom triggers or alleviators; (5) change from baseline health status; (6) experience with medical establishment; and (7) impact on people's lives and livelihood. There were 22 themes total, each corresponding to one of the broader domains. Sample quotations are listed to illustrate the themes (Supplemental Figure 2).

1) Symptom Experience, Description, and Anatomic Location

Theme 1. Vibrations and tremors were described concomitantly, with descriptions of internal vibrations, visible tremors, and some people experiencing both.

Example 1.

"Sometimes my entire body feels like it's humming and trembling. It's like I'm sitting on a huge speaker with the volume all the way up. Through the progression of the last few months, the complete body humming has slowed down, but still happens 5-8 times a month. My hands and legs also began tremoring about the same time as the whole body. My legs bop up and down aggressively at times. I'm not cold, I'm not restless, but my legs visibly move up and down like I'm tapping my foot. My hands have been the worst of it. I felt like they had improved a few months ago, but they're back with a vengeance. I'm not hungry ever. I know I need to eat, and my go-to has been soup. By the time I get the spoon 4 inches above the bowl, and close to my mouth, all of the broth has been "shaken" off. My handwriting.. awful. Sometimes I absolutely cannot stand myself and just go to bed. That happens more often than not. I usually try to hide my hands in my pockets or under

the table, but am not always able to do that. When my whole body is tremoring, I find it a lot more difficult to focus and to get anything accomplished."

#### Example 2.

"Internal vibrations started about 3 weeks after. They started in my back and back of upper thighs. It felt like I was sitting on a vibration massage chair. They never went away but would vary in intensity. February 2021 I started having restless left arm at bedtime where my left arm would flap until I fell asleep. On [May 2021] it progressed to full body myoclonic movements lasting up to 30 minutes."

## Theme 2. Vibration or tremor site varied, from the entire body to localization in extremities, chest, abdomen, and other locations.

Example 1.

"I experience daily internal tremors/vibrations all over but mainly inside my brain and chest."

I have external tremors in my legs, arms and chest."

#### Example 2.

"Still suffering with symptoms. One of which is tremors and internal vibrations primarily in the legs and feet but do sometimes occur in arms."

## Theme 3. Vibrations and tremors occurred with other symptoms of varying number.

Example 1.

"I also experience relentless headaches. I have had the same one, in varying degrees, since October. Crushing fatigue. Vivid dreams. And the worst, word retrieval."

#### Example 2.

"Here is a list of my current symptoms that I have over a year after my acute infection: 1.

Extreme Fatigue 2. Exercise Intolerance/Post-Exertion Malaise (Physical and Mental) 3.

Short-Term Memory Loss. Must carry a notebook to remember things 4. Brain Fog 5. Muscle Weakness 6. Dizziness. Can't Drive 7. Seizures 8. Headaches/Migraines 9. High Blood Pressure 10. Cold Hands and Feet 11. Ringing in Ears Tinnitus 12. Hoarseness/Loss of Voice 13. Loss of Coordination in Hands 14. Burning Sensation on Skin Lower Torso."

#### Theme 4. Vibrations and tremors could cause severe pain.

Example 1.

"My brain shakes after a few hours inside my head, my face starts to tingle and numb, and then the full head shaking seizures start. I have severe head pain and nausea constantly from all the seizures."

#### Example 2.

"That week of unrelieved spasms left my body barely able to move. Like paralyzed. I had 3 natural child births. I could not fake such 10/10 pain. I have never felt such intense pain, I thought my back would break and my right arm would be completely dislocated twisted out of socket. I could not breathe at times due to the Laryngeal spasms and diaphragm spasms."

#### 2) Initial Symptom Onset

Theme 5. Vibration and tremor initial onset varied, from the day of initial infection to weeks or even months later.

Example 1.

"Symptoms started on [July]. About 3 weeks later, I developed tremors. I've had them ever since."

#### Example 2.

"I contracted COVID from an ICU patient in May 2020. A few days later terrible headaches, loss smell, lung, cardio, eye damage. Ongoing problems fatigue, Headaches, Migraines, Imbalance, Dizzy, Vertigo, SOB, COPD, Brady/Tachycardia, SVT, chest pain, Gastric, swallow, voice, cognitive, exercise intolerance, several leaves of absences off work. I had many scans, tests, labs with both normal results and damage results. I have all Records. Then few months later unrelenting Neuro issues vibrations, ripples, tremors, became intense foot cramps, painful ankle, foot drop, leg spasms started mostly r foot. I had to wear ankle brace use cane. Very difficult to sleep. Husband could see ripples under skin and feel the vibrations at times. Body is constantly "on", pain, numb, burning, briar patch, walking on nails, spikes r foot, can't put r foot flat. Also forearms, hands, r side worse."

## Theme 6. Vibrations and tremors occurred following or during acute COVID-19 infections that varied from mild to severe.

Example 1.

"I was diagnosed with COVID-19 in July of 2020. I spent 2 months in the ICU and 9 days on ECMO."

#### Example 2.

"I had a moderate case of Covid in November of 2020 with multiple symptoms. I was never hospitalized. I was recovered one week before my first Long Covid symptom of shortness of breath began."

#### 3) Symptom Timing

## Theme 7. Vibration and tremor episodes could be brief, or could be prolonged, even constant.

#### Example 1.

"The internal tremors in my chest generally only last for about 5 seconds or so and then completely subside. The ones in my abdomen are more rare and have lasted for longer, but still less than a minute or so in general."

#### Example 2.

"Now here at almost 8 months post covid, I have dealt with these horrible tremors daily. They are constant, they don't come and go. They are 24/7. I feel them more when I am still and resting or at night and early morning, or during naps. If I can just get up and get going most days, I don't notice them much, unless the intensity increases and I get breakthrough pain or headaches. But the night time always reminds me they are still there."

# Theme 8. Vibration and tremor episodes could occur constantly, daily, or only when relapses occurred.

Example 1.

"The tremors and the dizziness are daily challenges."

## Example 2.

"Tremors and 'vibrations' are a few of the many ongoing symptoms. The tremors I notice in my hands and toes. It lasts for about 10 seconds or less about every 2 to 3 days. The vibrations I notice when I first lay down for bed at night. It lasts about seconds."

# Theme 9. Vibration and tremor symptoms could completely resolve temporarily and could return up to months later.

Example 1.

"Even now, almost eight months out in July, I still occasionally experience these. They do not occur daily, but do generally happen in conjunction with the relapse of other symptoms, such as mild chest, throat, and back pressure/tightness, and tingling in my extremities."

## Example 2.

"Sometimes my entire body feels like it's humming and trembling. It's like I'm sitting on a huge speaker with the volume all the way up. Through the progression of the last few months, the complete body humming has slowed down, but still happens 5-8 times a month. My hands and legs also began tremoring about the same time as the whole body. My legs bop up and down aggressively at times. I'm not cold, I'm not restless, but my legs visibly move up and down like I'm tapping my foot. My hands have been the worst of it. I felt like they had improved a few months ago, but they're back with a vengeance."

Theme 10. People experienced vibrations and tremors over different time periods (even if they were episodic), and some did not have improvement in symptoms after more than a year.

#### Example 1.

"I got tremors on [December 2020] the day I got covid & it increased to where I had it in my whole body vibrating on head as well increasing during activity. It's been very debilitating & frustrating. I have been a patient in Rochester Minnesota Mayo Covid Clinic and my symptoms have lessened. However, it is now it is [July] and the tremors have not subsided."

#### Example 2.

"I had Covid in early February 2020. I did not know I had it. Severe Headache, sore throat, rash and crushing fatigue. Got better in a flash. 5 months later, the floor dropped out. By

early October, hand tremors started. They have diminished and come back intermittently. It is now 18 Months after the initial infection."

### 4) Symptom triggers or alleviators

# Theme 11. Exercise and activity were associated for some with onsets of tremors and vibrations.

Example 1.

"Since then I notice that if I get my heart rate up too high (which could be anything above 110-15) the tremors and vibrations are made worse."

# Example 2.

"I have had long covid for 6 months now, and I get tremors/vibrations/buzzing nerves whenever I overextend myself."

# Theme 12. A variety of self-treatment strategies, such as diet modifications and humming, were used to alleviate tremors and vibrations.

#### Example 1.

"Regarding the nerve issues, I have found very recently that humming in the morning helps me to stop the vibrations faster. I suspect our vagus nerve is being affected."

## Example 2.

"I have experimented with supplements, removing medicines, and diet. Removing all sugar and processed foods from my diet has reduced the internal vibrations. If I ever slip up, the intensity is extreme."

5) Change from Baseline Health Status

Theme 13. People with vibrations and tremors had varying health states before their COVID-19 infection, from those who were completely healthy to those with pre-existing conditions.

Example 1.

"I was a healthy [30-35-year-old] marathon runner. Now I'm a [30-35-year-old] individual who is grieving who the person was, figuring out how this new body works, realizing it still works differently day-to-day, while also having physicians refuse to treat me."

Example 2.

"I am an extremely physically active [50-55-year-old] peri- menopausal Canadian female with no pre-existing conditions except for being a migraine sufferer all my adult life."

6) Experience with Medical Establishment

# Theme 14. Medical testing failed to reveal the mechanism of either tremors or vibrations.

Example 1.

"Had a brain CT & brain MRI (all normal). 2. After a short duration of sleep or a nap (15-30 minutes), upon waking I feel that my heart is racing, like palpitations. I feel shaky...as if there is a fast motor running inside me. I've now learned to sit up slowly and give it a few minutes and then it goes away. Diagnostic cardiac/pulmonary tests I've had: EKGs, CT Thoracic Stress test, Echocardiogram, Pulmonary Function & Blood Oxygen Stress (all normal). Had over 50 lab/blood tests and all normal."

Example 2.

"Had MRI that showed micro clots and white matter. Had an EEG but do not know results."

# Theme 15. Tremor and vibration symptoms were sometimes doubted or dismissed by doctors.

# Example 1.

"Some doctors have been very dismissive and charted that 'she just prefers not to walk.'

When I arrived at ER, my previous Neurology MD requested Pysch consult..this delayed medical evaluation. They did not believe my pain nor that I could not breathe as my husband begged them to roll me to my side as they tied me flat to the bed. Most of the time I could barely speak as spasms affected my mouth. The previous Neurologist told me to 'dumb myself down as a nurse and quit researching and causing myself stress'."

#### Example 2.

"In August 2020, when my heart started racing for hours, I tried to speak to my pulmonologist, and they had a local doctor call who was running a test site, and wanted to assure me it wasn't possible for me to have Covid because (1) it wasn't in our area yet, but I was in Boston the day before they announced an outbreak, (2) that symptoms only last 2 weeks max, and I explained Long Covid. (3) That I shouldn't read research that I can't understand, but I used to work in a med related field, trained in pre-med/vet including epidemiology, was part of a 2010-2015 pandemic task force related group, and currently work in genetics research, so then she said that (4) this is all in my head and I just need to get over myself and get back to work full time (I was) and that work makes people better (fatigue says no). She yelled at me for over 2 hours. She now is in charge of home bound patient care and tells people they need to have compassion for Long Covid as it can take 'a few weeks to recover' and then tells stories about people who recover quickly being examples of 'good people' while insinuating that those who stay ill don't want to heal. My doctors have run the gamut of not believing me; to finally agreeing that Long Covid is real

but that since I don't have a positive test, I can't have it; to even if I have Long Covid, they don't have treatment, so short of an ER admit, I just need to suck it up."

# Theme 16. The vaccine was associated with both improvement in symptoms for some people, and a relapse in symptoms for others.

Example 1.

"I had slight tremors in my hands after originally getting sick in June 2020 and after my second vaccine, on [May 2021] (two days later) I started having more seizure-like symptoms."

### Example 2.

"I had the internal vibrations intensely during my year of long haul. Since the vaccine most of my symptoms have abated or significantly diminished. I do still have some of the internal vibration though, especially after exertion."

# Theme 17. Medications have been provided for tremor symptoms, with varying results.

#### Example 1.

"They tried Gabapentin but it didn't stop them. From March through [July] I had 5-9 seizures trying to fall asleep every night, but they only happened at night. Since the Gabapentni wasn't working they switched me to Topamax. I was ramping into Topamax throughout June but it wasn't working either. My family and I got sick again at the end of June with something viral (multiple negative Covid, Flu, and Strep tests that week). The same time they adjusted my Topamax dosage up again. Something changed again. Suddenly I was having non-stop seizures back to back and was hospitalized [July] and also again on [July] at two different hospitals for uncontrolled seizures. My EEG showed normal and they switched meds again to Keppra. So far I am on 500 mg Keppra 2x day and

ramping up, but my seizures are uncontrolled. The meds work only for a few hours and I have had to go on Short Term Disability from work."

### Example 2.

"He also put me on the very lowest dose gabapentin 3x per day. I began the medication the same night. The next day I had a terrible headache but something felt different. I continued the meds 3x per day like directed. After 1 week I began to be able to get up and move a little. I began doing dishes and light house work. My family was rejoicing. I was improving. After a few weeks of being on the medication I could tell it was helping with all the pain. The tremors were still there, but were farther in the background, if that makes sense? ..as if they had been put on soft mute. The meds weren't stopping the tremors but calmed them I guess."

7) Impact on People's Lives and Livelihood

# Theme 18. Vibrations and tremors were associated with mental health effects, including anxiety, depression, and suicidal thoughts.

# Example 1.

"The psychologist who saw me for 30 minutes gaslit me saying I need to exercise more as my severe depression could be the cause of my symptoms when I called him on that he said he noted in his report 'as tolerated' that my chronic fatigue syndrome could also be the cause but he doesn't deal with that only psychological causes. My therapist says I am clearly depressed because of my fatigue from what she has seen for a year. Being in constant pain, unable to participate in life day after day, month after month is depressing. Of course I feel useless. Of course I feel things might not get better. I haven't been functioning for 16 months!"

## Example 2.

"I could not sleep and went 15 days straight with no sleep. I was suicidal in addition to all the other Covid symptoms, thus one showed up two months after my acute Covid."

# Theme 19. Vibration and tremor symptoms caused disability for some people.

#### Example 1.

"I am writing to advise that I am one of the Covid long-haulers who is experiencing hand tremors. I feel them in my arms also and occasionally in my voice and breathing. The tremors in my hands are so severe that I cannot grip or hold a pen for any length of time before my hand writing deteriorates to chicken scratch. I have also resorted to dictating many of my emails and messages because my fingers don't hit the right keys. I don't know if tinnitus qualifies as internal vibration but I do have it and it is getting louder all the time. It causes me great anxiety and I have not been able to discover a treatment or solution."

#### Example 2.

"Since March, I have had limited mobility as my legs give way and do not have the strength to walk unassisted. I have to use a chair to shower and walk with a cane. I cannot walk across the room without falling into things and struggle with balance. I have felt internal tremors that feel like a fizzing/bubbling that moves through my trunk and extremeties. My arms and legs shake and I have problems even with holding my fork still to feed myself. My mind doesn't cooperate most days and I have speech issues with slurred speaking and stuttering."

## Theme 20. Vibrations and tremors could disturb or prevent sleep.

#### Example 1.

"Mostly Every morning waking up, there is an electrical zap from the top of my spine to mid back. Before I knew what the correct term was, I was telling doctors I buzz like a battery.

This sensation happens first when I'm opening my eyes in the morning. It's the first conscious feeling in the morning every day. If I try and go back to sleep the vibrations get more intense and more upsetting. So the best thing to do upon waking up is just get up and go on about my day. If I take a nap during the day. No problem, no vibrations. But there is a limit that I can sleep at any time, so if I do nap When I wake up, I don't try and sleep more. There is I feel, a component of the vibrations That affect my sleep. I am very tired and feel most nights that my brains at war with itself and I don't feel refreshed when waking up. Sometimes, not very often, I will get a whole body tremor feeling it's unpleasant but, doesn't last very long. I would say the ones that wake me up in the morning are more bothersome because I do not wake up gently or quietly. It really is internal torture."

### Example 2.

"Just when I thought I was done developing new symptoms in March this started, every time I start to fall asleep I get shooting pain and immense pressure in my arms, legs and spine. It wakes me up instantly. Imagine all the times you doze off a little in the day, times that by 20 if you are on medications that make you sleepy and try to imagine how torturous that symptom is when it happens to you 20 times a day. No one knows what this is or how to stop it. I'm forced to take muscle relaxers, lyrica, and Ativan to try to get to sleep before the symptom starts."

# Theme 21. Vibration and tremor symptoms could prevent people from working or carrying out daily life activities.

#### Example 1.

"I am not the person I was before Covid. I used to paint, refinish furniture, hang out with girlfriends, dance, golf, bike, travel, date. Now I barely have the energy to help my patient which is the only reason I have a roof over my head. If I can't do it at any point, he needs to replace me and I lose my place to stay. I have no income and I couldn't possibly work."

#### Example 2.

"I got covid [September 2020]. I'm a nurse practitioner and cared for patients with Covid. I tried to go back to work. And after my psych Neuro testing I was found to have cognitive decline and severe memory recall and other memory issues. I was pulled from work [March], and then let go [May]."

# Theme 22. Vibration and tremor symptoms could cause financial stress, through a combination of medical care costs and loss of income from medical leave.

## Example 1.

"Before the pandemic was looking for another part time job so could live in a better place

Now am drowning in medical debt with no relief in sight or ability to hold a job This has

devastated my life Now am stuck living in an old garage without plumbing Hauling water

back and forth from a garden hose and dumping dirty water takes what little energy have."

#### Example 2.

"I got Covid [September 2020] and continue to have daily debilitating symptoms that have prevented me from going back to work. Side note: is there any government funding for those of us who are long haulers and can't get back to work yet? My short term disability ran out beginning of April and I've been without any income since. It's getting really tough."

## **Facebook**

For all 450 comments combined, the 10 most frequent terms were tremors (64%), COVID (55%), pain (51%), vibrations (43%), months (36%), burning (29%), feet (24%), hands (22%), legs (21%), and back (20%). Two Word Clouds were generated based on prevalent terms related to the themes found in emails.

The first Word Cloud (Figure 1) analyzed 288 comments in response to a post that requested people experiencing tremors or internal vibrations to comment. This Word Cloud revealed that the five most common words used in comments were: tremors, COVID, vibrations, months, and pain. Words included also indicated that symptoms ranged in presentation and severity, and vibrations were mentioned, as were seizures, shaking, and twitching. This Word Cloud also included other long COVID symptoms including brain fog, fatigue, and anxiety. Words indicating timing and duration of symptoms included months, days, and constantly. The only medication captured was gabapentin. Finally, similarly to the email responses, comments included mentions of sleep and being tired.

The second Word Cloud (Figure 2) was created based on 162 comments to a Survivor Corps poll that asked respondents about vibration or buzzing sensations and neuropathic pain. This Word Cloud revealed that pain, burning, COVID, legs, hands, and feet were the most common terms mentioned in comments. This Word Cloud included terms related to sensations such as burning and symptoms such as shingles and thrush.

#### **Discussion**

This study describes key themes and experiences among a group of individuals reporting long COVID and a prolonged and debilitating symptom complex that prominently involves internal tremors and vibrations. While symptom experiences were heterogenous—in symptom timing, medical history, and initial infection, for instance—there were also common themes in how individuals described these symptoms and their effects. Individuals also reported how diagnostic evaluation and medical care have not yet identified possible mechanisms or successful treatment for these symptoms.

Although the causal pathway remains unclear from these patient reports alone, these patient experiences demonstrate the prolonged and debilitating symptom complex associated with long COVID. Many of the themes identified in this analysis demonstrate physical suffering, including due to severe pain (Theme 2), constancy of the tremor

episodes (Theme 7), and tremors lasting for months or even over a year after initial infection (Theme 10). Our findings, importantly, also demonstrate how the suffering from this symptom complex invades peoples' lives, livelihood, and psychological well-being. Themes included effects on mental health such as anxiety, depression, and suicidality (Theme 18) aligning with recent studies,[5, 24-26] and effects on daily functioning including inability to exercise (Theme 11), sleep deprivation (Theme 20), and even disability (Theme 19). The cumulative toll of these limits on daily functioning and well-being led some people to have to quit or pause working and household or family responsibilities (Theme 21) and to fall into subsequent debt or financial distress (Theme 22). Each individual's experience with these symptoms was different, and not all experienced the most severe effects. However, the reports revealed a pattern that these symptoms could cause immense pain and disruption to daily lives and livelihood.

This study extends the literature in several ways. Previous literature consists of case series that provide preliminary reports of patients' clinical presentation, course of care, and outcomes, but information on people's experience with tremors more broadly has not been described in relation to long COVID.[6-13] In addition, the literature describes symptoms from the point of view of healthcare providers, but not from patients. Previous case-series reports included a total of 16 people previously infected with SARS-CoV-2 who suffered from myoclonus-ataxia syndrome between 3 days to 6 weeks after acute, often mild, or moderate, infection.<sup>5-12</sup> Our report attempts to add a larger, broader overview of experiences of these symptoms. Our analysis expands upon the sensorimotor symptoms described to date. Furthermore, we describe symptoms experienced by individuals who might not have sought formal medical care.

This study, although limited in scope, is an effort to channel the perspective of patients for a condition that has yet to be defined. The utility of this study is that it may enable more formal and structured data collection for individuals with this syndrome. These

experiences should be more rigorously characterized to develop hypotheses and understand mechanisms.

There are several key implications of the work. First, internal vibrations and tremors cause severe suffering, both physically and mentally, for a group of individuals after self-reported SARS-CoV-2 infection. Second, while the overall scale of these symptoms is still unknown, this group of people experiencing the symptoms have not recovered from the symptoms nor have they received specific diagnoses or been given treatment that completely alleviates their suffering. Third, the descriptions of feeling internal vibrations and tremor symptoms were similar across this group of patients and independent of one another's responses as the emails were not seen by the other participants.

This study has several limitations. Respondents were a convenience sample with minimal information about their demographic or clinical characteristics, including laboratory-confirmed infection with COVID-19. Any information about testing is based on self-report. As such, we cannot determine whether these symptoms were caused by their infection with SARS-CoV-2, or whether the symptoms reported by different people were the same symptom complex or of the same etiology. We also cannot determine whether the sample is representative of the source population experiencing these symptoms. The data are self-reported and cross-sectional; information was limited to what individuals provided in their initial communication and there was no follow-up. This limited the scope of findings and may have excluded information that medical professionals would have found relevant. This sample may have been skewed toward individuals healthy enough to be active members of a patient community (Survivor Corps) and to email a response to the group. Finally, this study cannot provide information on the incidence and prevalence of these symptoms.

In conclusion, some individuals report experiencing internal vibration and tremor symptoms, often causing intense suffering, after a self-reported history of SARS-CoV-2 infection. The symptoms had some common features but there was variability in timing, concomitant symptoms, and impact. Further research is needed to understand and alleviate

this suffering by studying the extent and scope of these symptoms, possible mechanisms, and potential treatment.



## **Competing Interests Statement**

In the past 3 years, Dr. Krumholz reported receiving personal fees from Massachusetts Medical Society, UpToDate, Element Science, Eyedentify, and F-Prime. He is a cofounder of HugoHealth, Refactor Health, and Ensight-AI. He is associated with grants and/or contracts, through Yale New Haven Hospital, from the Centers for Medicare & Medicaid Services, and through Yale University from Johnson & Johnson Consumer, Janssen, and Pfizer. The other authors report no potential conflicts.

#### **Contributor and Guarantor Information**

Dorothy Massey (DM) and Mitsuaki Sawano (MS) served as first coauthors. DM played a key role in planning, designing, analyzing data, and drafting the manuscript. MS critically reviewed the manuscript and took charge of the major revisions after peer review, contributing significantly as a first coauthor. Other contributors, ADB, DBG, NG, SPS, LF, CBG, CC, TZ, RS, and HMK, played crucial roles in carefully evaluating the manuscript. DBG and NG were involved in designing the project and collecting data. CBG, responsible for data analysis and manuscript drafting, contributed substantially to the revision process. HMK, in addition to planning and drafting, provided valuable supervision.

#### **Transparency Statement**

DM, MS, and HK affirm that this manuscript is an honest, accurate, and transparent account of the study being reported; no important aspects of the study have been omitted; and there were no discrepancies from the study as originally planned.

## **Funding Statement**

This study received no funding.

## **Data Sharing Statement**

Deidentified data will be shared by the corresponding author upon request.

## **Ethics Approval**

This study involves human participants but was exempted by the Yale Institutional Review Board.



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Figure Legend:

Figure 1 - Word Cloud from comments in response to a post

Figure 2 - Word Cloud from comments on a Survivor Corps poll



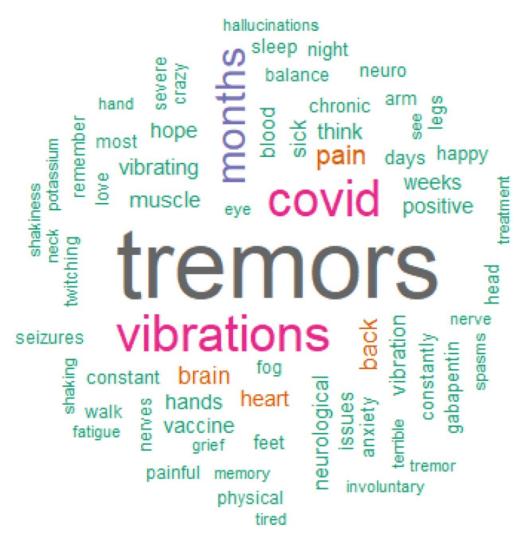


Figure 1 - Word Cloud from comments in response to a post  $106 \times 108 \text{mm}$  (300  $\times$  300 DPI)

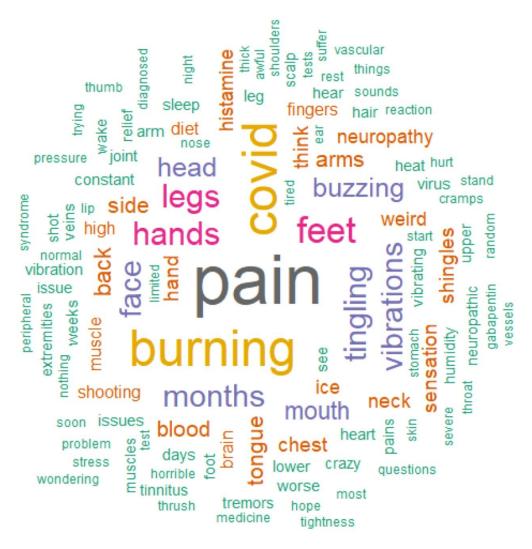


Figure 2 - Word Cloud from comments on a Survivor Corps poll  $105 \times 108 \text{mm}$  (300 x 300 DPI)

## **Supplement 1**

To solicit emails for this study, Survivor Corps and Nick Güthe requested emails from Survivor Corps members via Facebook and an emailed newsletter that is also posted on the Survivor Corps website.

First, Nick Güthe posted the following in the Survivor Corps Facebook page [July 2021]:

"Hi, to anyone on this group. It's Nick Güthe, Heidi Ferrer's husband. A study is forming with a top doctor for Long Haulers with Neurological tremors similar to Heidi Ferrer's -- Tremors or internal vibrations. If you have these symptoms and want to be included please comment below. This isn't a clinical trial but an attempt to gather data and stories to help get funding, bring attention to these symptoms which are so destructive to any Long Haulers physical and mental health."

Nick Güthe and Diana Zicklin Berrent responded to Facebook comments on this post to ask members to email their story, writing: "Send your story to hq@survivorcorps.com."

Second, a <u>newsletter</u> sent to members included the following [July 2021]:

"A study is forming for Long Haulers with Neurological tremors or internal vibrations. If you have these symptoms and want to be included, please **EMAIL** us with your details. This is not a clinical trial, but an attempt to gather data and stories to help get funding, and bring attention to these destructive symptoms that impact Long Hauler's physical and mental health."

#### **Supplement 2. Email Initial Code List**

Below is listed the initial code list created by authors HMK and DM, prior to input from all team members and creation of the final code.

## 1) Symptom Perception and Location

Vibrations and tremors were described concomitantly, with descriptions of internal vibrations, visible tremors, and some people experiencing both.

Vibration or tremor site varied, from the entire body to localization in extremities, chest, abdomen and other locations.

Vibrations and tremors occurred with other symptoms of varying number.

Vibrations and tremors could cause severe pain.

## 2) Initial Symptom Onset

Vibration and tremor initial onset varied, from the day of initial infection to weeks later.

Vibrations and tremors occurred following or during acute COVID-19 infections that varied from mild to severe.

#### 3) Symptom Timing

Vibration and tremor episodes could be brief, or could be prolonged, even constant.

Vibration and tremor episodes could occur constantly, daily, or only when relapses occurred.

People experienced vibrations and tremors over different time periods (even if they were episodic), and some did not have improvement in symptoms after more than a year.

#### 4) Symptom triggers or alleviators

The vaccine was associated with both improvement in symptoms for some people, and a relapse in symptoms for others.

Exercise and activity were associated with onsets of tremors and vibrations.

A variety of self-treatment strategies, such as diet modifications and humming, were used to alleviate tremors and vibrations.

## 5) Change from Baseline Health Status

People with vibrations and tremors had varying health states before their COVID-19 infection, from those who were completely health to those with pre-existing conditions.

## 6) Experience with Medical Establishment

Medical testing failed to reveal the mechanism of either tremors or vibrations.

Tremor and vibration symptoms were sometimes doubted or dismissed by doctors.

Medications have been provided for tremor symptoms, with varying results.

# 7) Effect on People's Lives and Livelihood

Vibrations and tremors were associated with mental health effects, ranging from anxiety to suicidal thoughts.

Vibration and tremor symptoms could cause disability people.

Vibration and tremor symptoms could cause financial stress, through a combination of medical care costs and loss of income from medical leave.

Vibrations and tremors could disturb or prevent sleep.

Vibration and tremor symptoms could prevent people from working or carrying out daily life activities.

## **Supplement 3. World Cloud Analysis Methodology**

Leveraging the "quanteda" [1], "wordcloud" [2], and "tm" [3] packages in R, we constructed a Word Cloud of the most frequent words used to express some long-term effects of experiencing a COVID-19 infection among a Facebook COVID-19 survivors page. The data was converted from an xlsx to a txt file where it was then loaded as a corpus file, a specific type of file format required for Word Cloud generation, using the "Corpus" function in the "quanteda" package. To clean the corpus file, we utilized the "tm\_map" function in the "tm" package to convert all text to lower case, to remove numbers, to remove punctuation and special characters, and then to collapse extra white space characters to a single blank space. Once cleaned, we built a term-document matrix which was then read into the "wordcloud" function within the "wordcloud" package. We set the minimum frequency of words to be included into the Word Cloud to 3, the maximum number of words allowed into the Word Cloud to 200, and then removed all extraneous, filler words such as "and", "comment", "view", "you." We included all adjectives, nouns, and verbs associated with COVID signs, symptoms, and experiences into the Word Cloud.

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## **Supplemental Table 1. Full Survivor Corps Poll for Word Cloud 2**

The following poll was posted in Survivor Corps [June 2021] and was titled "Vibration/Buzzing/Pain Poll." There were 20 answer choices, each a statement relevant to vibration, tingling, buzzing, and neuropathic sensations. We have included the poll and responses for context, but for the purposes of qualitative analysis, we reviewed only the comments posted in response to this poll. These poll responses were collected as of July 16, 2021. The following text was included with the Facebook poll:

"VIBRATION / BUZZING / PAIN POLL

SO MANY LONG HAULERS ARE DESCRIBING A BUZZING OR VIBRATION OR

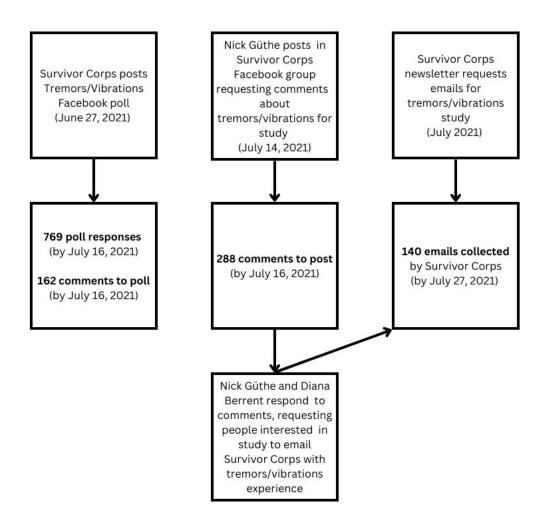
NEUROPATHIC PAIN IN THEIR BODIES AND EXTREMITIES - WE WANT TO LEARN

MORE!"

Answer Choice	Number of
	Votes
I am participating in this poll (please check here!)	769
I HAVE experienced new tingling / buzzing / vibrating feelings since Covid	660
These vibrating feelings come and go	590
I HAVE had neuropathic pain (burning feeling on skin) since Covid	396
These vibrations appear in different parts of my body at different times	365
The neuropathic pain (burning feeling on skin) comes and goes	345
I have these vibrating feelings mostly in my extremities	268
These vibrations bother me a great deal	252
My neuropathic pain (burning feeling on skin) has been in my hands and	232
feet	
The neuropathic pain (burning feeling on skin) bothers me a great deal	232
My neuropathic pain (burning feeling on skin has been all over my body)	149

These vibrations feel "like they are making me insane"	129
I have NOT had neuropathic pain (burning feeling on skin) since Covid	111
I have these vibrating feelings mostly in my chest	98
The neuropathic pain (burning feeling on skin) is excruciating / makes me	67
feel "like I'm going insane"	
I have NOT experienced any new tingling / buzzing/ vibrating feelings since	48
Covid	
The neuropathic pain (burning feeling on skin) is constant	44
These vibrating feelings are constant	35
These vibrations don't bother me	22
The neuropathic pain (burning feeling on skin) doesn't bother me very	21
much	
much	

## **Supplemental Figure 1. Data Collection Process**



## Supplemental Figure 2. Roadmap of themes and domains

#### Domain 1. Symptom Experience, Description, and Anatomic Location

**Theme 1.** Vibrations and tremors were described concomitantly, with descriptions of internal vibrations, visible tremors, and some people experiencing both.

**Theme 2.** Vibration or tremor site varied, from the entire body to localization in extremities, chest, abdomen, and other locations.

 $\label{thm:continuous} \textbf{Theme 3.} \ \ \textbf{Vibrations and tremors occurred with other symptoms of varying number.}$ 

Theme 4. Vibrations and tremors could cause severe pain.

#### **Domain 2. Initial Symptom Onset**

**Theme 5.** Vibration and tremor initial onset varied, from the day of initial infection to weeks or even months later.

**Theme 6.** Vibrations and tremors occurred following or during acute COVID-19 infections that varied from mild to severe.

## Domain 3. Symptom Timing

**Theme 7.** Vibration and tremor episodes could be brief, or could be prolonged, even constant.

**Theme 8.** Vibration and tremor episodes could occur constantly, daily, or only when relapses occurred.

**Theme 9.** Vibration and tremor symptoms could completely resolve temporarily and could return up to months later.

**Theme 10.** People experienced vibrations and tremors over different time periods (even if they were episodic), and some did not have improvement in symptoms after more than a year.

#### Domain 4. Symptom triggers or alleviators

**Theme 11.** Exercise and activity were associated for some with onsets of tremors and vibrations.

**Theme 12.** A variety of self-treatment strategies, such as diet modifications and humming, were used to alleviate tremors and vibrations.

#### **Domain 5. Change from Baseline Health Status**

**Theme 13.** People with vibrations and tremors had varying health states before their COVID-19 infection, from those who were completely healthy to those with pre-existing conditions.

#### **Domain 6. Experience with Medical Establishment**

**Theme 14.** Medical testing failed to reveal the mechanism of either tremors or vibrations.

**Theme 15.** Tremor and vibration symptoms were sometimes doubted or dismissed by doctors.

**Theme 16.** The vaccine was associated with both improvement in symptoms for some people, and a relapse in symptoms for others.

**Theme 17.** Medications have been provided for tremor symptoms, with varying results.

#### Domain 7. Impact on People's Lives and Livelihood

**Theme 18.** Vibrations and tremors were associated with mental health effects, including anxiety, depression, and suicidal thoughts.

Theme 19. Vibration and tremor symptoms caused disability for some people.

Theme 20. Vibrations and tremors could disturb or prevent sleep.

**Theme 21.** Vibration and tremor symptoms could prevent people from working or carrying out daily life activities.

**Theme 22.** Vibration and tremor symptoms could cause financial stress, through a combination of medical care costs and loss of income from medical leave

