LONG-COVID-19 AND ME/CFS PATIENTS-REPORTED **OUTCOMES: EXAMPLE OF THE COACHING SESSIONS EVALUATION**

Diana Araja, Angelika Krumina, Uldis Berkis, Zaiga Nora-Krukle, Modra Murovska Riga Stradins University, Latvia, correspondence: Diana. Araja@rsu.lv

Introduction

The coronavirus disease caused by the SARS-CoV-2 virus (COVID-19) pandemic has induced an indelible and increscent impact on public health and the healthcare system. Consequences manifest in acute emergencies and also in post-COVID-19 conditions, such as long-COVID-19, which is composed of heterogeneous sequelae that often affect multiple organ systems, with significant impacts on morbidity, mortality, and quality of life. Researchers assumed that 10% of COVID-19 survivors could develop myalgic encephalomyelitis/ chronic fatigue syndrome (ME/CFS). Accordingly, the burden of chronic diseases poses new longterm challenges for public health and requires new approaches to healthcare. In these circumstances, the current study aimed to investigate the potential of coaching integration in healthcare of long-COVID and ME/CFS patients to benefit additional value in Health-Related Quality of Life (HRQoL) of patients.

Results

To Patients-reported outcomes are demonstrated in Fig 2 (VAS), Fig 3 (EuroQol-5D-5L), and Fig 4 (FACIT-Fatigue).

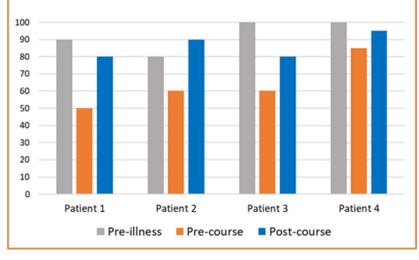


Fig 2. Patient-reported HRQoL, measured by the Visual Analogue Scale (0 – the worst health patient can imagine, and 100 – the best health patient can imagine), in ME/CFS and post-COVID-19 patients: before illness, prior to the coaching course, and after four weeks coaching course (Patient 2 – after six weeks)

Overall results of the study demonstrate significant improvement in the health state of patients. Limitations: data are not statistically significant for extrapolation to the whole population of patients. The main strength is focused on the great additional opportunity to resolve the problems arising in chronic disease management.

Methods

To achieve the aim of this study, the longitudinal case study was performed by a professional team consisting of a general practitioner, infectiologist, and coach. The coaching sessions for two long-COVID-19 and two ME/CFS patients ('portraits' of the patients are available in Fig 1) were carried out by a certified coach of Erickson Coaching International.

Patient 1 (ME/CFS) Female, age 39 ME/CFS diagnosis: 2020 Comorbidity: Asthma	Patient 2 (ME/CFS) Female, age 50 ME/CFS diagnosis: 2021 Comorbidity: Burnout syndrome
Therapies: antibacterial, vitamins,	Therapies: medication, vitamins,
phytotherapy, psychotherapy	physiotherapy, psychotherapy
	Medical professional: temporal disability
Patient 3 (post-COVID-19) Female, age 58	Patient 4 (post-COVID-19) Female, age 53
Long-COVID diagnosis: October 2021	Long-COVID diagnosis: May 2021
Therapies: medication, physiotherapy,	Therapies: antibacterial, anti-
pathogenetic therapy, vitamins	inflammatory, physiotherapy, vitamins,
Medical professional: active	food supplements
	Medical professional: active

Fig 1. 'Portraits' of ME/CFS and post-COVID-19 patients who participated in the study

Virtual coaching sessions were held for each patient for four weeks (six weeks for Patient 2, by her request), from March to May 2022. The EuroQol-5D-5L, Visual Analogue Scale (VAS), as well as the PROMIS Fatigue – Short Form 13a (FACIT-Fatigue) self-assessment questionnaire were used for a deeper investigation of fatigue dimensions in two ME/CFS patients. Descriptive and analytical statistical methods were utilized for the analysis of the obtained data.

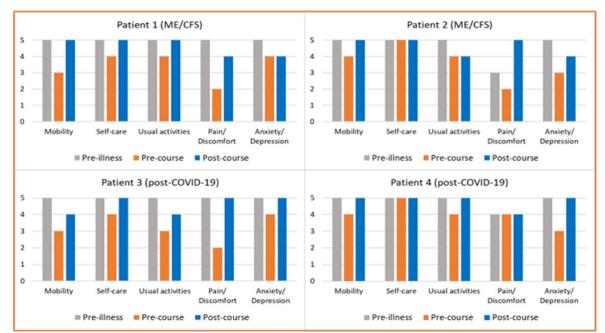


Fig 3. Patient-reported HRQoL, measured by the EuroQol-5D-5L (1 - extreme problems, 2 - severe problems, 3 - moderate problems, 4 - slight problems, and 5 no problems), in ME/CFS and post-COVID-19 patients: prior illness, prior coaching course, and after four weeks coaching course (Patient 2 – after six weeks)

Conclusion

Patient X - results after 4 weeks of couching Patient Y - results after 6 weeks of couching

			rudent X results unter r weeks of couching					i acienti i					
The integrative			Not at all	A little	Some-	Quite a	Very	Not at all	A little	Some-	Quite a	Very	
approach has a				bit	what	bit	much		bit	what	bit	much	
progressive role in the creation of healthcare value,	1.	I feel fatigued											
	2.	I feel weak all over											
	3.	I feel listless ("washed out")											
specifically for	4.	I feel tired											
patients with chronic complex diseases and diversity of manifestations.	5.	I have trouble starting things because I am tired											
	6.	I have trouble finishing things because I am tired											
	7.	I have energy											
	8.	I am able to do my usual activities											
	9.	I need to sleep during the day											
This case study	10.	I am too tired to eat											
provides insight	11.	I need help doing my usual activities											
into the potential	12.	I am frustrated by being too tired to do the things I want to do											
of using coaching	13.	I have to limit my social activity because I am tired											
to improve the		- before coaching course Fig 4.	ME/CF	S patien	its-repo	orted out	comes,	before ar	nd after	the coa	ching c	ourse,	
HRQoL of chronic		- after coaching course measured by the PROMIS Fatigue – Short Form 13a (FACIT-Fatigue)											

- after coaching course

measured by the PROMIS Fatigue – Short Form 13a (FACIT-Fatigue)

Ethics Approval

patients.

The study was supported by the Latvian Council of Science, Fundamental and Applied Research project No.lzp-2019/1-0380 'Selection of biomarkers in ME/CFS for patient stratification and treatment surveillance/ optimization', with the approval of the Research Ethics Committee of the Riga Stradins University (Decision No. 6-1/05/33 – 30 April 2020, Riga).

