P140 DOES THE LENGTH OF SYMPTOMS OF LONG COVID AFFECT PERCEIVED DYSPNOEA?

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Introduction and Objective Long COVID or ongoing symptoms post-acute COVID infection can affect up to 20% of patients.¹ Dyspnoea can be a cardinal symptom and have a significant impact on patients' quality of life and ability to function in society. NHS England devised a five-point plan for long COVID which included dedicated post COVID assessment clinics.²

We aimed to review whether duration of symptoms influenced the severity of perceived dyspnoea (using Borg score) and breathlessness (using MRC dyspnoea score).

Methods Retrospective analysis of patients assessed in the Cheshire and Merseyside long COVID assessment hub between 1 February and 30 April 2021. Data was split into three categories based on duration of symptoms: 3–6 months, 6–12 months and over 12 months. The data was analysed using an ANOVA and tukey's multiple comparison test.

Results 332 patients were assessed, 7 were excluded from analysis.

Of the 325:

- 251 (75.7%) were female
- Age range 17–82 years, mean 47years
- 31 (9.5%) patients received hospital treatment during initial illness
- 305 (94%) patients reported exertional dyspnoea

Abstract P140 Table 1 Results comparing mean Borg/MRC scores against length of time post covid infection

Time assessed in clinic from acute infection (months)	Mean Borg scale (±SD)	Mean MRC score (±SD)
3–6	5.2 (2.0)	2.6 (0.8)
6–12	4.7 (1.9)	2.5 (0.9)
>12	3.3 (2.2)	2.2 (0.9)

Conclusion A significant difference was seen between Borg score in 3–6months and >12 ($P<0.01$), suggesting that perceived dyspnoea due to long COVID improves with time. No significant difference was found in MRC dyspnoea score between each group. The reason for this remains unclear though improvement in perceived dyspnoea with time may offer reassurance to many long Covid patients. Further research is needed to determine if pulmonary rehabilitation provides a greater reduction in perceived dyspnoea.

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P141 OBSERVATIONAL COHORT STUDY OF PATIENTS REFERRED BY THEIR GP TO A COVID RESPIRATORY CLINIC

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Introduction and Objectives The COVID-19 pandemic resulted in many patients suffering chronic post viral symptoms being referred by their GP to our respiratory Covid clinic. This study describes the demographics, symptoms, radiology, and lung function results for these patients to date. This will provide evidence-based data to improve services and promote recovery.

Method Patients completed the C19 Yorkshire COVID Rehab screening tool and we designed a proforma for clinical assessment. Investigations were performed using a clinical pathway we designed in accordance with national guidelines, and standards of care (NHS England, 2021). Symptoms scores, investigation results, management plans and rates of referral to other specialities were collated.

Results Sixty-six (71%) patients were female and seventy-five (80%) were of white British ethnicity, with a mean age of fifty-one years. The most frequent pre-existing health complaint was anxiety and depression (27%) followed by asthma (17%). 83% suffered greater levels of fatigue post COVID and 80% reported increasing exertional breathlessness. 73% recorded difficulties with concentration and short-term memory. 80% reported problems carrying out usual daily activities. Fifteen (17.5%) had an abnormal chest x-ray (7 resolving COVID, 5 cardiomegaly with normal lungs, 1 pleural plaques, 1 COPD 1 unknown). Sixty-six lung function tests were requested with twenty-six of the thirty-one (84%) performed to date being normal. Four had mild airflow obstruction (including one with COPD).

Conclusion Overall, we concluded that most patients had normal chest radiographs and lung function tests. Long Covid causes a heavy symptom burden significantly affecting the individual's quality of life with chronic breathlessness and fatigue being the most common symptoms. Females, of white British origin with a mean age of fifty-one were most frequently referred to our clinic.

The results prompted us to build a suitable management plan for these patients and we questioned why predominantly white British women were referred, as data has indicated Covid 19 disproportionately affected ethnic minority groups. (Razai et al, 2021)

Abstract P141 Figure 1 Lung function results