

CAN'T SHAKE OMICRON SYMPTOMS? YOU'RE NOT ALONE

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Lanrick Bennett Jr. was midride when he realized something was off.

The 46-year-old had recently recovered from COVID and thought he was up for getting back on two wheels, picking up food near Little Italy to deliver to vulnerable people as part of a volunteer organization called Bike Brigade. Now he was "huffing and puffing" and had to stop at his nearby office to rest. "I could feel the tightness in my chest, and I was just like, this is not good," recalls Bennett, who used to easily do marathon trips of 50 kilometres.

He's quick to point out he's much better off than people dealing with severe long COVID. It's a pretty big difference from his baseline, though, as a healthy year-round cyclist, still managing fatigue and ongoing breathing issues when exercising, coming up on three months from his infection around Valentine's Day. It's a kind of limbo of lingering symptoms that he's not alone in facing.

More Canadians than ever before have now had COVID, and while most get back on their feet quickly (especially if they're vaccinated) an unknown number are struggling with ongoing issues, from shortness of breath to brain fog.

Some are debilitated, while others, like Bennett, are functioning but left wondering when, if ever, they will feel back to normal. There are a lot of unknowns when it comes to long COVID after Omicron and the subvariant BA.2, but some doctors say, anecdotally, they're now seeing more people impacted than in previous waves.

Dr. Alexis Gordon, General Internal Medicine Lead, Scarborough Health Network, who's been working with a long COVID service assessing patients there since 2021, said more have been coming to them in the last few months.

"Up until January of this year it's been a trickle of referrals with a couple a week, and from January to March I think we had 65 referrals. It's far surpassing our ability to meet the need to be totally honest," she said.

Some of this is due to more awareness in the community about the program, "but there are certainly a lot more long COVID cases out there as well," she said. With so many infections in the community, the denominator has "really exploded."

This has all put more strain on the health care system. "You're left between trying to prioritize the next wave of in-patients and open back up again but not leave patients behind who have significant debilitating



R.J. Johnston/Toronto Star

Before catching COVID-19, Lanrick Bennett Jr. could cycle 50 kilometres at a stretch with no problems. Now, as one of many people dealing with lingering symptoms, he suffers fatigue and breathing problems and has to rely on a puffer.

symptoms and trying to get them the best care that we can with incomplete information," she said.

It's hard to pin down how many are impacted, even more so as most people in the last two COVID waves have not been eligible for PCR tests. The Ontario Science Table estimated that between 57,000 to 78,000 Ontarians have had or are currently experiencing what they call post-COVID-19 condition. The September 2021 pre-Omicron brief added vaccination is "likely protective" against it.

In addition to finding that 50 per cent of people with COVID may experience lingering symptoms, a recent Public Health Ontario report reviewing available research found some of the most common ones included fatigue, shortness of

breath, and cognitive and memory impairment.

It also found that the most common risk factors were more severe COVID and being female, and concluded that caring for these patients will likely stress the health and social systems, involving increased emergency department visits, outpatient care, hospital stays and rehabilitation needs.

Dr. Kashif Pirzada, a Toronto emergency physician, said he's seen more people coming in with persistent symptoms after Omicron — most commonly difficulty breathing, and a cough, but also some cognitive issues — than in other waves.

Often their family doctors have already tried everything they can. "I've had patients leaving in tears when we tell them, there's

not much we can do for you," he said. He and his colleagues run tests and send them to a respirologist, neurologist or cardiologist, depending on their specific problems, but the wait times can be long and there's no guarantee they'll have answers. "I think that the enormous load that these long COVID patients are going to be putting on health services will increase wait times for everybody," he added.

In B.C., Dr. Jane McKay, the medical lead for that province's post COVID-19 interdisciplinary clinical care network, said they have actually seen fewer people coming in lately to their five clinics. Their "referral volume is dramatically down" and there's no longer anyone on the waiting list.

This could be because symptoms are not as bad with Omicron, or because family doctors are getting more comfortable navigating their patients through this process, said McKay.

Research is still evolving on how vaccination impacts this condition, as well as Omicron and BA.2, and it's too early to draw concrete conclusions, she said. But one thing that does seem clear, across studies, is that most people seem to improve after one year.

"Some will linger, but I think the message that I give to any patient that I see is one of hope — yes this is difficult, but this does get better."

Unfortunately there's still no magic bullet "that will make a difference" for all of the symptoms, said McKay, something that is very frustrating for patients. But there are treatments for individual conditions, such as migraine

headaches.

Katie O'Byrne has suffered from long COVID symptoms, including heart palpitations, low energy and shortness of breath she describes as like "going through the world in a sludge," since catching the disease in January 2021.

When the 38-year-old registered nurse from Northern Alberta became reinfected in mid-March of this year, with what she assumed was Omicron, she was fearful it would set her back. But this time around she was eligible for Paxlovid, a new antiviral medication to reduce the odds of ending up in the hospital.

She was surprised when her long COVID symptoms cleared up, and she saw an "unbelievable change" in her energy level.

O'Byrne knows that her experience is totally anecdotal and Paxlovid is not approved for long COVID. Although there have been a couple of similar anecdotal reports in the U.S., there's no data on this potential use. But she hopes it can be studied in a more systematic way to potentially help other sufferers "because dealing with the symptoms, when there's no end in sight to your illness, is really difficult."

Bennett is very grateful he was triple vaccinated, and his initial illness wasn't as bad as it could have been. Vaccination has been shown in many studies to reduce the risk of ending up in the hospital or dying.

But so far, he hasn't easily bounced back.

He now carries an inhaler with him when he cycles to give his breathing a boost.

"It's going to be a slow rebuild," he said.

"I'm not shaking this."

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