Introduction

The COVID-19 pandemic had significant and lasting effects on population health, healthcare systems and the workforce. While many people recover completely from an acute COVID infection, some may experience persistent symptoms – often referred to as 'Long COVID'. [Expert reviewer's comment: Note that researchers, and guideline authorities such as Scottish Intercollegiate Guidelines Network (SIGN) and National Institute for Health and Care Excellence (NICE), usually refer to this problem as post-COVID-19 syndrome]. This condition can pose a complex case load for primary care clinicians. Long COVID clinics were established in secondary care settings, but most have been decommissioned.

There is increasing evidence of an association between Long COVID and Postural orthostatic tachycardia syndrome (POTS), although POTS can occur at other times. First reported in 2021, one study estimated that 30% of highly symptomatic patients with Long COVID had POTS (reference 1). Another study found that, when considering post-COVID tachycardia, inappropriate sinus tachycardia (IST) could be present alone, or co-exist with POTS (reference 2).

This module has been developed based on a learning needs assessment from an interprofessional focus group.

Module aims:

Long COVID

- Structured assessment and appropriate investigations
- Spotting red flags of serious illness
- Follow-up plans based on evidence
- When to refer to secondary care for further management

Postural orthostatic tachycardia syndrome (POTS)

- Describe common symptoms and signs
- Consider diagnoses and investigations
- Management – non-pharmacological and pharmacological interventions