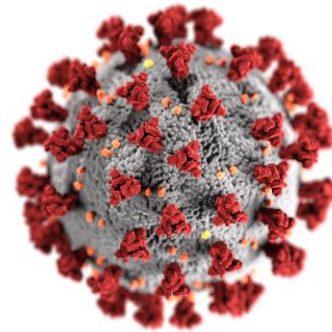# Disability assessment of a client with Long COVID after 2 years

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I have no potential conflict of interest to report

Social security in the NL

- After two years of sick leave
- Apply for a disability benefit
- Disability assessment
  - Insurance physician (IP)
  - Labour expert

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Disability assessment by IP

- Overview last two years
- Interview
  - Self perceived complaints
  - Functioning daily life and work
- Examination
- Information medical specialist

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Functional ability list (FAL)

I. Personal functioning (daily life and work)

II. Social functioning (deal with conflicts)

III. Work environment (noise reduction)

IV. Dynamic movement (climbing)

V. Static postures (sitting)

VI. Working hours (hours, shifts)

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Background and study aim

- Disability assessment challenging
  - Lack of evidence
  - Dutch legislation
- Disability assessment long COVID
  - Which impairments
  - IPs' perspective

Methods

- ## Case scenario
  - 47 year old nurse with long COVID
  - Non-hospitalized
  - Works 20 (of 32) hours
  - Overview, multitasking, loses temper
  - Fatigue, memory, dyspnoea
  - Pulmonologist no abnormalities
  - Cope with fatigue

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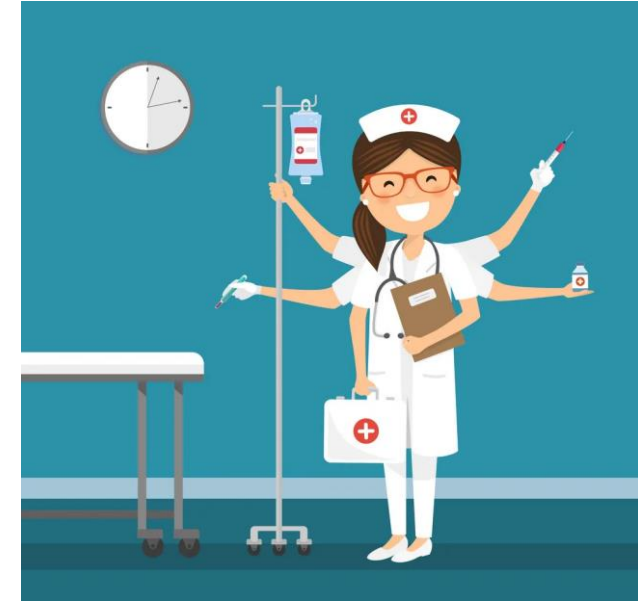
Survey

- Statements all items FAL
  - 'Functioning is impaired'
  - Vision on prognosis
- 13 statements about perspectives
  - 'I find disability assessment…difficult'
- Space for comments

147 participants

- 37% older than 55 years
- Working experience
  - 29% <5 years
- Training
  - 64% IP
  - 27% IP in training, 9% not (yet)
- 18% family member long COVID

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I. Personal functioning (PF)

- Daily PF
  - 97% no impairments
  - 'Not severe enough', 'Works 20 hours'
- PF at work
  - 85% no deadlines
  - 69% no interruptions
  - 48% no high workpace

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II. Social functioning (SF)

- 69% 'dealing with conflicts' impaired
- 88% specific work conditions regarding SF
  - No managerial tasks
  - Not a lot of contact with patients (!)

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III. Working environment (WE)

- WE needs to be adapted
  - 16% noise reduction
  - 14% no smoke or dust

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IV. Dynamic and V.Static

- Heavy physical work
  - 73% lifting
  - 75% carrying
  - 76% walking
  - 64% standing

- Lighter physical work
  - A minority

VI. Working hours

- 88% shifts not allowed
- 25% 8 hours a day or more
- 78% 20 or 30 hours a week
  - 'Difficult to assess'
  - 'Only temporarily'
  - 'Medical condition does not allow reduction'
  - 'Meet self-perceived complaints'
  - 'Nurse not a suitable job' (!)

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Prognosis

- 79% impairments will decrease
  - 'We just don't know'
  - 'No evidence'
  - 'Improvement cannot be ruled out'
  - 'Deal with complaints leads to improvement'
  - 'Resembles chronic fatigue syndrome, so no improvement'

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IPs' perspectives

- 78% assessment difficult
- 19% sufficient information
- 27% feels supported by professional society
- 34% consults a colleague more often
- 14% worried to receive complaints
- 29% afraid of negativity social media

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Summary IPs' assessment

- Majority of IPs assess in a similar way

- Working environment

- Personal & social functioning ('mental')
  - No severe impairments (97%): no 'stressful work'

- Dynamic movement & static postures ('physical')
  - No severe impairments: no 'heavy work' (up to 75%)

- Working hours
  - No shifts (88%), reduction working hours (78%)

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Conclusion? (better: discussion!)

- Results should be interpreted with caution!

- Case scenario provides limited information

- Difficulties of assessment experienced by IPs are multifactorial

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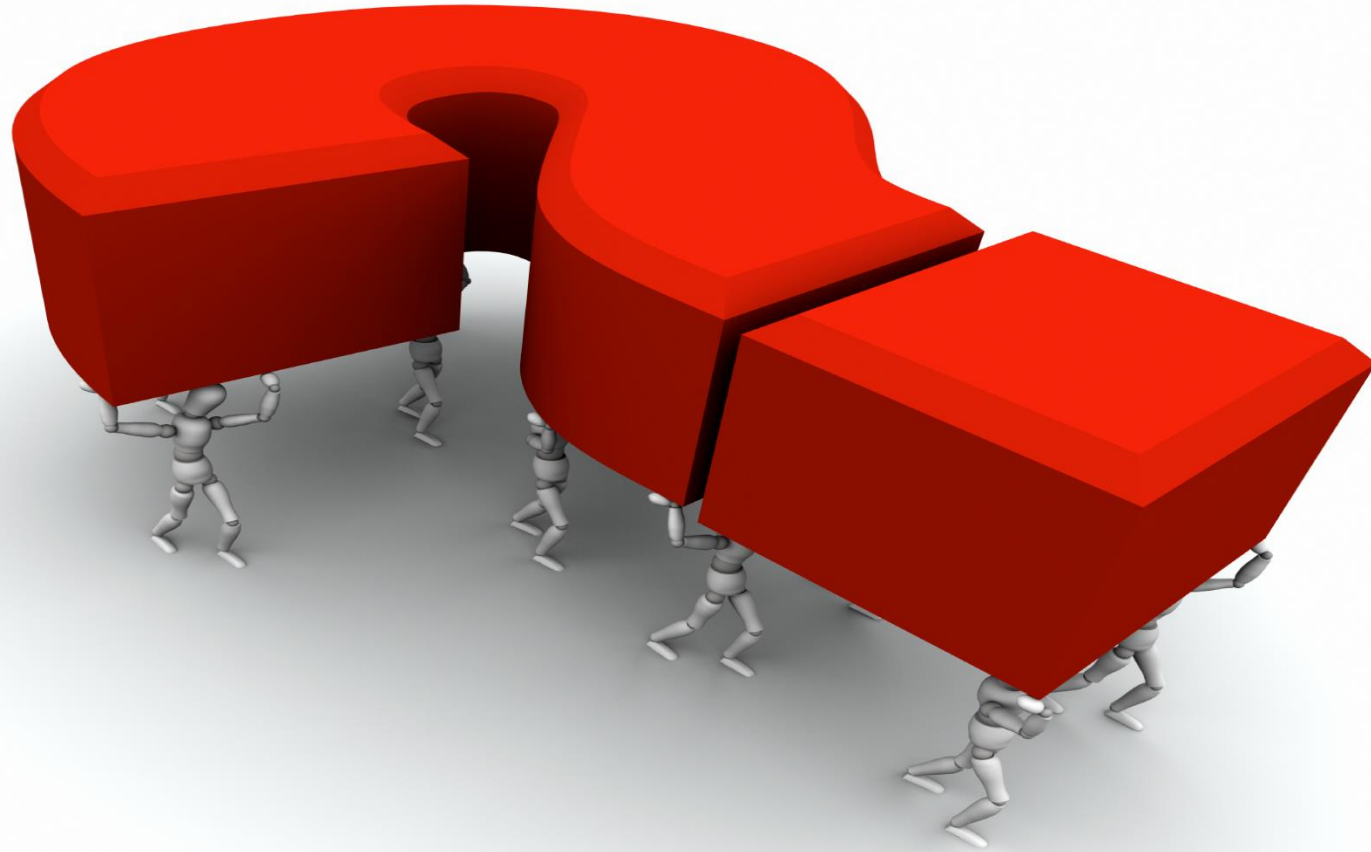
IPs' perspectives regarding fatigue

'I tend to reduce working hours more often'

- Long COVID vs COPD GOLD III
  - 3% agrees; 79% disagrees ('other' 18%)

- Long COVID vs 'medically unexplained symptoms'
  - 45% agrees; 35% disagrees ('other' 20%)

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Merci
Thank you
Danke
Grazie
Tack
Dank u

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