



ACADEMIC CONSORTIUM  
FOR **INTEGRATIVE**  
MEDICINE & HEALTH

# IMPACT CIRCLES

A yearlong series of Academic Consortium member successes in integrative innovation and implementation, intended to inspire new ideas and programs throughout the integrative medicine community, worldwide, in 2022.

## MENTAL HEALTH MONTH

### Long COVID Roads to Recovery with Integrative Medicine

May is **Mental Health Month**. The World Health Organization (WHO) reports that mental, neurological and substance use disorders make up 10% of the global burden of disease and 30% of the non-fatal disease burden. An estimated 5% of all adults suffer from depression; 800,000 die every year by suicide.

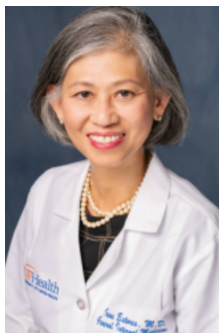
The pandemic has added weight to the global mental health burden, with about 10% to 20% of recovered COVID patients experiencing new, returning, or lingering symptoms for weeks, months, or even longer. To improve recognition and care for these patients, WHO introduced an official definition for the condition known as "Long COVID."

#### Clinical Case Definition of Long COVID

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time. "

*\*Source: [World Health Organization, October 6, 2021](#)*

In the pressing worldwide need to recognize and support Long COVID patients, **integrative mental health intervention** is proving a valuable catalyst to targeted research and roads to recovery.



**Irene M. Estores, MD**, Medical Director of the Integrative Medicine Program, University of Florida (UF), led development of the UF Health *COVID Restore* clinic (Rehabilitation, Support, Training, Outreach and Research) in July 2021, just as the Delta variant was gaining traction worldwide and when *Long COVID* was recognized as a disability in the U.S., under the Americans with Disabilities Act. *COVID Restore* is a collaboration of interdisciplinary rehabilitation professionals, specialists in neurology, pulmonary, renal, rheumatology and primary care physicians, public health clinicians and basic science researchers. The clinic's treatment protocols follow those in place for post COVID care centers (PCCC's) best practices in the U.S., the U.K. and in Canada.

Dr. Estores' experience indicates that *"the next surge of the COVID-19 pandemic will consist of patients experiencing functional declines from postacute sequelae of SARS-CoV-2 infection, or PASC."* She and her team recommend that Long COVID clinics be *"multidisciplinary and patient*

centered" and "include the use of symptom inventories and assessment tools, testing that is tailored to the patient's symptoms, and education of all clinicians in a system." The journal *Physical Medicine and Rehabilitation Clinics* is planning a special issue on Long COVID for publication in October 2022, and has asked Dr. Estores to share her experience in a chapter dedicated to integrative care.

## Factors Predicting Long COVID Symptoms

A study published in the journal [Frontiers in Aging Neuroscience](#) (March 2022) reports several mechanisms by which COVID-19 infection may lead to neurological symptoms and structural and functional changes in the brain that may translate into cognitive problems. The authors found that neurological/psychiatric and fatigue/mixed symptoms during the initial illness, and that neurological, gastrointestinal, and cardiopulmonary/fatigue symptoms during the illness, predicted experience of cognitive symptoms.

## Ongoing Research

In 2021, the National Institutes of Health (NIH) launched the [RECOVER Initiative](#), bringing together scientists, caregivers, patients and community leaders to understand, prevent and treat PASC (post-acute sequelae of SARS-CoV-2). RECOVER has three Core sites and an Administrative Coordinating Center that will work in concert to ensure that research data are standardized and effectively shared among researchers and with the public. Clinical trials are underway.

### NIH RECOVER Cores

Clinical Science Core - **NYU Langone Health\***

Data Resource Core - **Massachusetts General Hospital**

Biorepository Core - **Mayo Clinic\***

Administrative Coordinating Center - **RTI International**

*\*Member, Academic Consortium*

At the same time, the [National Center for Health Research](#) introduced a PCORI-funded Project "Engaging Stakeholders in PCOR/CER to Improve Outcomes for All Post-Acute COVID-19 Patients" to strengthen collaboration among healthcare providers, patients, disability experts, payers, and employers, enabling these groups to share their experiences with treatments and interventions and encourage research that will improve patient outcomes. The project steering committee, including Dr. Estores, is hosting a series of one-hour teleconferences to share information and new developments on this important topic. As Chair of the project's Special Interest Group for integrative medicine, Dr. Estores introduced an integrative, whole-person health focus in the third teleconference of the series: *Mind-Body and Integrative Approaches to Long COVID*.

## Growing Number of Resources for Patients

A year ago, there were fewer than 100 self-reported post-COVID care clinics/centers (PCCC's) in the U.S. to take care of an increasing number of post-COVID patients. In 2022, PCCC's can be found throughout the U.S. and in Asia, Australia, Canada, the Caribbean, Europe, India, the Middle East and South America, according to [Survivor Corps](#). The Corps' 12-member medical advisory board includes seven [institutional members](#) of the [Academic Consortium for Integrative Medicine & Health](#).

## Opportunity for All Integrative Medicine Professionals

There are those in the medical community who do not believe Long COVID requires ongoing research, careful whole-health patient assessment and multidisciplinary treatment options. To help educate legislators and the public, Monica Verduzco-Gutierrez, MD, renowned long COVID researcher, [discussed Long COVID disability before the U.S. House Health Subcommittee](#) in February 2022. Dr. Verduzco-Gutierrez is Professor and Chair of the Department of Rehabilitation Medicine at University of Texas Health San Antonio and Medical Director of Rehabilitation Medicine Services at University Health.

*"Our clinic is seeing Long COVID patients looking for help with a variety of symptoms following their COVID experience," says Dr. Estores. "There is tremendous opportunity for integrative medicine researchers, clinicians and educators to help identify these patients, assess their symptoms, and pull together the help they need from the growing body of evidence being reported by basic scientists on Long COVID symptoms and integrative care. The need is genuine; integrative medicine, focused on whole-person health, is leading the ways to recovery for these patients."*

## Integrative Mental Health - Long COVID Care

1. Evaluate the scope of post-COVID care need from your COVID patient population, i.e., the number of patient inquiries or complaints related to “long-hauler” or lingering symptoms to determine your potential for a post COVID Care Center or Clinic (PCCC).
2. Identify a location and logistics, i.e., someone who can answer calls, schedule and process patients.
3. Create your own institution or community-specific Long COVID symptoms inventory for patient screening, and develop an educational outreach or Grand Rounds for your health system’s healthcare teams to alert them to patient symptoms they may observe.
4. Assess the availability of a mental health team who can screen patients and determine next steps, including psychiatrists with integrative tools such as psychopharmacology, psychologists for cognitive behavioral therapy and trauma-oriented individual and group therapy, neuropsychologists for cognitive testing, and social workers to help resolve psychosocial issues like housing and unemployment.
5. Develop an integrative care contact list covering the range of services and support that may be needed, including cardiologists, pulmonary rehabilitation therapists, neurologists, nurses, etc.

### Resources:

- [Irene.Estores@medicine.ufl.edu](mailto:Irene.Estores@medicine.ufl.edu)
- [NIH RECOVER COVID Initiative](#)
- [Improving Outcomes for Long COVID-19 Patients | National Center for Health Research](#)
- [Factors Predicting Physical, Neurological and Cognitive Symptoms in Long COVID](#)
- [Dr. Monica Verduzco-Gutierrez discusses Long COVID disability before House subcommittee](#)
- [Models of Care for Postacute COVID-19 Clinics: Journal of Physical Medicine & Rehabilitation](#)
- [Addressing the Long COVID Crisis: Integrative Health and Long COVID](#)
- [Healthcare Utilization of Non-hospitalized Adults After COVID-19 Diagnosis – CDC Report](#)
- [Survivor Corps](#)
- [Improving Outcomes for Long COVID-19 Patients | National Center for Health Research](#)
- [MoCA Test - Cognitive Assessment](#)
- [Grand Rounds: Adaptation in the Face of Chronic Stress](#)
- [3rd NCHR Long COVID Teleconference on Integrative Medicine](#) (link expires May 20)

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