



Welcome to the Division of Continuing Medical Education's Post COVID-19 Condition 2026 Webinar Series



Treaty Acknowledgment

As we gather here today, we acknowledge we are on Treaty 2, 4, 5, 6, 8 and 10 Territories and the Homeland of the Métis. We respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.



Quick Poll

1. Please select your role from the list, so we can see who is in the audience.
2. Please rate your **knowledge level** about the Post COVID-19 Condition (PCC) topics **before** attending the webinar.
3. What **perspective** are you bringing to today's session on Post COVID-19 Condition?

Zoom

Poll

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This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification (MOC) program of the Royal College of Physicians and Surgeons of Canada and approved by the Division of Continuing Medical Education, College of Medicine, University of Saskatchewan. You may claim a maximum of 1.0 hours (credits are automatically calculated).
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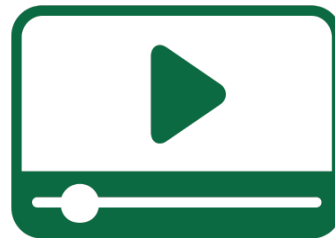
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Video:

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- During the Q&A period, any speakers, including our main presenters, will be recorded.





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- Survey results are documented, reviewed and addressed when bias is identified.



Kelly Corrine (KC) Hall, MPH, CHES, Ph.D(c)

- Kelly Corrine (KC) Hall, is a PhD candidate in the Health Sciences Program at the College of Medicine, University of Saskatchewan.
- She has spent five years conducting research on Post COVID-19 Condition, with a focus on self-care practices and mental health outcomes among individuals living with persistent fatigue.
- KC works closely with patient partners throughout her research, ensuring that the voices of those with lived experience shape the evidence.
- Most recently, she was awarded first place in the Trainee Poster Award at the 3rd Canadian Symposium on Long COVID for her work on PCC and patient-engaged research.





Donna Goodridge, Ph.D., R.N.

- Research interests include patient engagement in self-management of chronic illness, palliative respiratory care and Long COVID
- Currently Professor Emerita in the College of Medicine





Presenter Disclosure

Presenter: Kelly Corrine (KC) Hall

Relationships with financial sponsors:

Grants/Research Support, Speakers Bureau/
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Disclosure of Financial Support:

**My research has been funded by the Saskatchewan
Centre for Patient-Oriented Research.**

Presenter: Donna Goodridge

Relationships with financial sponsors:

Grants/Research Support, Speakers Bureau/ Honoraria,
Consulting Fees, Patents, Other:

Canadian Thoracic Society

Disclosure of Financial Support:

SHRF





Overview of Post COVID Condition & Symptoms

Fatigue, Psychological Well-Being & Patient-Centered Care

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College of Medicine, Health Sciences Program | University of Saskatchewan

Post COVID-19 Condition 2026 Webinar Series





Learning Objectives

By the end of this presentation, learners will be able to:

01

Describe the definition, prevalence, and symptom burden of Post COVID Condition (PCC), including fatigue and mental health symptoms.

02

Explain why diagnostic and management approaches for PCC vary, and validate the lived reality of patients' experiences.

03

Identify evidence-based self-care strategies that support mental health in patients experiencing fatigue associated with PCC.

04

Apply patient-centered self-care recommendations into clinical encounters with individuals living with PCC-related fatigue.



SECTION 01

Understanding Post COVID Condition

Definition · Prevalence · Symptom Burden · Mental Health Impact



What is Post COVID Condition (PCC)?

WHO Definition & Key Criteria

WHO Definition (2021)

"...occurring in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from onset, with symptoms lasting ≥ 2 months that cannot be explained by an alternative diagnosis."¹

Timing

Symptoms begin or persist ≥ 3 months post-infection¹

Duration

Lasting at least 2 months¹

Exclusion

No alternative diagnosis explains symptoms¹

Scale

3.5M Canadians ever affected; 2.1M currently²

~19% of infected Canadian adults ever affected; 11.7% of all Canadian adults (3.5M total; 2.1M currently) | Globally: 10–20% of infected individuals develop PCC^{2,3}

1. WHO. Post COVID-19 condition: Delphi consensus. *Lancet Infect Dis.* 2022. 2. Statistics Canada. Experiences of Canadians with long-term symptoms following COVID-19. Cat. 75-006-X. Dec 2023. 3. Public Health Agency of Canada. COVID-19: Longer-term symptoms. Updated Aug 2024.



The Symptom Burden of PCC

200+ Associated Symptoms Impacting Every Domain of Life

Physical

- ▶ Persistent fatigue⁴
- ▶ Shortness of breath⁴
- ▶ Chest pain⁴
- ▶ Joint/muscle pain⁴
- ▶ Sleep disturbance⁴

Cognitive

- ▶ Brain fog⁴
- ▶ Memory impairment⁴
- ▶ Difficulty concentrating⁴
- ▶ Word-finding problems⁴
- ▶ Slowed thinking⁴

Mental Health

- ▶ Anxiety⁵
- ▶ Depression⁵
- ▶ PTSD symptoms⁵
- ▶ Emotional dysregulation⁵
- ▶ Mood disturbances⁵

Functional

- ▶ Reduced work capacity⁶
- ▶ Activity limitations⁶
- ▶ Social withdrawal⁶
- ▶ Post-exertional malaise⁴
- ▶ Daily life impacts⁶

Over 87% of individuals with PCC exhibit symptoms of mental health disorders⁵

4. Davis HE et al. *Nat Rev Microbiol.* 2023;21:133-146. 5. Taquet M et al. *Lancet Psychiatry.* 2021;8(5):416-427. 6. Statistics Canada. *Experiences of Canadians with long-term symptoms.* Cat. 75-006-X. Dec 2023.



Why Does Management Vary?

And Why Validating Patient Experiences Matters

Reasons for Variability

- ▶ Symptoms don't fit neatly into clinical categories⁴
- ▶ Evidence base is still rapidly evolving³
- ▶ No standardized treatment protocols exist³
- ▶ Risk of over- OR under-investigation³
- ▶ 200+ symptoms with varying presentations⁴
- ▶ Classified as post-viral syndrome adapted treatment³

Validating Patient Experiences

- ▶ PCC symptoms are REAL, not fabricated⁸
- ▶ Patients often feel dismissed or unsupported⁸
- ▶ Erosion of trust in healthcare is documented⁸
- ▶ Stigma and lack of awareness compound suffering⁸
- ▶ 66% of those with symptoms received NO treatment or support⁷
- ▶ Clinician validation is a therapeutic intervention⁸

Acknowledging the legitimacy of PCC builds therapeutic alliance and improves treatment engagement.^{8,9}

7. Public Health Agency of Canada. COVID-19: Longer-term symptoms. Updated Aug 2024. 8. Sanal-Hayes N et al. Health Soc Care Community. 2023;31(4):1001-1010. 9. Statistics Canada. CCAHS-2. Dec 2023.



SECTION 02

Evidence-Based Self-Care Strategies

What the ME/CFS Literature Tells Us About Mental Health Outcomes

Scoping Review | 12 Studies | 815 Participants | 4 Countries



Understanding Self-Care in Chronic Illness

Middle-Range Theory of Self-Care (Riegel et al., 2012)

Self-Care Maintenance

- ▶ Actions to preserve health & stability¹¹
- ▶ Pacing to avoid overexertion¹¹
- ▶ Balanced nutrition & rest¹¹
- ▶ Adhering to therapeutic regimens¹¹
- ▶ Preventing symptom exacerbation¹¹

Self-Care Monitoring

- ▶ Routine surveillance of symptoms¹¹
- ▶ Recognizing physical & emotional changes¹¹
- ▶ Somatic awareness & body listening¹¹
- ▶ Systematic tracking = best outcomes¹¹
- ▶ Triggers decision-making process¹¹

Self-Care Management

- ▶ Responding to recognized changes¹¹
- ▶ Implementing & evaluating treatments¹¹
- ▶ Adapting strategies based on results¹¹
- ▶ Coping with illness & environment¹¹
- ▶ Requires reflection on outcomes¹¹

Underpinned by: Decision-Making · Reflection · Experience · Motivation · Social Support · Access to Care¹¹

11. Riegel B, Jaarsma T, Strömberg A. A middle-range theory of self-care of chronic illness. *J Nurs Scholarsh.* 2012;44(1):16-24.



What the Evidence Shows

Key Findings from the Scoping Review (ME/CFS Literature, n=12 studies)

12

Studies Included

815

Participants

76%

Female Participants

4

Countries

87%+

PCC w/ MH symptoms

CBT-Based Interventions

- ▶ Most effective for anxiety & depression¹³
- ▶ Best when paired with illness acceptance¹³
- ▶ Sustained at 12-wk & 6-month follow-up¹⁶

Graded Exercise / Pacing

- ▶ Modest mood & anxiety improvements¹³
- ▶ Must respect individual energy envelope¹³
- ▶ Physical gains ≠ always MH gains¹⁵

Multi-Component Programs

- ▶ 23% reduction in depression (6 months)¹⁴
- ▶ CBT + physical + psychosocial support¹⁴
- ▶ Most comprehensive outcomes observed¹⁵

Illness Acceptance

- ▶ Critical for MH improvement¹³
- ▶ Therapist-facilitated acceptance is key¹³
- ▶ Letting go of prior identity reduces anxiety¹³

13. Hall KC et al. Self-care & mental health in CFS/ME: A scoping review (in preparation). 2026. 14. Goudsmit EM et al. J Psychosom Res. 2009. 15. Vos-Vromans DC et al. J Psychosom Res. 2016;80:46-56.



What Gets in the Way?

Contextual Factors Influencing Self-Care Adoption (COM-B Framework)

CAPABILITY

Physical & Psychological

- Overwhelming fatigue limits participation¹²
- Cognitive impairment (brain fog)⁴
- Fluctuating symptom severity¹²
- High dropout in severe symptom groups¹⁵

OPPORTUNITY

Environmental & Social

- Limited access to specialized care⁷
- Lack of peer support networks⁸
- Insufficient healthcare resources⁷
- Social isolation & stigma⁸

MOTIVATION

Automatic & Reflective

- Illness acceptance improves adherence¹³
- Self-efficacy drives sustained effort¹²
- Fear of worsening creates avoidance¹²
- Provider validation boosts motivation⁸

Key Insight: Interventions that lack flexibility overwhelm patients - especially during 'crash' periods of symptom intensification.^{12, 15}

12. Michie S, van Stralen MM, West R. The behaviour change wheel. *Implement Sci.* 2011;6:42. 15. Vos-Vromans DC et al. *J Psychosom Res.* 2016;80:46-56.



SECTION 03

Patient-Centered Clinical Recommendations

Translating Evidence Into Practice for Your Patients with PCC



Clinical Recommendations

For Patients with PCC Experiencing Fatigue & Mental Health Symptoms

01 Validate First

- ▶ Acknowledge PCC as real and complex⁸
- ▶ Express empathy before prescribing⁸
- ▶ Ask: 'What is hardest for you right now?'

02 Assess the Full Picture

- ▶ Screen for anxiety, depression, PTSD (HADS, PSS)¹¹
- ▶ Assess fatigue severity & brain fog⁴
- ▶ Explore social support & self-efficacy¹¹

03 Flexible Self-Care

- ▶ Introduce pacing as a core strategy¹³
- ▶ Consider CBT referral for anxiety/depression¹³
- ▶ Support acceptance -- not 'pushing through'¹³

04 Address Barriers

- ▶ Identify capability, opportunity & motivation gaps¹²
- ▶ Connect to peer support resources⁸
- ▶ Adapt plans during symptom flares¹²

05 Monitor & Iterate

- ▶ Schedule regular MH follow-up¹¹
- ▶ Reassess self-care strategies over time¹¹
- ▶ Involve patients as active partners¹¹

06 Refer & Collaborate

- ▶ Mental health referrals when indicated¹³
- ▶ Multidisciplinary teams = best outcomes¹⁵
- ▶ Use SHA framework - no SK specialist PCC clinic³

11. Riegel B et al. *J Nurs Scholarsh.* 2012. 17. Surawy C et al. *Mindfulness.* 2005. 16. Clark C et al. *Psychol Med.* 2017. 18. Pinxsterhuis I et al. *Disabil Rehabil.* 2017. 13. Hall KC et al. *Self-care & mental health in CFS/ME: A scoping review (in preparation).* 2026.



Patient Resources

Resources for Your Patients Living with PCC in Saskatchewan

Saskatchewan Health Authority

- ▶ SHA Long COVID Self-Management Resource
- ▶ saskhealthauthority.ca - search 'Long COVID'
- ▶ Developed by SHA working group for SK patients

Canadian Mental Health Support

- ▶ BounceBack (free CBT): sk.cmha.ca/bounceback
- ▶ 9-8-8 Suicide Crisis Helpline: call or text 9-8-8
- ▶ Counselling Connect SK: counsellingconnect.ca

National PCC & Patient Resources

- ▶ Health Canada PCC: canada.ca/mental-health
- ▶ Long COVID Web: longcovidweb.org
- ▶ ME/CFS Society of Canada: mecfssociety.ca

Local & Community Support

- ▶ 211 Saskatchewan: call/text 211 or sk.211.ca
- ▶ CMHA Saskatchewan: sk.cmha.ca
- ▶ Crisis Services Canada: 1-833-456-4566

SHA. Long COVID Self-Management Resource. saskhealthauthority.ca. CMHA SK. BounceBack. sk.cmha.ca. Govt of SK. Counselling Connect SK. counsellingconnect.ca.



Key Takeaways

- 1 PCC is real and complex - 3.5 million Canadians have been affected; 2.1 million currently live with symptoms.
- 2 Management varies because the evidence is still evolving - flexibility and validation are essential clinical tools.
- 3 Self-care (CBT, pacing, illness acceptance) meaningfully improves mental health in CFS/ME - translatable to PCC.
- 4 Context matters: capability, opportunity, and motivation shape whether self-care is possible for your patient.

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Thank you — Questions Welcome



Thank you!

Questions Welcome



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1. WHO. Post COVID-19 condition: Delphi consensus. *Lancet Infect Dis*. 2022.
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11. Riegel B, Jaarsma T, Strömberg A. A middle-range theory of self-care of chronic illness. *J Nurs Scholarsh*. 2012;44(1):16-24.
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16. Clark C et al. Guided graded exercise self-help for CFS. *Psychol Med*. 2017;47(7):1144-1155.
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20. Castro-Marrero J et al. Treatment of CFS/ME. *Br J Pharmacol*. 2017;174(11):675-685.
21. Nijs J et al. Pacing self-management in CFS. *JRRD*. 2009;46(7):985-996.
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Thank you for attending!



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