

## Fatigue and post-exertional



## FATIGUE

**Fatigue** is a feeling of **extreme exhaustion** and is the **most common** symptom of Long COVID. It:

- is not easily relieved by rest or sleep
- is not the result of unusually difficult activity
- can limit functioning in day-to-day activities
- negatively impacts quality of life



## PESE

**Post-exertional symptom exacerbation (PESE)** is a disabling and often delayed exhaustion disproportionate to the effort made. It is sometimes described as a "crash". The activity that can trigger this worsening of symptoms can be something that was easily tolerated before, such as:

- a daily activity (eg a shower)
  a social activity
- - walking (or other exercise)
    reading, writing or working at a desk
  - an emotionally charged conversation
  - being in a sensory environment (eg
  - loud music or flashing lights)

Many of the symptoms experienced by those living with Long COVID are very similar to those of myalgic encephalomyelitis (ME)/chronic fatigue syndrome (CFS).

The World Health Organization recommends that Long COVID rehabilitation should include educating people about resuming everyday activities conservatively, at an appropriate pace that is safe and manageable for energy levels within the limits of current symptoms, and exertion should not be pushed to the point of fatigue or symptom exacerbation.

PESE is most often **triggered by physical activity** and exercise. Nearly **75% of people** living with Long COVID still experience PESE **after 6 months**.

The symptoms worsened by exertion can include:

- disabling fatigue/exhaustion
- cognitive dysfunction or "brain fog" pain
- breathlessness
- heart palpitations
- fever
- sleep-disturbance
- exercise intolerance

## Symptoms typically **worsen 12 to 48 hours after** activity and can last for days, weeks or even months.

Physical activity and exercise interventions warrant caution as rehabilitation strategies among people with Long COVID and persistent symptoms of disproportionate breathlessness on exertion, inappropriately high heartbeat (tachycardia), and/or chest pain.

Graded exercise therapy should not be used, particularly when post-exertional symptom exacerbation is present.

Your physiotherapist can guide you in **pacing as an activity management tool** that is also used successfully for people with ME/CFS to prevent triggering PESE.



**STOP** trying to push your limits. Overexertion may harm your recovery.



**REST** is your most important management strategy. Do not wait until you feel symptoms to rest.



**PACE** your daily activities and cognitive activities. This is a safe approach to navigate triggers to symptoms.

