



# Fighting Long COVID

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Words by Alicia Green

Dr. David Morris, DAP Health chief medical officer, discusses what it is and next steps following a diagnosis.

When most people get COVID-19, they tend to recover once the infection leaves their body. But some adults have been experiencing what scientists and doctors call “long COVID,” which can drastically change a person's life and health.

“Long COVID is the syndrome that people can experience after three months of having had COVID, and they continue to have symptoms after that,” says Dr. David Morris, chief medical officer at DAP Health. “The recovery can be for the rest of their lives or for another six months to one year.”

According to the **Centers for Disease Control and Prevention**, more than 40% of U.S. adults have reported having COVID-19. Of those adults, 19% report that they still have symptoms of long COVID. (The condition is also known as long-haul COVID, chronic COVID and post-acute COVID-19, among other names.)

## The Signs

Because long COVID can affect multiple organs, there are a wide range of symptoms and signs. The most common ones are fatigue, the worsening of symptoms after physical or mental exertion, difficulty breathing and shortness of breath. In addition, respiratory and heart symptoms include cough, chest pain and heart palpitations.

“Cardiomyopathy is one of the biggest ones,” Morris says. “It can affect the heart and cause it to not be as strong as it was prior to infection.”

There are also neurological symptoms like headaches, sleep problems, changes in smell and taste, lightheadedness and difficulty thinking or concentrating, also called brain fog. Some people experience diarrhea, stomach pain, rashes and joint or muscle pain.

The CDC reports that people who have had COVID-19 are more likely to develop new health conditions such as diabetes and heart or neurological conditions.

COVID-19 has even led to impairment and disability. Being in the hospital, in the ICU or on a ventilator for months has caused muscular damage for patients. Some people have had to learn to walk again and still struggle with their movement.

## Risk Factors

So what causes long COVID? Morris says there are many factors. Research shows that most patients with long COVID were on ventilators and had prolonged hospitalization, he explains.

“It was probably the trauma of those hospitalizations, complications of being on a ventilator, an impaired immune system or multisystem organ failure,” Morris says. “Their body just never quite recovered from it.”

Long COVID is also more likely to develop in people who had underlying health conditions prior to COVID-19 and are immunocompromised. For example, patients with asthma or other lung conditions, cancer or transplant patients on certain treatments, and those with inherited diseases that affect the immune system, according to the CDC.

Morris explains that patients with HIV have the same risk of long COVID as the general population, which was a surprising finding to him. “Most people with HIV these days are not really immunosuppressed,” Morris says. “They have T cells that are high enough, viral loads that are suppressed and their own medications, so they don’t have depleted immune systems.”

Minorities and people living in poverty are also at greater risk of developing long COVID than the general population. Morris attributes this to income disparities, a lack of proper health services and higher rates of disease among these communities.

In addition, Morris was surprised to find that more women have long COVID than men and that more people in their 40s and 50s have the condition than older adults. That’s why he wants people to know that even the healthiest of individuals can develop chronic COVID. It affects anyone and everyone.

## Protect Yourself

Morris encourages people to get the COVID-19 vaccine to help protect themselves from getting moderate to severe disease and being admitted to the hospital.

“We’re on the fifth dose [of the vaccine],” Morris says. “It’s called Bivalent. It now covers the Omicron variants that have become resistant to some of the other treatments. It is very important for this flu season and COVID season that is getting ready to come up.”

Morris points out that a University of California, San Francisco study found that the COVID vaccines improved symptoms of people that had long COVID. It’s another reason people should get their vaccines and boosters, he says.

It’s also important that people begin to pay attention to the signs and signals in their bodies. Any symptoms that persist or form months after COVID should be reported to a primary doctor. For example, if a person can’t exercise anymore or has trouble remembering names, they need to tell their physician. The same goes for struggling with balance or newly developed high blood pressure.

“Work with your clinician to make sure it’s not something else,” Morris says. “Because long COVID is truly a diagnosis of exclusion. That might mean your clinician would begin doing diagnostic workups.”

Primary care doctors at DAP Health are on a mission to look out for long COVID in patients. That means they are actively listening to patients and the symptoms they report. Once they conduct blood work and scans to figure out what the problem is, they get patients into specialty care. That could mean a referral to a cardiologist, pulmonologist, neurologist or an infectious disease doctor.

There is also a social services department onsite that helps people who are struggling in other areas of their life because of long COVID. The department assists with financial and physicals concerns, such as being unable to afford gas and having trouble cleaning the house or buying groceries.

“It goes beyond just the physical and medical limitations,” Morris explains. “Depression, anxiety and post-traumatic stress disorder are huge in post-COVID.”

That’s why it is important to have a behavioral health specialist, clinical psychologist or psychiatrist to assist people with their mental health while struggling with long COVID. Morris adds that patients can utilize such services at DAP Health as well.

His advice to DAP Health patients is simple: use masks, use common sense and wash your hands. DAP Health employees continue to wear masks and conduct COVID screenings for visitors. He also encourages everyone to follow the health regulations for California and Riverside County.

“Don’t let your guard down,” Morris says. “People have been so tired of doing this for so long. We are tired of COVID, wearing masks and talking about it, but it’s still here. We expect that probably yearly we’ll all be needing to get a COVID vaccine.”

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