



## CAN-PCC Recommendations Public Comment Survey - November 2024

### Welcome

**As part of the guideline development process for the Canadian Guidelines for Post COVID-19 Condition (CAN-PCC), we have developed the ninth set of draft recommendations, including some research recommendations and a good practice statement.**

**The CAN-PCC Collaborative shares draft recommendations as soon as they are formulated. The order in which sets of recommendations are shared, as well as the order in which they are presented within each set, does not indicate an order of importance. Eventually, the CAN-PCC Collaborative will release recommendations for around 90 questions that were selected as being important. Sets of draft recommendations will continue to be released monthly for public comments.**

**The CAN-PCC Collaborative invites the public for input to help finalize these draft recommendations. Individuals providing comments will not be identified in guideline publications. Comments received during the public comment period will be reviewed by the CAN-PCC guideline development group and considered prior to finalizing the recommendations. Please note that these recommendations are drafts and should not be considered final, as they are undergoing review for input by the public as well as CAN-PCC working groups such as our Equity Oversight Committee.**

**This survey should take approximately 10 minutes to complete.**

**We provide below the draft recommendations, including links to the evidence and judgements used to inform them. Please let us know if you have any major concerns, minor concerns or no concerns with the recommendations and provide any comments.**

**Note that, due to considerations for privacy and inclusiveness, you cannot fill out part of the survey and return to it later for completion. If you anticipate substantial time to review the content thoroughly, we recommend using the PDF version of the survey to prepare your responses and thereafter provide them online in one session. Please access the PDF version [here](#).**

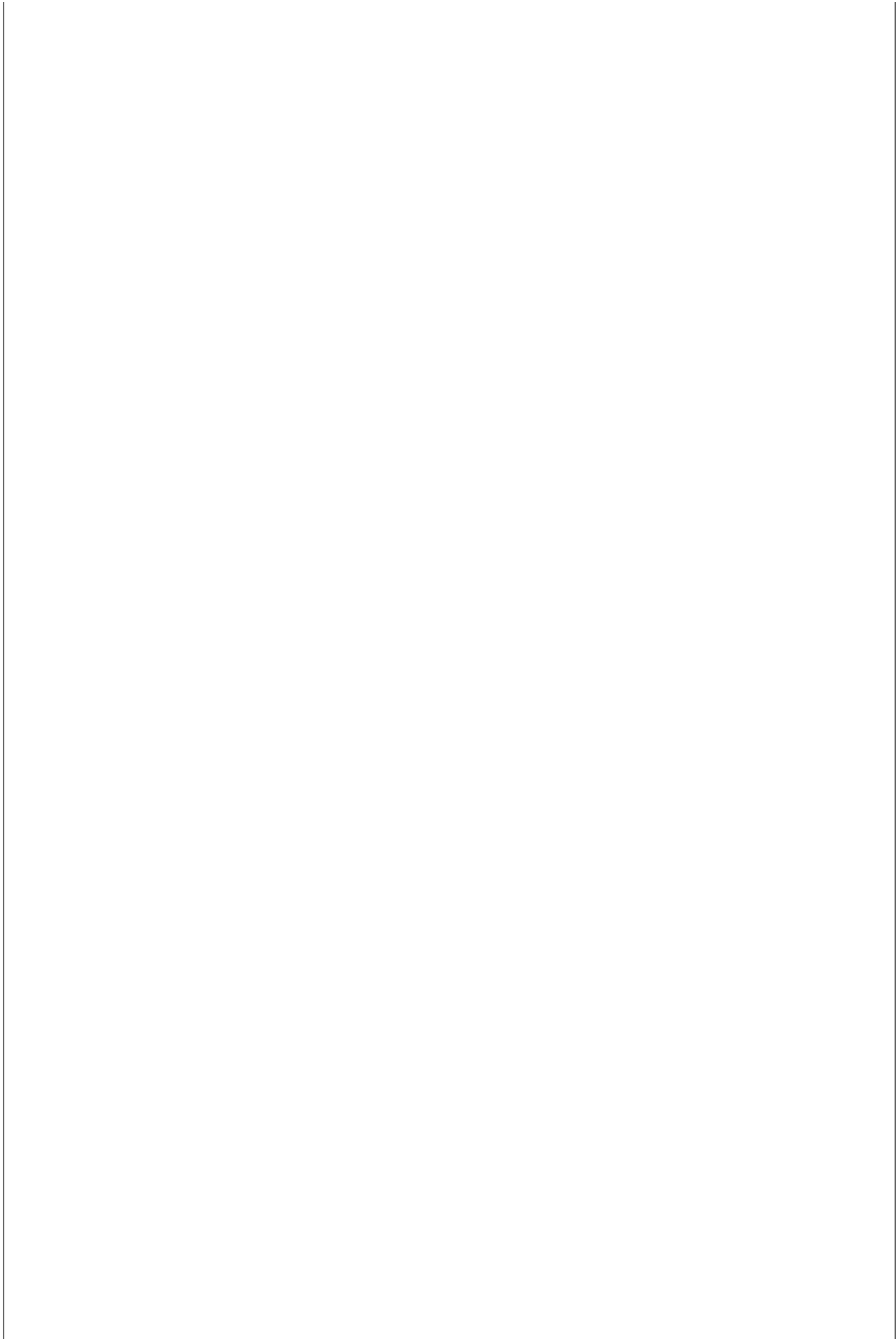
**Learn about common guideline terms before participating in our survey. The below resources explain indirect evidence, strong and conditional recommendations, and certainty of evidence.**

**[How we use indirect evidence in recommendations](#)**

**[Strong and conditional recommendations](#)**

**[Certainty of evidence](#)**

**Visit our full list of educational resources [here](#).**





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Respondent Information

**We would like to know more about the survey respondents to help ensure we are reaching the CAN-PCC guidelines target audience and receiving feedback broadly. Please tell us about yourself.**

\* 1. In which province, territory, or region do you currently reside?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon
- International (please specify your country):

\* 2. Which group description(s) apply to you? (check all that apply)

- Health professional
- Health researcher
- Health economist
- Health policymaker
- Person with lived post COVID-19 condition experience
- Carer for adult(s) with lived post COVID-19 condition experience
- Carer for child(ren) or adolescent(s) with lived post COVID-19 condition experience (e.g., parent or guardian)
- Member of the public/person without lived post COVID-19 condition experience
- Other (please specify):

\* 3. Are you a member of a health advocacy, patient, health professional, or governmental organization?

- Not a member of any organization
- Member of patient organization (please specify below)
- Member of health professional organization/society (please specify below)
- Member of health advocacy organization (please specify below)
- Member of governmental organization (please specify below)
- Member of other type of health organization (please specify below)

If you are a member of an organization, please provide the name:

\* 4. Are you providing feedback on behalf of an organization or as an individual?

- As an individual
- On behalf of an organization (please specify):

### Potential Conflicts of Interest

We would also like to know about any perceived, self-declared conflicts of interest from those providing feedback on the draft recommendations.

\* 5. Do you have any conflicts of interest relevant to the CAN-PCC guideline topics (e.g. employment or direct financial relationships or interests in companies potentially affected by the recommendations)?

No

Yes - please describe the conflict(s):



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### Draft Recommendations for Input

Please review the draft recommendations below and see the link to the full Evidence to Decision table and provide your feedback on any concerns that you may have.

*Note, the draft recommendations developed by the guideline group to date are drafts and should not be considered for use in practice or distribution at this time. For more information view our [project webpage](#).*

#### **Draft Research Recommendation #1**

The CAN-PCC Collaborative suggests ketogenic diets in adults with acute COVID-19 infection to prevent post COVID-19 condition in research studies only (research recommendation\*). **Remarks:** 1) The conference abstract did not provide information on when and how long to start the ketogenic diet, thus further research should document this more clearly. 2) Despite no included evidence on subpopulations, the panel suggested caution with ketogenic diets and close medical supervision for the following populations: People who are pregnant/breastfeeding; People with diabetes who are on medications that may cause hypoglycemia, due to the glucose-lowering impacts of a ketogenic diet (SGLT-2, Insulin, sulfonylureas); People with hypertension on medications that may cause hypotension due to changes in blood pressure while on a ketogenic diet; People with bipolar disorder, due to some concerns the panel raised that ketogenic diets may impact risk of mania; Other chronic diseases. Absolute contraindications include certain rare metabolic conditions such as carnitine deficiency, carnitine palmitoyl-transferase deficiency, carnitine-acylcarnitine translocase deficiency, mitochondrial fatty acid  $\beta$ -oxidation disorders, pyruvate carboxylase deficiency and porphyria ([Watanabe et al., 2020](#)).

**See full Evidence to Decision table [here](#).**

*\*A research recommendation is a recommendation that should be only used in the context of a research setting.*

**6. Do you have any concerns about this Draft Research Recommendation?**

- No concerns
- Minor concerns
- Major concerns

7. Do you have any comments about this Draft Research Recommendation?

**Draft Recommendation #2**

The CAN-PCC Collaborative suggests exercise in adults with acute COVID-19 infection to prevent post COVID-19 condition (conditional recommendation, very low certainty in the evidence). **Remarks:** 1) The included studies used a variety of exercise types including aerobic and resistance, frequency (days per week), duration (number of minutes per episode and total number of weeks of the exercise intervention). 2) None of the studies included the outcome of post COVID-19 condition. The included studies had follow-up periods of up to 4 weeks in acute COVID-19 and up to 12 weeks in sub-acute/recovered COVID-19. Follow-up in the sub-acute/recovered population to 12 weeks is reassuring that participants did not experience increased symptoms that could later be diagnosed as post COVID-19 condition. 3) For individuals where exercise worsens symptoms or there is suspicion for post-exertional malaise, exercise or rest recommendations should be made under the supervision and guidance of a health care professional. Note: the CAN-PCC Collaborative is drafting separate recommendations on rest/pacing and exercise. 4) This recommendation does not apply to patients who have been told for other reasons that exercise is not recommended (e.g., diagnosed with myocarditis).

**See full Evidence to Decision table [here](#).**

**8. Do you have any concerns about this Draft Recommendation?**

- No concerns
- Minor concerns
- Major concerns

9. Do you have any comments about this Draft Recommendation?

### **Draft Recommendation #3**

**Recommendation 1:** The CAN-PCC Collaborative suggests against using chest x-rays in adults with suspected post COVID-19 condition and cardiopulmonary symptoms who were not hospitalized due to severe COVID-19 infection during the acute phase of their infection (conditional recommendation, very low certainty in the evidence). **Remarks:** If clinical suspicion high for a cardiopulmonary condition (e.g., pneumonia, pulmonary edema) a chest x-ray should be ordered. **Recommendation 2:** The CAN-PCC Collaborative suggests using chest x-ray tests in adults with suspected post COVID-19 condition and cardiopulmonary symptoms who were hospitalized due to severe COVID-19 infection during the acute phase of their infection (conditional recommendation, very low certainty in the evidence). **Remarks:** The benefits of this test are diagnosing or ruling out important conditions, such as a pneumonia, fibrosis/lung scarring or heart failure but not making a diagnosis of post COVID-19 condition.

**See full Evidence to Decision table [here](#).**

**10. Do you have any concerns about this Draft Recommendation?**

- No concerns
- Minor concerns
- Major concerns

**11. Do you have any comments about this Draft Recommendation?**



#### **Draft Recommendation #4**

The CAN-PCC Collaborative suggests not ordering C-reactive protein in adults with suspected post COVID-19 condition (conditional recommendation, very low certainty in the evidence). **Remarks:** This test may be used in a specific subgroup of people with suspected post COVID-19 condition, such as those with symptoms consistent with an autoimmune condition as it might have a prognostic role ([Enocsson et al., 2021](#)). Consideration may also be given to testing individuals presenting with symptoms associated with acute pericarditis ([Ashram et al., 2022](#)). In both of these clinical scenarios, the test would need to be accompanied by appropriate additional diagnostic tests.

**See full Evidence to Decision table [here](#).**

**12. Do you have any concerns about this Draft Recommendation?**

- No concerns
- Minor concerns
- Major concerns

**13. Do you have any comments about this Draft Recommendation?**

#### **Draft Recommendation #5**

The CAN-PCC Collaborative suggests the use of tools (i.e., Post-COVID-19 functional status scale, and EuroQol-5D [EQ-5D]) to evaluate adults with suspected post COVID-19 condition and dizziness and/or fatigue (conditional recommendation, very low certainty in the evidence). **Remarks:** The role of using these tools are increasing suspicion of post COVID-19 condition and important associated conditions often associated with post COVID-19 condition (e.g., myalgic encephalitis/chronic fatigue syndrome) while providing assessments of impact on quality of life and functional status, but not making a diagnosis of post COVID-19 condition.

**See full Evidence to Decision table [here](#).**

**14. Do you have any concerns about this Draft Recommendation?**

- No concerns
- Minor concerns
- Major concerns

**15. Do you have any comments about this Draft Recommendation?**

**Draft Good Practice Statement #6**

Caregivers of people with post COVID-19 condition should seek psychoeducational support for their well-being and caregiving capacity (ungraded good practice statement). **Remarks:** Psychoeducational supports include skills building, self-help, self-management, coping skills, or peer support. Individuals may utilize existing caregiver support programs for other chronic complex conditions.

**See full Good Practice Statement Framework [here](#).**

**16. Do you have any concerns about this Good Practice Statement?**

- No concerns
- Minor concerns
- Major concerns

**17. Do you have any comments about this Good Practice Statement?**

**Draft Recommendation #7**

The CAN-PCC Collaborative suggests against the use of taurine supplementation for people with post COVID-19 condition (conditional recommendation, very low certainty in the evidence).

**See full Evidence to Decision table [here](#).**

**18. Do you have any concerns about this Draft Recommendation?**

- No concerns
- Minor concerns
- Major concerns

**19. Do you have any comments about this Draft Recommendation?**

**Draft Recommendation #8**

In individuals with post COVID-19 condition and post-exertional malaise (PEM), the CAN-PCC Collaborative suggests cognitive behavioral therapy in addition to pacing (conditional recommendation, very low certainty in the evidence). **Remarks:** Cognitive behavioral therapy is a values-based intervention that relies on aligning with individual personal goals. The therapy should be tailored for each individual through collaboration between provider and patient to work within each individual's energy limit.

**See full Evidence to Decision table [here](#).**

**20. Do you have any concerns about this Draft Recommendation?**

- No concerns
- Minor concerns
- Major concerns

**21. Do you have any comments about this Draft Recommendation?**

## **Draft Research Recommendation #9**

The CAN-PCC Collaborative suggests in contexts where specialized services are available or being (re)introduced, these programs undergo formal evaluation by measuring their impact on key outcomes, costs and other considerations (research recommendation\*). **Remarks:** While research is being conducted or where specialised care services or primary care services are limited, people with post COVID-19 condition need health care support, education and/or disability support.

**See full Evidence to Decision table [here](#).**

*\*A research recommendation is a recommendation that should be only used in the context of a research setting.*

### **22. Do you have any concerns about this Draft Research Recommendation?**

- No concerns
- Minor concerns
- Major concerns

### **23. Do you have any comments about this Draft Research Recommendation?**



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Thank You

**Thank you for your valuable input!**

24. If you would like to be informed of the results of this guideline project and stay updated on the latest news regarding the CAN-PCC guidelines, please provide your email address:

25. If you would like to be contacted for future public input requests for the CAN-PCC guidelines project, please provide your email address:

*With best wishes,*

*The project team at the McMaster University GRADE Centre and Cochrane  
Canada*