

Long Covid-related Cognitive Impairment In The UK: Patient Experiences And Treatment Expectations

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Long COVID-related cognitive impairment leaves patients trying to preserve agency and daily function through self-management, often without adequate treatment support. Care should offer validation, cognitive rehabilitation, and life-stage-tailored interventions for younger and older adults.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	CONTACT
Persistent cognitive impairment is among the most disabling features of long COVID, yet no evidence-based treatments currently exist. Quantitative studies have documented prevalence and potential mechanisms, but little is known about how patients experience these deficits, navigate care, and form treatment preferences. Younger and older adults may face distinct challenges, including workplace disruption, stigma, fears of accelerated ageing, and misattribution of symptoms. We aimed to develop a theory explaining how adults with long COVID manage cognitive impairment and articulate expectations for care, comparing perspectives of younger and older adults in the UK.	We conducted a qualitative study using Charmaz’s constructivist grounded theory. Twenty-one UK adults with long COVID-related cognitive impairment (10 aged 25-38 years; 11 aged 60-72 years) participated in semi-structured online interviews. Participants were recruited through the Long COVID Support charity. Interviews explored lived experience, coping strategies, healthcare interactions, and preferences for pharmacological and non-pharmacological treatments. Data were analysed iteratively using line-by-line coding, constant comparison, focused and theoretical coding, and memo-writing. Sampling and analysis proceeded until theoretical saturation was achieved.	Across generations, participants described a core process of “striving for agency in the face of cognitive impairment.” In the absence of effective treatments, individuals constructed personalised self-management systems, including memory aids, pacing, and structured routines, effectively improvising home-based cognitive rehabilitation. Healthcare encounters were marked by appreciation for validation but frustration with the lack of tangible treatment options. Younger adults were more proactive in seeking experimental therapies and research participation, driven by concerns about career and family roles, whereas older adults emphasised pragmatic adaptation and preservation of independence, often expressing caution toward pharmacological interventions.	Long COVID-related cognitive impairment is navigated through an ongoing effort to preserve agency, identity, and function. Findings support a patient-centred framework grounded in validation, rehabilitation, and innovation. Health services should expand access to cognitive rehabilitation and psychosocial support, while clinicians should legitimise patients’ experiences. Future research should prioritise both pharmacological and non-pharmacological interventions informed by patient priorities and life-stage needs, enabling care that is holistic, individualised, and responsive to this emerging post-viral condition.	d.shan@lancaster.ac.uk  ALZHEIMER'S ASSOCIATION AAIC 26