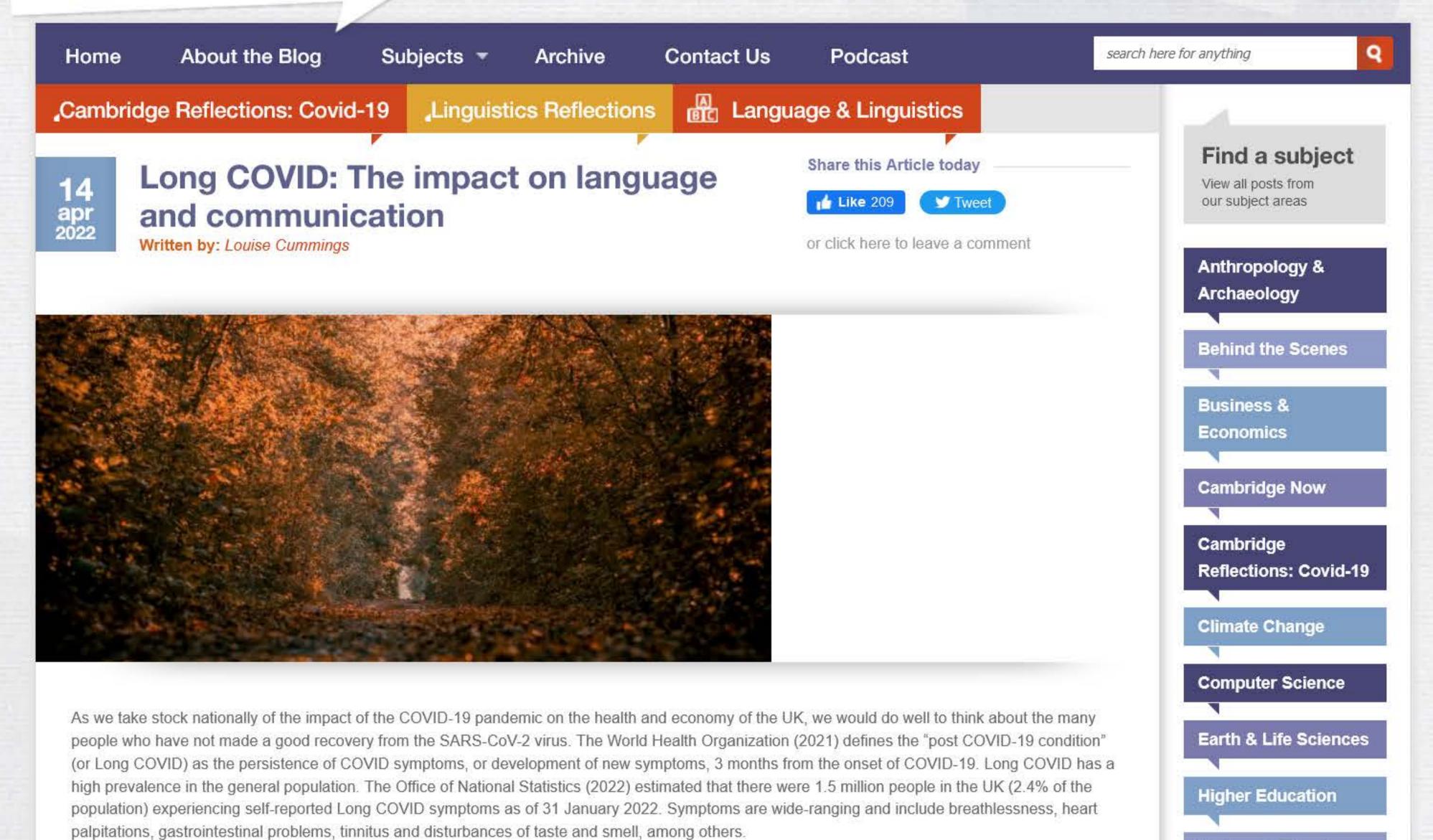
# fifteen eightyfour Academic Perspectives from **Cambridge University Press**

Cummings, L. (2022, April 14). Long COVID: The impact on language and communication. [Blog post]. Retrieved from http://www.cambridgeblog.org/2022/04/long-covid-the-impact-onlanguage-and-communication/.

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One group of symptoms, referred to as "brain fog", describes a constellation of cognitive and linguistic difficulties that are experienced by many people with Long COVID. Davis et al. (2021) recorded cognitive symptoms, including problems with memory, in approximately 88% of adults of all ages in a study of 3,762 people with COVID illness lasting over 28 days. Symptoms of brain fog often only became apparent when physical symptoms begin to improve and adults with Long COVID attempt to resume work duties and other roles. Brain fog in Long COVID is of relevance to speech and language therapists because it often manifests itself in language and communication difficulties.

In early 2022, the author conducted a survey of 973 adults with Long COVID to examine the prevalence of self-reported communication difficulties in this condition and to assess the impact of these difficulties on daily functioning and quality of life. Of 11 language difficulties investigated, all but two were reported to be problematic by over 50% of survey respondents (Cummings, 2022). The most common language problem was word-finding difficulty which was reported by 93.1% of respondents. Respondents also reported finding reading difficult (61.7%), mixing words up and producing incorrect words (72.4%), and veering off topic in conversation and being unable to get back on track (50.8%). Additionally, 83.2% of respondents reported feeling frustrated by their communication skills since developing COVID-19, and 54.9% reported feeling embarrassed by their communication problems. The occupational impact of these communication difficulties was considerable, with only 22.8% of respondents stating that they met the communication needs of their job following COVID-19. As confirmation of that impact, only 2.4% of respondents were not working due to disability before developing COVID-19. This increased to 32.5% after COVID-19.

These self-reported communication problems are confirmed by the results of language assessment in adults with Long COVID (Cummings, 2022). To date, the author has recorded 102 adults with COVID-19 as they completed a series of 12 tasks: (1) immediate verbal recall; (2) delayed verbal recall; (3) picture description; (4) sentence generation; (5) letter fluency; (6) category fluency-animals; (7) category fluency-vegetables; (8) narration with pictorial support; (9) narration without pictorial support; (10) procedural discourse-sandwich making; (11) procedural discourse-letter writing; and (12) confrontation naming. Adults with Long COVID displayed significant cognitive-linguistic disruption relative to healthy participants in three areas: immediate and delayed verbal recall; verbal fluency; and discourse informativeness. What is striking about these difficulties is their persistence after acute COVID-19 infection. The average time between assessment and onset of COVID-19 symptoms in these adults was 366.7 days or 12.2 months. It seems that cognitive-linguistic difficulties in Long COVID can have a particularly protracted course.

Difficulty producing informative discourse during picture description and narration did not arise because of deficits in language encoding. Adults with Long COVID had the grammatical and lexical structures needed to produce linguistic utterances - performance on sentence generation and confrontation naming tasks, for example, was in the normal range. Rather, their discourse problems were related to higher-level cognitive-linguistic processes that allowed them to plan and sequence events in a narrative, draw inferences about the mental states of characters, and establish temporal and causal relations between actions. These difficulties are quite unlike the grammatical and other linguistic deficits in a primary language disorder such as aphasia. Since they arise secondary to cognitive processing problems, they have the character of a cognitive-communication disorder. Speech and language therapists are more familiar with cognitive-communication disorders in the context of conditions such as right-hemisphere damage, traumatic brain injury, and neurodegeneration. It now appears likely that they also arise as a post-viral effect of SARS-CoV-2 infection.

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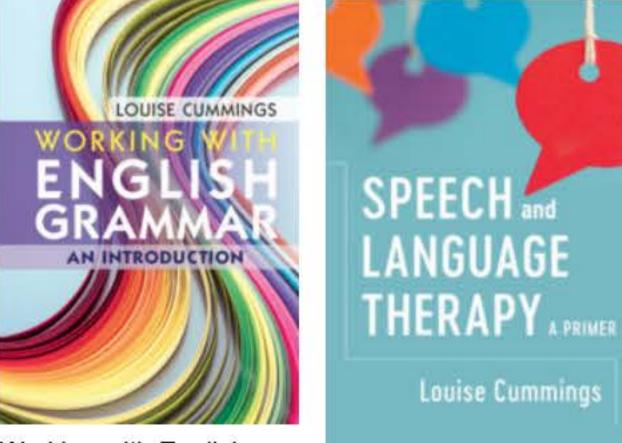
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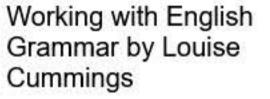
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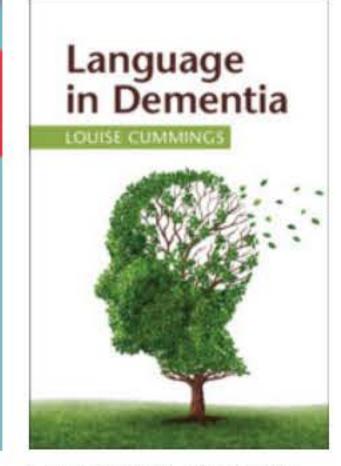
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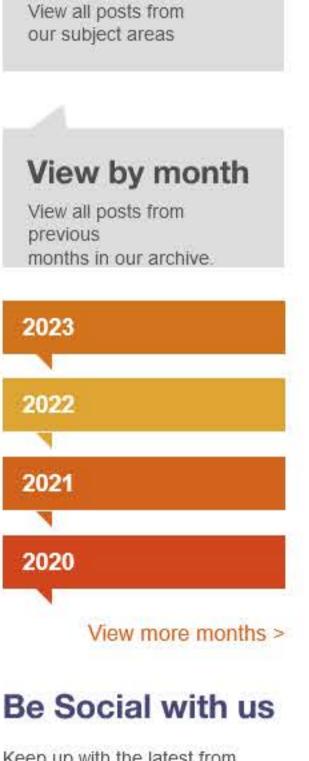
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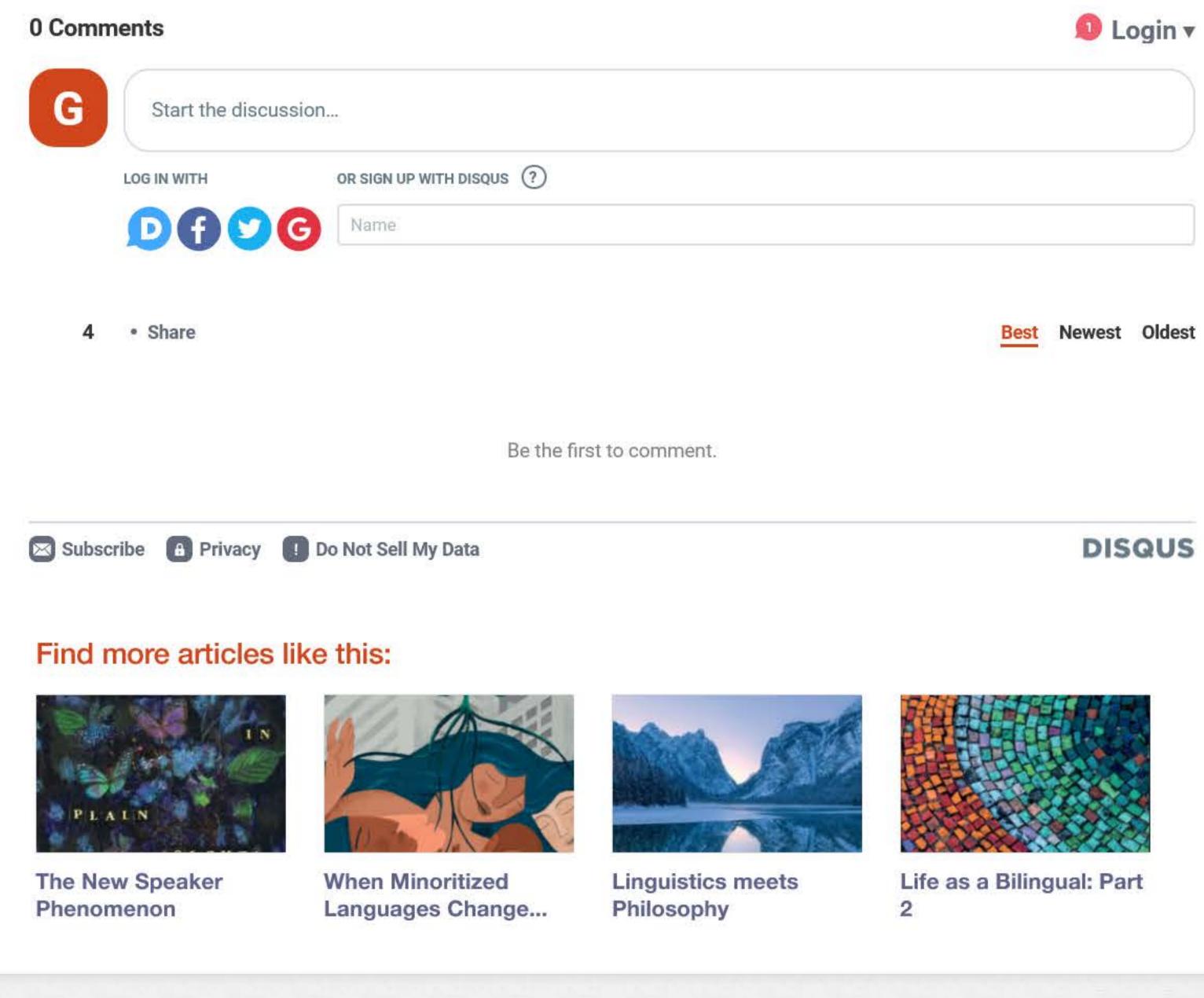
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