

Review of: "“I can’t cope with multiple inputs”: Qualitative study of the lived experience of ‘brain fog’ after Covid-19"

Tom Kingstone¹

¹ Keele University

Potential competing interests: The author(s) declared that no potential competing interests exist.

Overview

Long COVID continues to cause concern for people living with ongoing symptoms following COVID-19 infection and for healthcare professionals and services seeking to provide appropriate treatment advice and support for patients. Further research to enhance the existing evidence base for Long COVID is therefore welcome. This paper offers novel qualitative insights to support our understanding of a key symptom of Long COVID, referred to widely as ‘brain fog’. A rigorous approach to the research is described with in-depth views from a large and diverse sample. Appropriate theoretical literature is considered to support the interpretation and wider application of findings. Clear implications are stated for patients and healthcare services.

Strengths of the paper

- Comprehensive summary of existing research and clear rationale for exploration of the phenomena: ‘brain fog’
- Large qualitative sample
- Sampling strategy supported inclusion of males and people from minority ethnic groups to address previous limitation in the sample
- Relevant incorporation of theory from literature on chronic illness, disability, stigma, identity and burden of treatment
- Research has clear implications are stated for healthcare building on existing recommendations
- Patient and public involvement and engagement is demonstrated

Limitations / areas for further consideration

- Manuscript includes some minor typographical errors
- Manuscript includes some minor inconsistencies in reference to: long Covid, long COVID
- Participants recruited predominantly via social media, which the authors acknowledge as a limitation
- The approach to analysis is not clearly stated nor is it justified (e.g. grounded theory, thematic, narrative, interpretative phenomenological analysis). It is therefore a little unclear what the authors are intending to achieve through constant comparison (i.e. to produce a grounded theory?)
- Currently unclear how the multi-disciplinary team contributed to analysis, would be helpful to have this described in the main text
- In Table 1. a column for ‘theme’ or ‘category’ would be helpful to support readability and cross-referencing from table to

main text

- The authors actively addressed shortcomings in the recruitment of people from minority ethnic groups, but ethnicity did not seem to factor as a source of comparison in the analysis despite health inequalities often experienced by members of these communities (as demonstrated in other studies on COVID-19). Similarly, were comparisons of narratives from members of different age group considered? Keen to understand how older adults in particular (and in comparison) perceived memory problems and whether they themselves or others normalised these experiences?