

Results Participants' median age was 35 years and 56% were in paid employment. Findings show that participants displayed emotional responses to COVID-19 pandemic disruptions of their food purchasing and dietary behaviours. Anxiety was common, with many feeling anxious about not acquiring enough or preferred foods for their families; contracting COVID-19 while food shopping; or needing to balance food costs, meal/snack variety and health. Frustration was also widespread, particularly about those who stockpiled; the poor availability of products which caused challenging situations at family mealtimes; shoppers who did not respect social distancing rules; and queues/one-way systems that made food shopping longer or less successful. These negative emotions were balanced against feelings of empathy, altruism, and pleasure. Many participants were understanding of government and supermarket restrictions or took the risk of shopping in-store to leave delivery slots for vulnerable customers or to help neighbours. Several women enjoyed leaving the house/family to go food shopping but missed being able to browse for meal ideas; others liked having more family meals and time to cook healthier dishes together.

Conclusion Strategies to improve food purchasing and diet may be enhanced if positive emotions, like pleasure in families cooking and eating together, are targeted. As communicating the necessity for COVID-19 rules increased the public acceptance of these restrictions, a similar approach could be adopted for government policies to improve supermarket environments that may disrupt shoppers' routines but are necessary to improve shopping patterns.

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CHARACTERISTICS OF LONG COVID: FINDINGS FROM A SOCIAL MEDIA SURVEY

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Background Many people are not recovering for months after being infected with COVID-19. Long Covid (LC) is a major public health problem that needs defining, quantifying and describing. We aimed to explore and develop understanding of LC symptoms following mild/moderate COVID-19 infection and describe its impact on daily life.

Methods The survey was co-produced with people living with LC. Data was collected through an online social media survey mostly from online support groups using convenience non-probability sampling. The criteria for inclusion were adults with lab-confirmed or suspected COVID-19 infection managed in the community (non-hospitalised) in the first two weeks of illness. We used agglomerative hierarchical clustering to identify specific symptom clusters, and their demographic, and functional correlates.

Results Data from 2550 participants with a median duration of illness of 7.7 months (interquartile range (IQR) 7.4–8.0)

was analysed. The mean age was 46.5 years (standard deviation 11 years) with 82.8% females and 79.9% UK-based. 90% reported good, very good or excellent health prior to infection. Most participants described fluctuating (57.7%) or relapsing LC symptoms (17.6%). The most common initial symptoms that continued were exhaustion, headache, chest pressure/tightness and breathlessness. Cough, fever and chills were prevalent initial symptoms that became less so as the illness progressed. Cognitive dysfunction and palpitations became more common beyond the acute phase. 26.5% reported lab-confirmation of infection (NAAT or antibody). The biggest difference in symptoms between those who reported testing positive and those who did not was loss of smell/taste. Physical activity, stress and sleep disturbance were the most common symptom triggers. A third (32%) reported they were unable to live alone without any assistance at six weeks from start of illness. 66.4% reported taking time off sick, (median 60 days, IQR 20, 129). 37% reported loss of income due to illness. Eighty four percent of participants reported ongoing symptoms affecting at least three organ systems. There were two main ongoing symptoms clusters; the majority cluster (88.7%) exhibited mainly chest, cognitive symptoms and exhaustion, and the minority cluster (11.3%) exhibited multi-system symptoms which had persisted from the start. The multi-system cluster reported more severe functional impact.

Conclusion This is an exploratory survey of LC characteristics. Whilst it is a non-representative sample, it highlights the heterogeneity of persistent symptoms, and the significant functional impact. To better characterise ongoing illness and prognosis, research is needed in a representative population-sample using standardised case definitions (to include those not lab-confirmed in the first pandemic wave).

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MANAGING DISRUPTION AT A DISTANCE: UNEQUAL EXPERIENCES OF PEOPLE LIVING WITH LONG-TERM CONDITIONS DURING THE COVID-19 PANDEMIC

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Rationale COVID-19 'lockdown' restrictions profoundly disrupted lives and often adversely affected health and wellbeing. Those who are clinically more vulnerable to COVID-19 due to living with long term conditions (LTCs) were at most risk of negative impacts on their health and wellbeing, including in relation to their LTC self-management strategies. This study explores how people managed their LTCs, health and wellbeing under social distancing restrictions and self-isolation during the first wave of the COVID-19 pandemic, and examines why some people managed better than others.

Methods Telephone interviews were conducted between 11th May and 13th July 2020 with people (n=44) aged 40 to 75 living in an urban and largely deprived area of North East England with one or more of eight LTCs, often including types 2 diabetes. Audio recorded interviews lasted

between 20–120 minutes with an average of 50 minutes. Data were descriptively coded with the assistance of Nvivo 12 software and analysed using a social constructivist thematic analysis.

Results We found that while some deployed a range of capitals and/or etched out tactics to make life habitable, others experienced ‘zones of impossibility’ in which current health and wellbeing deteriorated and tangible futures retreated from view. Our analysis highlights inequalities amongst people with LTCs, and in particular regarding access to greenspace, exercise social and digital connection. Those people who were instructed to shield, had complex health issues, difficult life

circumstances, or were living in the most disadvantaged situations were less able to deploy various forms of capital to cope with the lockdown, or to etch out tactics to mitigate negative effects. However, regardless of their circumstances, people expressed an attitude of ‘getting on with it’ and ‘just coping’ because they perceived others as in ‘the same boat’ or ‘worse off’ than themselves.

Conclusion Our findings demonstrate the impact of inequalities on the management of long term conditions during social isolation, and highlight the importance of outdoor mobility, exercise and social support for managing wellbeing and health.