

LONG COVID - Editorial

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“All too often we focus on saving lives but neglect the needs of the survivors”

The covid-19 pandemic has killed over 1.6 million people worldwide, caused the worst healthcare crisis of this century, and put a huge dent in our economies. **Long COVID**, also known as **Chronic COVID Syndrome (CCS)** and **Long-Haul COVID**,^{1,2,3} is the name for the condition characterised by long-term sequelae that are persisting after the typical convalescence period of coronavirus disease 2019 (COVID-19). Anyone infected with SARS-CoV-2 can suffer from “Long COVID”, even if the initial disease at its peak only caused minor symptoms. The risk of long COVID, makes it important to prevent coronavirus infection and master the pandemic through measures including social distancing, use of face masks, and of personal protective equipment by those working with patients,⁴ hand cleaning, and vaccination.

Details of how many people are affected by long Covid are still emerging, but research suggests around one in five people who test positive for Covid-19 have symptoms for five weeks or longer. For around one in ten people, they last 12 weeks or longer. Unfortunately, currently there is no way to predict how long recovery from covid will take. It’s important to note that this isn’t unique to Covid-19 other viral illnesses also have lasting effects. Experience from other viruses suggests that most symptoms should go within three months, while tiredness may last up to six months. But that may not apply to everyone. Long Covid is not contagious. Long Covid symptoms are caused by the body’s response to the virus continuing beyond the initial illness.

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The final NICE-SIGN-RCGP guideline, published on Dec 18, 2020,⁴ should provide clear information on what is and is not known about the natural history of long COVID, provide guidance for health-care workers to identify cases. The following clinical definitions have been given

- **Acute COVID-19** : signs and symptoms of COVID-19 for up to 4 weeks.
- **Ongoing symptomatic COVID-19** : signs and symptoms of COVID-19 from 4 to 12 weeks.
- **Post-COVID-19 syndrome** : signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis.

Persistent symptoms include fatigue, headaches, shortness of breath, anosmia (loss of smell), muscle weakness, joint pains, low grade fever, loss of taste, skin rash, hair loss, paraesthesia, new onset diabetes or hypertension, changes in mood, sometimes accompanied by depression, sleep difficulties and cognitive dysfunction (brain fog). For some, it can seem like a cycle of improving and then getting worse again. In addition to lung scarring Covid -19 can cause other life-changing complications as it increases the risk of blood clots, leading to deep vein thrombosis, heart attacks and stroke. Less commonly, it can cause heart muscle inflammation and heart rhythm disturbances.

Accurate assessment, diagnosis, treatment, and rehabilitation are especially important given the increasing evidence of organ pathology and impairment.⁶ With preliminary findings from 201 patients in a prospective, longitudinal, observational study suggesting that up to 66% of people with long Covid have organ damage and 25% have damage to multiple organs.⁷

An early analysis by the United Kingdom’s National Institute for Health Research suggests that ongoing long Covid symptoms may be due to four syndromes

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Permanent damage to the lungs and heart,
Post-intensive care syndrome,
Post-viral fatigue syndrome, and
Continuing COVID-19 symptoms.

Risk factor for long COVID may include age, female gender, obesity, asthma, COPD and Reporting more than five symptoms (e.g. more than cough, fatigue, headache, diarrhoea, loss of sense of smell) in the first week of COVID-19 infection In the study done at Government medical College, Nagpur by Dr. Ashish Nimsarkar et al, high proportion of individuals reported fatigue (75.5%), dyspnea (70%), anosmia (55.5%) and myalgia (62%) at 3 months of followup. The persistence of symptoms was significantly more in those with severe disease at onset.

Long Covid clinics are being rolled out across various institutes to help these patient cope up with their symptoms. Multi-disciplinary assessments by respiratory physicians, cardiologists, neurologists, nephrologist, general physicians (from primary care or rehabilitation medicine), neuropsychologists or neuropsychiatrists, physiotherapists, occupational therapists, speech and language therapists, and

dieticians are all required. Clear guidance on optimal management of the patients with personalised management plans shall help them cope up with their problems.

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