

Covid-19

----- Guidance for practices



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Please be aware that this is a rapidly evolving situation.

Long Covid

Long Covid was defined as “not recovering [for] several weeks or months following the start of symptoms that were suggestive of Covid, whether you were tested or not” by Dr Nisreen Alwan, Associate Professor of Public Health, University of Southampton, [speaking during a BMJ webinar](#). Dr Alwan added that “Profound fatigue was a common symptom in most people with Long Covid ... a wide range of other symptoms included cough, breathlessness, muscle and body aches, and chest heaviness or pressure, but also skin rashes, palpitations, fever, headache, diarrhoea, and pins and needles. A very common feature is the relapsing, remitting nature of the illness, where you feel as though you’ve recovered, then it hits you back.”

The [Covid-19 Discover Study](#) in Bristol found that: “three quarters of a group of patients who received care for coronavirus were still suffering ongoing symptoms three months later. 81 out of 110 discharged patients were still experiencing symptoms such as breathlessness, excessive fatigue and muscle aches when invited back to clinic. Many were also suffering from poor quality of life compared to the rest of the population, struggling to carry out daily tasks such as washing, dressing or going back to work. Most of the patients did, however, report improvements in their initial symptoms of fever, cough and loss of sense of smell. Reassuringly, the majority of patients had no evidence of lung scarring or reductions in lung function.”

[A BMJ article](#) describes Post-acute Covid-19 (“Long Covid”) as a “multisystem disease, sometimes occurring after a relatively mild acute illness” and describes the “whole-patient” clinical management of a “patient who has a delayed recovery from an episode of Covid-19 that was managed in the community or in a standard hospital ward. Broadly, such patients can be divided into those who may have serious sequelae (such as thromboembolic complications) and those with a non-specific clinical picture, often dominated by fatigue and breathlessness. The specialist rehabilitation needs of a third group, Covid-19 patients whose acute illness required intensive care,” was not covered. The article stated that “around 10% of patients who have tested positive for SARS-CoV-2 virus remain unwell beyond three weeks, and a smaller proportion for months.” It acknowledged that “it is not known why some people’s recovery is prolonged. Persistent viraemia due to weak or absent antibody response, relapse or reinfection, inflammatory and other immune reactions, deconditioning and mental factors such as post-traumatic stress may all contribute”.

The [BMJ visual included in the article](#) summarises the management of Long Covid in Primary Care.

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The article goes on to say: “For patients who were not admitted to intensive care, British Thoracic Society (BTS) guidance on follow-up of Covid-19 patients who have had a significant respiratory illness proposes community follow-up with a chest x ray at 12 weeks and referral for new, persistent, or progressive symptoms. For those with evidence of lung damage (such as persistent abnormal chest x ray and oximeter readings), referral to a respiratory service is recommended; subsequent early referral to pulmonary rehabilitation probably aids recovery”. The BTS website has template letters for respiratory consultants to send to patients post hospital discharge.

The [Outcomes of cardiovascular MRI in patients recently recovered from Covid-19](#) study concluded that “in patients recently recovered from Covid-19 infection, CMR revealed cardiac involvement in 78 patients (78%) and ongoing myocardial inflammation in 60 patients (60%), independent of pre-existing conditions, severity and overall course of the acute illness, and time from the original diagnosis. These findings indicate the need for ongoing investigation of the long-term cardiovascular consequences of Covid-19.”

A letter from [doctors as patients, who had had personal experience of Long Covid](#), was published in the BMJ on 15 September 2020 and stated that “prolonged symptoms are having a substantial impact on a significant minority of people and acknowledging that death is not the only outcome to measure. We argue that further research into chronic Covid-19 symptoms is essential. Failure to understand the underlying biological mechanisms causing these persisting symptoms risks missing opportunities to identify risk factors, prevent chronicity, and find treatment approaches for people affected now and in the future.” They called for “The establishment of one-stop clinics will allow pattern recognition and expertise to develop among clinicians identifying and managing sequelae of Covid-19. These clinics should reflect the multisystem nature of Covid-19 and involve multidisciplinary teams with access to relevant investigations to detect known complications of Covid-19 as indicated after clinical review.”