

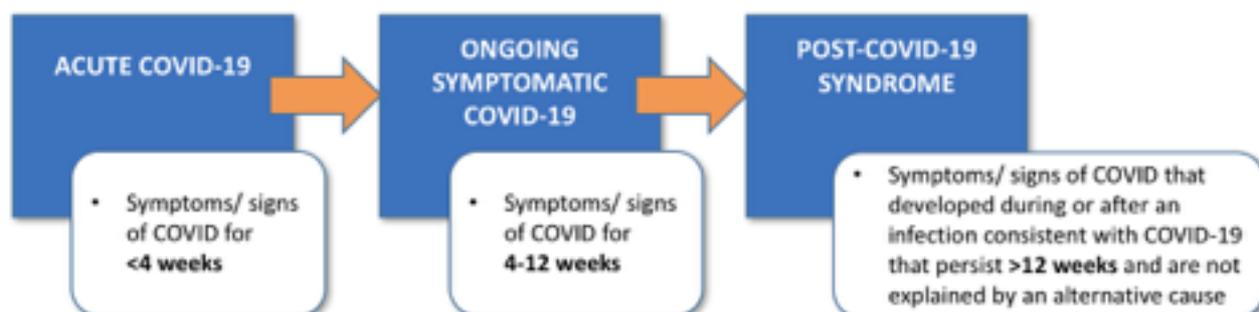
# POST-COVID-19 SYNDROME

Key points for diagnosis and management...



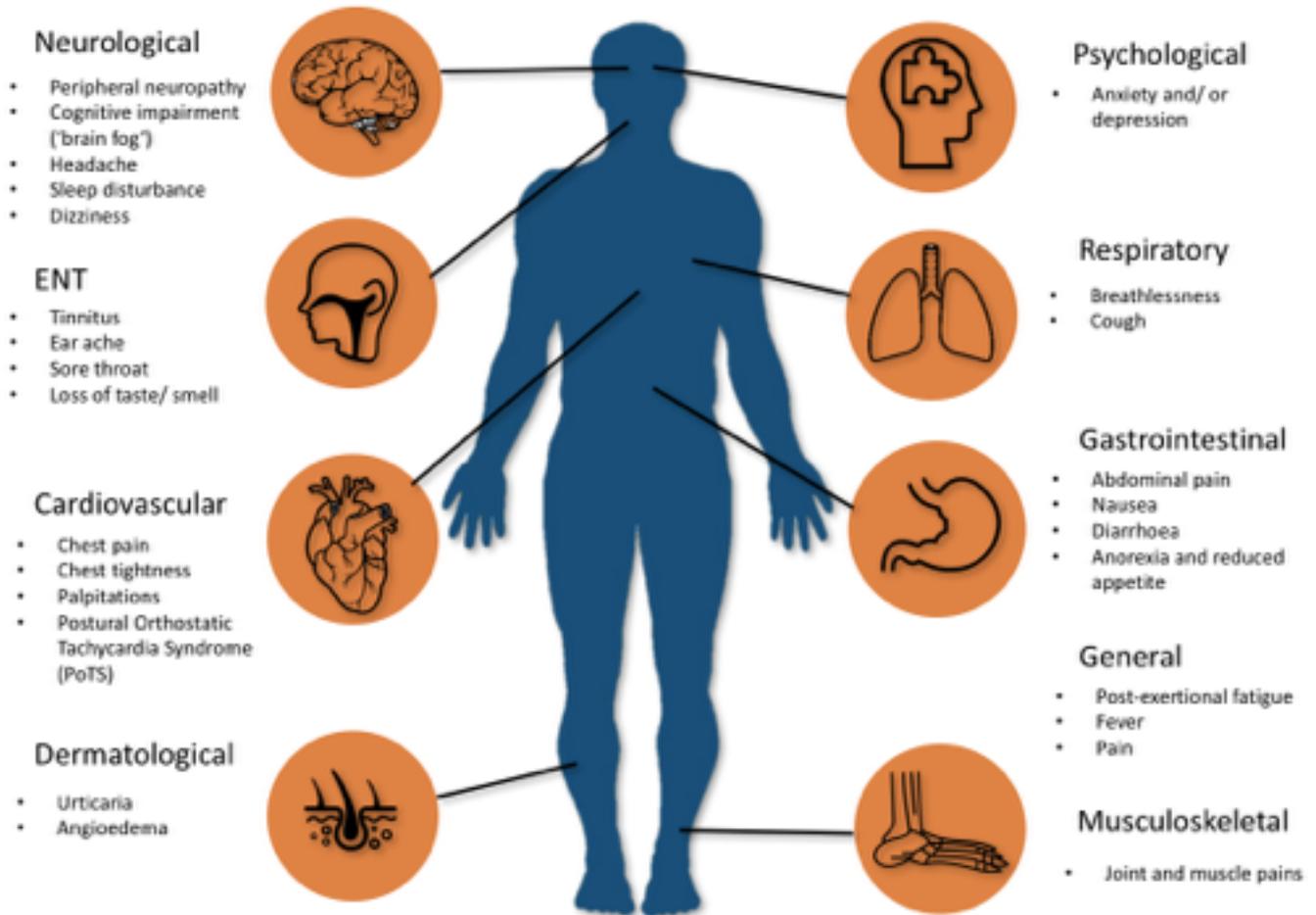
Welcome to the third of twelve newsletters, highlighting research that addresses the top challenges currently facing general practice...

After even a mild infection with COVID-19, some patients report a range of multi-system symptoms, which can fluctuate and last for long periods. Most people will fully recover from COVID-19 after 12 weeks, but when symptoms persist beyond this time and are not explained by an alternative diagnosis, post-COVID-19 syndrome can be diagnosed. NICE, the RCGP and SIGN have produced joint guidelines on the management of post-COVID-19 syndrome. This newsletter summarises evidence from this guideline (1), in addition to related recent primary care research.



**A positive test is not essential to consider a diagnosis of post-COVID-19 syndrome due to potential false negative results or a lack of community testing available at the time of illness.**

Post-COVID-19 syndrome is a multi-system problem with a variety of presentations. Some of the common symptoms are outlined below.



Current theories to explain post-COVID-19 syndrome include system-wide inflammation as occurring in acute COVID-19 syndrome, micro-emboli, direct viral toxicity, endothelial damage, micro-vascular injury or autoimmune dysfunction (1). The severity of the initial acute COVID-19 illness is not linked to the likelihood or severity of post-COVID-19 syndrome.

A recent systematic review was conducted to identify the prevalence of prolonged symptoms after COVID-19 infection (2). 36 observational studies met the inclusion criteria. 56% participants (CI 34-72%) reported persistence of one or more symptoms beyond 12 weeks after COVID-19 diagnosis. The quality of evidence was low, suggesting further research is needed.

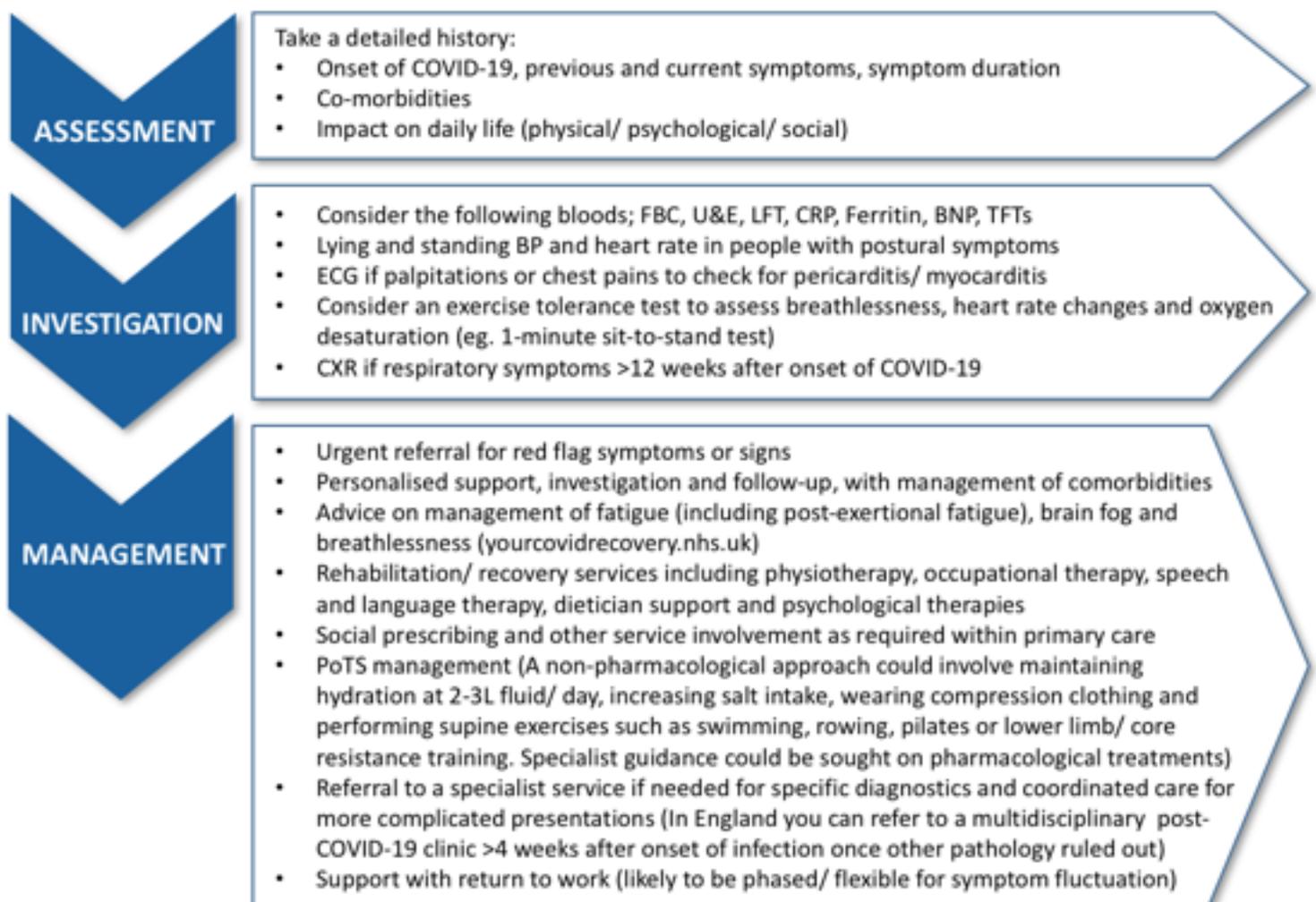
A population-based cohort study analysed data from 96% English population to describe the use of codes for post-COVID-19 syndrome (3). Coding was found to be low compared to early reports of the prevalence of post-COVID-19 syndrome. This could have reflected under-coding, suboptimal communication of clinical terms, under-diagnosis, a true low prevalence of post-COVID-19 syndrome diagnosed by clinicians, or a combination of these factors.

## It is important not to miss other diagnoses by wrongly attributing every symptom to post-COVID-19 syndrome

It is important to fully assess, appropriately investigate, support and manage a person with suspected post-COVID-19 syndrome, as outlined below. It is vital to first rule out symptoms requiring immediate referral (4).

### Symptoms requiring immediate referral:

- Severe hypoxaemia/ oxygen desaturation on exercise.
- Signs of severe lung disease.
- Cardiac chest pain.
- Severe psychiatric symptoms/ risk of suicide.
- Multisystem inflammatory syndrome in children.



A qualitative study used semi-structured interviews to explore the experiences of 24 people with persistent symptoms following COVID-19 infection and their views on primary care support (5). Participants emphasised the importance of finding the 'right' GP, who believed their symptoms and demonstrated empathy and understanding. Ongoing support by primary care professionals during recovery and rehabilitation was found to be crucial.

This includes support to return to work, which may be impeded by symptoms of post-COVID-19 syndrome. Ongoing symptoms such as fatigue, breathlessness and brain fog could cause functional impairment and impede travel to work. The Faculty of Occupational Medicine have published guidelines to support healthcare professionals when discussing a return to work with patients who have post-COVID-19 syndrome (6).

## 12-15% of children may have symptoms lasting over 5 weeks after acute infection with COVID-19

It is important to recognise that persistent symptoms after COVID-19 infection can affect both adults and children. ONS data suggest that 12-15% of children may have symptoms lasting over 5 weeks after acute infection with COVID-19. As paediatric services review more patients with this condition, it is hoped that GPs will be provided with the resources they need to support families where children are affected. In the interim, it is important that parents feel listened to, and children have their experiences validated. GPs should show interest in the experiences of the family and offer support, help and referral (7).

**Thank you to Professor Carolyn Chew-Graham for her contributions to this newsletter.**

## References

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# HIGHLIGHTS FROM WISEGP

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## Patient Resource

WISEGP aims to help patients and clinicians work together to find an answer that is right for both. **Please consider sharing the link below on your practice website or via social media**, where there are resources to support patients to prepare for an appointment, find information about their health problems, be involved in making treatment decisions and help to improve care for others.

<https://www.wisegp.co.uk/wisepatients>



## WISE GP Podcast- Episode 3

In the third podcast, host Johanna Reilly talks to Professor Stewart Mercer about the inverse care law and primary care in areas of socioeconomic deprivation.

The podcast is available to download on our website and from several major podcast hosts. Please have a listen and let us know if you like it, and if you would like to be a guest or have any guest suggestions!

<https://www.wisegp.co.uk/wisereads>



Over a series of twelve newsletters we will be focussing on research addressing the top challenges currently facing general practice. If you haven't already, please sign up to receive regular WiseGP newsletters at <https://www.wisegp.co.uk/>.

In our next newsletter we will be focusing on how to attract/ educate the next generation of GPs...

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