

# Post covid-19 syndrome

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# Long Covid-19

- Fever (83-99%)
- Cough (59-82%)
- Fatigue (44-70%)
- Anorexia (20-84%)
- SOB (31-40%)
- Myalgia (11-35%)
- Others: anosmia, loss of taste, GI, headache

# Who gets Long Covid-19?

- Factors that appear to be associated with a greater risk of suffering from “Long COVID-19” appear to be:
- Increasing age
- Excess weight/ obesity
- DM-2 ,COPD,CKD
- Patients on immunosuppression medication ,organ transplant recipients
- Multiple symptoms at presentation

# Fever

- May be treated symptomatically with Paracetamol or non-steroidal anti-inflammatory drugs.
- Monitoring functional status in post-acute covid-19 patients is not yet an exact science.

# Chest Pain

Chest pain is common in post-acute covid-19 syndrome approximate incidence 12 to 44 %. The clinical priority is to separate musculoskeletal and other non-specific chest pain from serious cardiovascular conditions.

Cardiopulmonary complications include myocarditis, pericarditis, myocardial infarction, dysrhythmias, and pulmonary embolus; they may present several weeks after acute covid-19. They are commoner in patients with pre-existing cardiovascular disease

# Cough

- chronic cough as one that persists beyond eight weeks. Up to that time, and unless there are signs of super-infection or other complications such as painful pleural inflammation, cough seems to be best managed with simple breathing control exercises and medication where indicated.

# Thromboembolism

- Covid-19 is an inflammatory and hypercoagulable state, with an increased risk of thromboembolic events.
- Many hospitalized patients receive prophylactic anticoagulation. thromboprophylaxis.
- If the patient has been diagnosed with a thrombotic episode, anticoagulation and further investigation and monitoring should follow standard guidelines.

# Neurological Sequelae

- Ischemic stroke, seizures, encephalitis, and cranial neuropathies have been described after covid-19, but these all seem to be rare.
- A patient suspected of these serious complications should be referred to a higher centre.
- Common non-specific neurological symptoms, which seem to co-occur with fatigue and breathlessness, include headaches, dizziness, and cognitive blunting (“brain fog”).



# Breathlessness

- A degree of breathlessness is common after acute covid-19. Severe breathlessness, which is rare in patients who were not Hospitalised, may require urgent referral. Breathlessness tends to improve with breathing exercises .
- Pulse Oximeters may be extremely useful for assessing and monitoring respiratory symptoms after covid-19.
- An exertional desaturation test should be performed as part of baseline assessment for patients whose resting pulse oximeter reading is 96% or above but whose symptoms suggest exertional desaturation (such as light-headedness or severe breathlessness on exercise).

- Typically, oxygen saturation (pulse oxymeter) would be a daily reading taken on a clean, warm finger without nail polish, after resting for 20 minutes; the device should be left to stabilize and the highest reading obtained should be recorded.

# Fatigue

- The profound and prolonged nature of fatigue in some post-acute covid-19 patients shares features with chronic fatigue syndrome described after other serious infections including SARS, MERS, and community acquired pneumonia.
- We found no published research evidence on the efficacy of either pharmacological or non-pharmacological interventions on fatigue after covid-19.
- Patient resources on fatigue management and guidance for clinicians on return to exercise and graded return to performance for athletes in covid-19 are currently all based on indirect evidence.

# Fatigue Management

which may include:

- Energy management - 3 P's: plan, priorities and pace,
- Anxiety- Re-assure normal for fatigue after viral infection
- Routine Gentle activity within self assessed limitation Physical activity advice
- Rest and Sleep
- Hydration and nutrition
- Pain

## British Medical Journal Upto Date 2021

### Early Post COVID-19

4 सप्ताह से 12 सप्ताह तक  
बुखार 15 से 87 %  
कमजोरी 15 से 87 %  
सांस फूलना 10 से 70 %  
छाती में दर्द 12 से 44 %  
खांसी 17 से 34 %

मन उदास रहना 22 से 23 %  
मेमोरी की समस्या 18 से 21 %  
जोड़ों में दर्द, सिर दर्द  
नींद नहीं आना, पसीना आना  
दस्त, हाथ-पैरों में जकड़न

### Long Post COVID-19

12 सप्ताह से ज्यादा  
कमजोरी 15 से 87 %  
कमजोरी 15 से 87 %  
सांस फूलना 10 से 75 %  
खांसी 17 से 34 %

### हाई रिस्क ग्रुप :

श्व्वास रोगी ( COPD ), हृदय रोगी, डायबिटीज  
गुर्दा रोगी, मोटापा, 60 वर्ष से अधिक उम्र वाले रोगी  
इस तरह के मरीज में Post COVID-19 की समस्या ज्यादा रहती है

**मरीजों में निम्न लक्षण हो तो तुरन्त डॉक्टर से सम्पर्क करें :-**

एक दम से सांस फूलना, बैठने या चलने पर  
सांस लेने पर छाती में तेज दर्द व जकडन होने पर  
दिल की धडकन  $>100/\text{Min}$  बढ़ने व  $<50/\text{Min}$  घटने पर  
चक्कर व हाथ, पैरों में सूजन  
अचानक से ऑक्सीजन सेचुरेशन  $<90\%$  से नीचे जाना

**मरीजों को ध्यान रखने योग्य बातें**

रोजाना पल्स ऑक्सीमीटर से शरीर का ऑक्सीजन दिन में 3-4 बार चेक करे।  
प्रोटीन युक्त भोजन करे।  
अनावश्यक तनाव से बचे।  
धूमपान व शराब का सेवन न करें।  
व्यायाम करे और शारीरिक परेशान न होने दे।  
समय-समय पर डॉक्टर से परामर्श लें।  
अच्छी नींद ले।

Thank you