COVID-19: updates on follow-up & long-term effects

July 16th2020

**STRATEGY UNIT RAPID SCAN**

**Title:** REHABILITATION NEEDS AND POST-ICU RECOVERY FOR SEVERE COVID-19 PATIENTS: RAPID SCAN 2: UPDATED 26th JUNE

Source: The Strategy Unit | Updated 9th July 2020

**Rapid reviews**  
[**What is the psychological impact of COVID-19 on patients recovering from the disease who need rehabilitation?**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=533b44f550&e=87eaa0b9d4)Reynolds J & Leen B. HSE Library.  
There is limited data on the psychological impact of COVID-19 on patients recovering from the disease. Available studies so far list reduced sleep quality, depression, anxiety and post-traumatic stress disorder (PTSD) as the main symptoms. Evidence from previous SARS and MERS epidemics support this pattern, as do studies looking at survivors of critical illness. Follow-up data in these patient groups reported symptoms of anxiety, depression, and PTSD ranging from 15% to 44%17. One recent multi-centre Chinese study found self-reported PTSD symptoms in 96% of recovered COVID-19 patients. Data from the SARS outbreak show that stress and other psychiatric symptoms persisted long term. In COVID-19, a small number of randomised controlled trials have been undertaken on: an internet-based intervention for depression and anxiety; progressive muscle relaxation for anxiety and sleep quality; and effects of respiratory rehabilitation on psychological function in elderly patients. These studies showed positive results but patient numbers were small and benefits were mild. Surveillance for psychopathology will be important in the recovery and rehabilitation phases. Recommendations are to anticipate a high prevalence of depression, anxiety, and PTSD symptoms, and to provide comprehensive and timely management. Particular consideration is required for those with pre-morbid psychiatric illness, healthcare workers, and those who have been treated in Intensive Care.

[**The emerging spectrum of COVID-19 neurology: clinical, radiological and laboratory findings.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=0197b89158&e=87eaa0b9d4)Paterson RW et al., Brain, awaa240. Doi: 10.1093/brain/awaa240.

See full abstract in research papers below.

The high incidence of acute disseminated encephalomyelitis, particularly with haemorrhagic change, is striking. This complication was not related to the severity of the respiratory COVID-19 disease. Early recognition, investigation and management of COVID-19-related neurological disease is challenging. Further clinical, neuroradiological, biomarker and neuropathological studies are essential to determine the underlying pathobiological mechanisms, which will guide treatment. Longitudinal follow-up studies will be necessary to ascertain the long-term neurological and neuropsychological consequences of this pandemic.

[**The most cited and co-cited COVID-19 articles: Knowledge base for rehabilitation team members**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=3cd204fae6&e=87eaa0b9d4)Rafet I. IOS Press. Doi: 10.3233/WOR-203193.  
The COVID-19 outbreak pandemic is a situation without a tested action plan. Rehabilitation team members have been called for duty with new responsibilities in addition to their conventional roles in the healthcare system. The infectious disease specialists are updating the knowledge base in limited time in clinical settings. The number of articles in PubMed grows at an increasing rate. The purpose of this study is to identify core COVID-19 articles by citation and co-citation network analysis in PMC subset of PubMed.

**Commentaries**  
[**Bilateral lower limb weakness: a cerebrovascular consequence of covid-19 or a complication associated with it?**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=7a771258e5&e=87eaa0b9d4) Morjaria JB et al., Internal and Emergency Medicine. Internal and Emergency Medicine, Doi:10.1007/s11739-020-02418-9. (published online 22/6/20).  
SARS-CoV-2 has been reported to involve multiple organ systems in the acute and/or post-acute phase, as was in our two patients. These may occur in individuals irrespective of the severity of the Covid-19 infection. Importantly, neurological findings in these patients may not be due to the underlying infection but as a consequence of it or may represent as a co-existing issue. Hence it is prudent for healthcare professionals to be aware of these so as to aid in the investigation and management of Covid-19 patients.

View the updated tracker for latest evidence: <https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus#evidence>, which updates: [Rapid scan 2: rehabilitation needs and post-ICU recovery for severe COVID-19 patients](https://www.strategyunitwm.nhs.uk/sites/default/files/2020-05/20200513%20Evidence%20rapid%20scan%202%20-%20Rehab.pdf) (13th May).

**national policy & initiatives**

**Title:** new ‘Your COVID Recovery’ service

Source: | Published online 5th July 2020

Tens of thousands of people who are suffering long-term effects of coronavirus will benefit from a revolutionary on-demand recovery service, the head of the NHS has announced today. Nurses and physiotherapists will be on hand to reply to patients’ needs either online or over the phone as part of the service. The new ‘Your COVID Recovery’ service forms part of NHS plans to expand access to COVID-19 rehabilitation treatments for those who have survived the virus but still have problems with breathing, mental health problems or other complications.

<https://www.england.nhs.uk/2020/07/nhs-to-launch-ground-breaking-online-covid-19-rehab-service/>

**Title:** Cochrane Rehabilitation REH-COVER (Rehabilitation – COVID-19 Evidence-based Response) action

Source: | Published online 15th July 2020

To update the rehabilitation community on the growing evidence for the role of rehabilitation in management of COVID-19 patients, Cochrane Rehabilitation launched the REH-COVER (Rehabilitation – Covid-19 Evidence-based Response) action. The aim of this action is to focus on the timely collection, review, and dissemination of summarized and synthesized evidence relating to COVID-19 and rehabilitation. This will create an evidence-based answer repository to the newly-risen clinical questions and problems. The action was developed by an international multi-professional Steering Committee, whose role will continue to advise on all initiatives included in this action.

Cochrane Rehabilitation REH-COVER action currently includes four main initiatives:

* Rapid living Systematic Reviews on Rehabilitation and COVID-19 updates published monthly
* Interactive living evidence map on Rehabilitation and COVID-19
* Definition of the research topics on “Rehabilitation and COVID-19” in collaboration with the WHO rehabilitation programme
* Forthcoming Cochrane Library Special Collection: Coronavirus (COVID-19): rehabilitation of patients with functional consequences of acute illness and its treatments, will be published soon

News story: <https://www.cochrane.org/news/cochrane-rehabilitation-reh-cover-rehabilitation-covid-19-evidence-based-response-action>

REH-COVER: <https://rehabilitation.cochrane.org/resources/cochrane-rehabilitation-versus-covid-19>

TITLE: THE POST-HOSPITALISATION COVID-19 STUDY (PHOSP-COVID)

Source: NIHR Policy Research Programme | Published online 5th July 2020

Major study into long-term health effects of COVID-19 launched in the UK: details in ‘[Ongoing Research’](#phosp), below.

**research papers**

**Title:** The emerging spectrum of COVID-19 neurology: clinical, radiological and laboratory findings (UK STUDY)

Source: Brain | Published online 8th July 2020

Abstract: Preliminary clinical data indicate that severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection is associated with neurological and neuropsychiatric illness. Responding to this, a weekly virtual coronavirus disease 19 (COVID-19) neurology multi-disciplinary meeting was established at the National Hospital, Queen Square, in early March 2020 in order to discuss and begin to understand neurological presentations in patients with suspected COVID-19-related neurological disorders. Detailed clinical and paraclinical data were collected from cases where the diagnosis of COVID-19 was confirmed through RNA PCR, or where the diagnosis was probable/possible according to World Health Organization criteria.

Of 43 patients, 29 were SARS-CoV-2 PCR positive and definite, eight probable and six possible. Five major categories emerged: (i) encephalopathies (n = 10) with delirium/psychosis and no distinct MRI or CSF abnormalities, and with 9/10 making a full or partial recovery with supportive care only; (ii) inflammatory CNS syndromes (n = 12) including encephalitis (n = 2, para- or post-infectious), acute disseminated encephalomyelitis (n = 9), with haemorrhage in five, necrosis in one, and myelitis in two, and isolated myelitis (n = 1). Of these, 10 were treated with corticosteroids, and three of these patients also received intravenous immunoglobulin; one made a full recovery, 10 of 12 made a partial recovery, and one patient died; (iii) ischaemic strokes (n = 8) associated with a pro-thrombotic state (four with pulmonary thromboembolism), one of whom died; (iv) peripheral neurological disorders (n = 8), seven with Guillain-Barré syndrome, one with brachial plexopathy, six of eight making a partial and ongoing recovery; and (v) five patients with miscellaneous central disorders who did not fit these categories. SARS-CoV-2 infection is associated with a wide spectrum of neurological syndromes affecting the whole neuraxis, including the cerebral vasculature and, in some cases, responding to immunotherapies.

The high incidence of acute disseminated encephalomyelitis, particularly with haemorrhagic change, is striking. This complication was not related to the severity of the respiratory COVID-19 disease. Early recognition, investigation and management of COVID-19-related neurological disease is challenging. Further clinical, neuroradiological, biomarker and neuropathological studies are essential to determine the underlying pathobiological mechanisms, which will guide treatment. Longitudinal follow-up studies will be necessary to ascertain the long-term neurological and neuropsychological consequences of this pandemic.

<https://academic.oup.com/brain/article/doi/10.1093/brain/awaa240/5868408>

TITLE: PERSISTENT SYMPTOMS IN PATIENTS AFTER ACUTE COVID-19 (Research Letter)

Source: JAMA | Published online July 9th 2020

In Italy, a large proportion of patients with coronavirus disease 2019 (COVID-19) presented with symptoms (71.4% of 31 845 confirmed cases as of June 3, 2020).1 Common symptoms include cough, fever, dyspnea, musculoskeletal symptoms (myalgia, joint pain, fatigue), gastrointestinal symptoms, and anosmia/dysgeusia.2-4 However, information is lacking on symptoms that persist after recovery. We assessed persistent symptoms in patients who were discharged from the hospital after recovery from COVID-19.

This study found that in patients who had recovered from COVID-19, 87.4% reported persistence of at least 1 symptom, particularly fatigue and dyspnea. Limitations of the study include the lack of information on symptom history before acute COVID-19 illness and the lack of details on symptom severity. Furthermore, this is a single-center study with a relatively small number of patients and without a control group of patients discharged for other reasons. Patients with community-acquired pneumonia can also have persistent symptoms, suggesting that these findings may not be exclusive to COVID-19.6. Clinicians and researchers have focused on the acute phase of COVID-19, but continued monitoring after discharge for long-lasting effects is needed.

<https://jamanetwork.com/journals/jama/fullarticle/2768351?utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email>

**Title**: A Proposal for Multidisciplinary Tele-Rehabilitation in the Assessment and Rehabilitation of COVID-19 Survivors (HULL/LEEDS STUDY)

Source: Intl Journal of Environmental Research and Public Health | Published online 7th July 2020.

A global pandemic of a new highly contagious disease called COVID-19 resulting from coronavirus (severe acute respiratory syndrome (SARS)-Cov-2) infection was declared in February 2020. Though primarily transmitted through the respiratory system, other organ systems in the body can be affected. Twenty percent of those affected require hospitalization with mechanical ventilation in severe cases. About half of the disease survivors have residual functional deficits that require multidisciplinary specialist rehabilitation. The workforce to deliver the required rehabilitation input is beyond the capacity of existing community services. Strict medical follow-up guidelines to monitor these patients mandate scheduled reviews within 12 weeks post discharge. Due to the restricted timeframe for these events to occur, existing care pathway are unlikely to be able to meet the demand. An innovative integrated post-discharge care pathway to facilitate follow up by acute medical teams (respiratory and intensive care) and a specialist multidisciplinary rehabilitation team is hereby proposed. Such a pathway will enable the monitoring and provision of comprehensive medical assessments and multidisciplinary rehabilitation. This paper proposes that a model of tele-rehabilitation is integrated within the pathway by using digital communication technology to offer quick remote assessment and efficient therapy delivery to these patients. Tele-rehabilitation offers a quick and effective option to respond to the specialist rehabilitation needs of COVID-19 survivors following hospital discharge.

<https://www.mdpi.com/1660-4601/17/13/4890/htm>

TITLE: THE TREATMENT AND FOLLOW‐UP OF “RECURRENCE” WITH DISCHARGED COVID ‐19 PATIENTS: DATA FROM GUIZHOU, CHINA

Source: Environmental Microbiology; Jul 2020| Published online 6th July 2020

Abstract: We reported 20 cases of discharged COVID-19 patients whose RT-PCR test results showed "re-positive". After finding "re-positive ", these patients were admitted to hospital for the second time and were followed up until the end of May 2020. Methods: Record detailed treatment and follow-up process, and collect relevant data. The possible causes and potential clinical significance of this phenomenon are discussed.

<https://sfamjournals.onlinelibrary.wiley.com/doi/abs/10.1111/1462-2920.15156>

TITLE: GUILLAIN-BARRE SYNDROME FOLLOWING COVID-19: A NEWLY EMERGING POST-INFECTIOUS COMPLICATION

Source: *BMJ Case Reports CP*2020;**13:**e236182. | Published online June 19th 2020

Abstract: A 57-year-old man presented with a progressive flaccid symmetrical motor and sensory neuropathy following a 1-week history of cough and malaise. He was diagnosed with Guillain-Barré syndrome secondary to COVID-19 and started on intravenous immunoglobulin. He proceeded to have worsening respiratory function and needed intubation and mechanical ventilation. This is the first reported case of this rare neurological complication of COVID-19 in the UK, but it adds to a small but growing body of international evidence to suggest a significant association between these two conditions. Increasing appreciation of this by clinicians will ensure earlier diagnosis, monitoring and treatment of patients presenting with this.

<https://casereports.bmj.com/content/13/6/e236182>

TITLE: NEUROLOGICAL ASSOCIATIONS OF COVID-19 (RAPID REVIEW)

Source: The Lancet Neurology| Published online June 19th 2020

Background The COVID-19 pandemic, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is of a scale not seen since the 1918 influenza pandemic. Although the predominant clinical presentation is with respiratory disease, neurological manifestations are being recognised increasingly. On the basis of knowledge of other coronaviruses, especially those that caused the severe acute respiratory syndrome and Middle East respiratory syndrome epidemics, cases of CNS and peripheral nervous system disease caused by SARS-CoV-2 might be expected to be rare. Recent developments A growing number of case reports and series describe a wide array of neurological manifestations in 901 patients, but many have insufficient detail, reflecting the challenge of studying such patients. Encephalopathy has been reported for 93 patients in total, including 16 (7%) of 214 hospitalised patients with COVID-19 in Wuhan, China, and 40 (69%) of 58 patients in intensive care with COVID-19 in France. Encephalitis has been described in eight patients to date, and Guillain-Barré syndrome in 19 patients. SARS-CoV-2 has been detected in the CSF of some patients. Anosmia and ageusia are common, and can occur in the absence of other clinical features. Unexpectedly, acute cerebrovascular disease is also emerging as an important complication, with cohort studies reporting stroke in 2–6% of patients hospitalised with COVID-19. So far, 96 patients with stroke have been described, who frequently had vascular events in the context of a pro-inflammatory hypercoagulable state with elevated C-reactive protein, D-dimer, and ferritin. Where next? Careful clinical, diagnostic, and epidemiological studies are needed to help define the manifestations and burden of neurological disease caused by SARS-CoV-2. Precise case definitions must be used to distinguish nonspecific complications of severe disease (e.g., hypoxic encephalopathy and critical care neuropathy) from those caused directly or indirectly by the virus, including infectious, para-infectious, and post-infectious encephalitis, hypercoagulable states leading to stroke, and acute neuropathies such as Guillain-Barré syndrome. Recognition of neurological disease associated with SARS-CoV-2 in patients whose respiratory infection is mild or asymptomatic might prove challenging, especially if the primary COVID-19 illness occurred weeks earlier. The proportion of infections leading to neurological disease will probably remain small. However, these patients might be left with severe neurological sequelae. With so many people infected, the overall number of neurological patients, and their associated health burden and social and economic costs might be large. Health-care planners and policy makers must prepare for this eventuality, while the many ongoing studies investigating neurological associations increase our knowledge base.

<https://www.thelancet.com/pdfs/journals/laneur/PIIS1474-4422(20)30221-0.pdf>

TITLE: REHABILITATION OF CRITICALLY ILL COVID-19 SURVIVORS

Source: The Journal of the International Society of Physical & Rehabilitation Medicine | Published online June 11th 2020  
  
Severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) has now infected over a million people around the world. This pandemic is stressing intensive care unit (ICU) capacity due to critical illness from coronavirus disease 2019 (COVID-19). Survivors of critical illness from acute respiratory syndrome and the prior SARS epidemic suggest that critically ill COVID-19 survivors may experience a wide range of sequelae, resulting in long-lasting physical, cognitive, and psychological dysfunction. Early rehabilitation can mitigate these complications and improve the quality of life. However, early rehabilitation of critically ill COVID-19 patients is challenging due to patients' severity of illness, the need for strict infection control measures, staffing issues, and scarcity of personal protective equipment. During this public health emergency, navigating rehabilitation of critically ill COVID-19 patients is crucial to allow timely transition of patients across different levels of care. Such timely transitions are vital for improving outcomes and freeing ICU and hospital beds within acute care hospitals. In this review, we discuss the challenges and potential solutions for rehabilitation of critically ill COVID-19 patients throughout the continuum of care.

<http://www.jisprm.org/article.asp?issn=2349-7904;year=2020;volume=3;issue=2;spage=45;epage=52;aulast=Korupolu>

TITLE: COVID-19: UNDERSTANDING AND MITIGATING TRAUMA IN ICU SURVIVORS

Source: Psychological Trauma: Theory, Research, Practice, and Policy| Published online July 2020

The spread of coronavirus disease 2019 (COVID-19) has placed many individuals in need of critical care, with a high proportion of hospitalized patients being admitted to intensive care units (ICU) to treat acute outcomes of COVID-19 (e.g., respiratory failure via mechanical ventilation). The ICU is known to be a setting where individuals are at a high risk of experiencing significant psychological difficulties, and patients with COVID-19 are particularly susceptible to such experiences, which can impact their recovery process (e.g., post-intensive care syndrome). This article seeks to highlight the intersection between critical care related to trauma and COVID-19 and point providers toward opportunities for anticipating and managing secondary effects in effort to promote psychological adaptation.

<https://doi.apa.org/fulltext/2020-45467-001.html>

TITLE: FOLLOW-UP STUDIES IN COVID-19 RECOVERED PATIENTS - IS IT MANDATORY?

Source: Science of the Total Environment| Published August 2020

It is imperative to understand the possible outcome of COVID-19 recovered patients and determine if they have any other detrimental illnesses by longitudinal analysis to safeguard their life in future. It is necessary to follow-up these recovered patients and performs comprehensive assessments for detection and appropriate management towards their psychological, physical, and social realm. This urges us to suggest that it is highly important to provide counselling, moral support as well as a few recommended guidelines to the recovered patients and society to restore to normalcy. Epidemiological, clinical and immunological studies from COVID-19 recovered patients are particularly important to understand the disease and to prepare better for potential outbreaks in the future. Longitudinal studies on a larger cohort would help us to understand the in-depth prognosis as well as the pathogenesis of COVID-19. Also, follow-up studies will help us provide more information for the development of vaccines and drugs for these kinds of pandemics in the future. Hence, we recommend more studies are required to unravel the possible mechanism of COVID-19 infection and the after-effects of it to understand the characteristics of the virus and to develop the necessary precautionary measures to prevent it.

<https://www.sciencedirect.com/science/article/pii/S0048969720325389?via%3Dihub>

TITLE: EXTRA‐PULMONARY COMPLICATIONS OF COVID‐19: A MULTI‐SYSTEM DISEASE?

Source: Journal of Medical Virology| Published online 10th July 2020

The outbreak of coronavirus disease 2019 (COVID‐19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS‐CoV‐2), has been recently declared a pandemic by the World Health Organization. In addition to its acute respiratory manifestations, SARS‐CoV‐2 may also adversely affect other organ systems. To date, however, there is very limited understanding of the extent and management of COVID‐19‐related conditions outside of the pulmonary system. This narrative review provides an overview of the current literature about the extra‐pulmonary manifestations of COVID‐19 that may affect the urinary, cardiovascular, gastrointestinal, hematological, hematopoietic, neurological, or reproductive systems. This review also describes current understanding of the extra‐pulmonary complications caused by COVID‐19 in order to improve the management and prognosis of patients with COVID‐19.

<https://onlinelibrary.wiley.com/doi/10.1002/jmv.26294>

**on-going research**

TITLE: THE POST-HOSPITALISATION COVID-19 STUDY (PHOSP-COVID)

Source: NIHR Policy Research Programme | Published online 5th July 2020

Major study into long-term health effects of COVID-19 launched in the UK.

As we emerge from the first wave of the pandemic, we have new insights into the sudden onset phase of this disease but there is very little information concerning the long-term effects of COVID-19 and what the ongoing medical, psychological and rehabilitation needs for this group of patients will be to enable them to make as full a recovery as possible. To address this gap in our understanding, PHOSP-COVID has been set up and funded as a long term research study to recruit 10,000 patients who have been hospitalised with COVID-19. Over the course of a year, clinical assessments will track patients to gain a comprehensive picture of the impact COVID-19 has had on longer term health outcomes across the UK. The PHOSP-COVID team will then develop trials of new strategies for clinical care, including personalised treatments for groups of patients based on the particular disease characteristics they show as a result of having COVID-19 to improve their long term health.

Study website: <https://www.phosp.org/>

News item: <https://www.nihr.ac.uk/news/major-study-into-long-term-health-effects-of-covid-19-launched-in-the-uk/25200>

**Title:** PACE (PHYSIOTHERAPY AFTER COVID EVALUATION) rehabilitation audit

Source: Chartered Society of Physiotherapy| 1st July 2020

The CSP is asking members to contribute to a snapshot audit, PACE (physiotherapy after Covid evaluation), aimed at building a picture of the rehabilitation needs of people with Covid-19, who are currently known to community physiotherapy services. Over a three-week period starting on 13 July, members will be invited to provide information about patients recovering from Covid-19, through an online survey. And, once the audit is complete, they will be able to view this data - at national and English regional level -to understand the additional demand on the service in delivery and support local influencing. Ruth ten Hove, CSP assistant director practice and development, said, ‘We’re encouraging all members who work outside a hospital setting to take part in the audit. At the moment there is no data about the longer term needs of people who have had Covid–19. Between us, we can start to see what the impact of Covid-19 has been on services and where rehab demand is likely to be.

<https://www.csp.org.uk/news/2020-07-01-csp-members-invited-pace-themselves-rehab-audit>

**blogs & COMMENTARIeS**

**Title:** Covid-19: Prolonged and relapsing course of illness has implications for returning workers

Source: BMJ Opinion | 22 June 2020

The dual hallmarks of prolonged illness with relapsing and remitting pattern of recurrence have significant implications for the individual, who needs care and advice. Consequences may include a prolonged sickness absence and multidisciplinary health needs. A successful recovery requires a gradual rehabilitation and an individualised return to work plan. As our understanding develops on the length of time that symptoms persist, there may be further health implications relevant to immunity, infectivity, and return to work. Individuals will need monitoring and follow-up, with understanding and acceptance shown by managers and colleagues.

<https://blogs.bmj.com/bmj/2020/06/23/covid-19-prolonged-and-relapsing-course-of-illness-has-implications-for-returning-workers/>

**Title:** Delirium, PTSD, brain fog: The aftermath of surviving COVID-19

Source: American Psychological Association Monitor on Psychology| 1st July 2020

For patients who become seriously ill with COVID-19, survival may only mark the start of a complex recovery path. Along with potentially coping with cardiac, pulmonary and other physical effects, psychologists report that patients may have to sort through cognitive changes, such as difficulties with attention and memory, as well as mental health symptoms for months to come. Some difficulties, such as post-traumatic stress disorder, may be rooted in their experiences with hospital care and intensive care treatments. Psychologists fear that other challenges, such as survivor guilt, may flare once patients are discharged into a world still reeling from the virus.

But even though COVID-19 is a new disease, rehabilitation and health psychologists benefit from existing knowledge as they strive to help these patients, says Megan Hosey, PhD, an inpatient rehabilitation psychologist at Johns Hopkins Hospital in Baltimore. Prior research into Post Intensive Care Syndrome and acute respiratory distress syndrome can guide psychologists in their treatment, which may incorporate various strategies, from cognitive behavioral therapy to exposure therapy to breathing techniques, Hosey says.

<https://www.apa.org/monitor/2020/09/aftermath-covid-19>

**Title:** My experience of suspected 'Long COVID'

Source: Patient Safety Learning Hub, 10th July

In this blog, intensive care doctor Jake Suett draws on his personal journey and that of others to highlight the prolonged and frightening symptoms many patients with confirmed or suspected COVID-19 are experiencing. Jake outlines his concerns and sets out recommendations for future action to address the needs of these 'Long COVID' patients. Included is an example letter that can be adapted by others to call on MPs to raise awareness of those suffering persisting symptoms of COVID-19.

<https://www.pslhub.org/learn/coronavirus-covid19/273_blogs/my-experience-of-suspected-long-covid-r2547/>

**news items & SERVICE DEVelopments in the uk**

**Title:** Post COVID-19 Follow-up: What is typical recovery?

Source: Prof. J Hurst, Professor of Respiratory Medicine UCL/Royal Free

‘POST #COVIDー19 RECOVERY. How do you know if someone is on an expected trajectory post hospital discharge? Here is a first look at our needs assessment and service evaluation, from a collaboration across @RoyalFreeNHS and @uclh.

WHAT WE DID. Mostly 📞 follow-up of people who had COVID-19 (swab+), aiming for 4-6 weeks after discharge. Phone script delivered by an amazing group of @UCLMS medical students and doctors in training. People with abnormal bloods or imaging on discharge invited to repeat them.

WHAT WE FOUND: This is 384 people followed a median of 54 (47-59) days from discharge. 69% had fatigue. 53% had breathlessness. 34% had cough. 14% experienced symptoms of depression.

Here’s a closer look at breathlessness. We used a VAS, higher score=more breathless, note that the trend seems to be one of continued improvement - those contacted later were typically less breathless. We hope this can be used to find people needing more rehab or further tests.

Regarding bloods, if abnormal at discharge then 30% had elevated d-diner at follow-up and 10% had elevated CRP. And for those with abnormal imaging on discharge, in 11% that was unchanged or deteriorating at follow-up. More testing required’.

Infographic: <https://twitter.com/ProfHurst/status/1278946199509307392/photo/1>  
Full story: <https://twitter.com/ProfHurst/status/1278946199509307392>

**TITLE:** PICUPS TOOL & REHABILITATION PRESCRIPTION WEBINAR FOR PILOT CENTRES

Source: Intensive Care Society, 6th July 2020

We were excited to hold the 1st of our PICUPS tool and #rehabilitation prescription webinar briefings today for our pilot centres. If you would like to get involved and pilot our #rehab tool 👉https://bit.ly/ICSRehab email us at info@ics.ac.uk.

<https://twitter.com/ICS_updates/status/1280119060357951491>

TITLE: COVID-19 REHABILITATION WEBINAR

Source: Advances in Clinical Neuroscience and Rehabilitation | Published online 10th July 2020

UK data on rehabilitation needs & management pathways. Online **20th July, 2020; 2-4pm**

COVID-19 rehabilitation webinar hosted by Manoj Sivan, in association with ACNR, The Society for Research in Rehabilitation (SRR), The British Society for Rehabilitation Medicine (BSRM) and The Community Therapists Network (CTN).

<https://www.acnr.co.uk/2020/07/covid-19-rehabilitation-webinar/>

**Title:** HOW PHYSIOTHERAPISTS ARE GETTING CORONAVIRUS PATIENTS MOVING AGAIN

Source: Global News Canada | Published online 10th July 2020

Like the virus itself, the road to recovery from COVID-19 isn’t straightforward. While the infection mainly affects the lungs, it can have a cascading effect on a person’s physical health. It’s something physiotherapists like Michelle Kho have seen first-hand. “There’s a team fighting to keep a person alive. Physiotherapy is part of that team,” said Kho, who works in the intensive care unit (ICU) at St. Joseph’s Healthcare in Hamilton, Ont. “I believe we’re at the tip of the iceberg for understanding how we need to support these survivors.”

<https://globalnews.ca/news/7157216/coronavirus-canada-physiotherapy-recovery/>

**TITLE:** FOLLOW-UP OF COVID PATIENTS AT HOME

Source: North Ayrshire Health and Social Care Partnership| Published online 8th July 2020  
  
Kerry Walker, Team Leader Enhanced Intermediate Care Team NAHSCP. ‘We at enhanced intermediate care team in north ayrshire getting referrals direct from ITU to follow covid pts home. Multidisciplinary assessment the day after discharge. Physio, OT, rehab nurse, ANP, SLT, dietician etc’.

<https://twitter.com/KerryWalkerOT/status/1280969317102891009>

**Title**: ICU Follow-up clinics for covid patients

Source: Daisy Baish, Speech and Language Therapist. Specialist interest in critical care, tracheostomy and TBI at North Bristol, Published online 14th July 2020

‘Our ICU is planning to trial a post-icu follow up clinic, initially just for post-covid patients. Are there any other services running a similar clinic? Has there been a high need for SLT input, and if so, what for? We're really excited to be involved with the pilot!’ Replies from Gloucester, Nottingham, Royal Berkshire, Belfast and more.

<https://twitter.com/DaisyRElliott/status/1282993140824236039>

**Title**: covid follow-up clinic

Source: Megan Ball, Advanced Physiotherapist at NUTH. Respiratory Medicine Megan Ball 6th July| Published online 6th July 2020

COVID FU clinic - seeing patients who haven’t been to ITU or long admissions but who weeks down the line still have severe fatigue, breathlessness, anxiety & depression. Lots of normalising thoughts, advice re. pacing/ fatigue & encouraging gradual return to activity!

<https://twitter.com/meganlou91/status/1280169342290874371>

Title: ICU FOLLOW UP CLINICS FOR COVID PATIENTS AT SUSSEX

Source: Surrey & Sussex Healthcare NHS Trust , 1st July 2020

‘Today we started our ICU follow up clinics for our Covid patients and for the first time Physios were officially involved (Yey). Plus patient's also received a review from a respiratory consultant as part of a one-stop-shop to make the process patient friendly @sashnhs’

<https://twitter.com/_Lucy_Pearson/status/1278418640006713344>

**TITLE:** FACE TO FACE POST COVID REHAB CLASSES

Source: Laura Jenions, Critical Care Physiotherapist at The Royal Liverpool and Broadgreen University Hospitals NHS Foundation Trust.

‘Week 5 of our face to face post covid rehab classes. Am amazed at the progress they have made in such a short time. Hoping to move to 2 classes a week soon Crossed fingersThanks to the rest of CCOT who have given their time’

<https://twitter.com/mrsbungy/status/1280928387733819393>

**TITLE:** MSK TEAM SUPPORTING IN-PATIENT TEAMS FOR POST COVID PATIENTS (VIRTUALLY)

Source: Physiotherapy Department at Ashford & St Peter's Hospitals NHS Foundation Trust

‘Our MSK team have now started supporting our In-patient teams for post COVID patients. Plus our occ health for post COVID staff. All done virtually and appreciate it can’t replace the needed rehab centres, but we hope it’s helps provide some quality functional rehab at home’.

<https://twitter.com/ASPHphysio/status/1269565539111837696>

**patient information:**

Title: health & care videos: critical care series

Source: Health and Care Innovations (HCI), July 2020  
  
An online video library which covers a wide selection of topics, conditions and procedures has been made available to NHS clinicians and patients. The Health and Care Video Library has been produced by digital health agency Health and Care Innovations (HCI), in partnership with Torbay and South Devon NHS Foundation Trust. The library of more than 600 health and care videos have all been written by NHS clinicians and developed to work within care pathways. A six-month licence for the video library for has been secured by NHSX. The library will form part of NHSX’s Covid-19 response and will be made available to NHS staff. The short and easily accessible videos, cover topics and conditions from pregnancy to podiatry and have been designed to offer a practical and easier to understand alternative to written information.

<https://healthandcarevideos.uk/critical-care>: covers the Critical Care Unit, Step Down to the Ward, Going Home, Critical Care Research, Psychological Problems and more.

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We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>