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

September 10th 2020

**STRATEGY UNIT RAPID SCAN**

**Title:** REHABILITATION NEEDS AND POST-ICU RECOVERY FOR SEVERE COVID-19 PATIENTS: RAPID SCAN

Source: The Strategy Unit | 14th August – 4th September 2020

 **Guidance**[**Management of post-acute covid-19 in primary care**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=7c785259ee&e=87eaa0b9d4)**.**Greenhalgh T et al., BMJ, 370:m3026
[**Why Rehabilitation must have priority during and after the COVID-19-pandemic: A position statement of the Global Rehabilitation Alliance**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=ea9044dc62&e=87eaa0b9d4)**.** Gutenbrunner C et al., Journal of Rehabilitation Medicine. DOI: 10.2340/16501977-2713

 **Rapid reviews**
[**Rehabilitation of patients post-COVID-19 infection: a literature review.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5bc707039c&e=87eaa0b9d4) Demeco A et al., Journal of International Medical Research

[**Systematic rapid living review on rehabilitation needs due to COVID-19: update as of April 30th, 2020.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=383a721cdc&e=87eaa0b9d4) de Sire A et al., EDIZIONI MINERVA MEDICA

[**Respiratory follow-up of patients with COVID-19 pneumonia.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=36eac1f3b7&e=87eaa0b9d4) George PM et al., Thorax (Epub ahead of print) – see also below.

[**ACE2, TMPRSS2 distribution and extrapulmonary organ injury in patients with COVID-19.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=c70f6f3d7a&e=87eaa0b9d4) Dong M et al., Biomedicine & Pharmacotherapy
[**Scaling the Need, Benefits, and Risks Associated with COVID-19 Acute and Postacute Care Rehabilitation: A Review.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5568d5921e&e=87eaa0b9d4) Shah SZA et al., Rehabilitation Research and Practice

[**A public health perspective of aging: do hyper-inflammatory syndromes such as COVID-19, SARS, ARDS, cytokine storm syndrome, and post-ICU syndrome accelerate short- and long-term inflammaging?**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=114c28d0f3&e=87eaa0b9d4) Bektas A et al. Immunity & Ageing

[**The Interrelation of Neurological and Psychological Symptoms of COVID-19: Risks and Remedies.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=988ea42ba0&e=87eaa0b9d4) Nami M et al., Journal of Clinical Medicine
[**Considerations for Return to Exercise Following Mild-to-Moderate COVID-19 in the Recreational Athlete.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=f28b9eb5f6&e=87eaa0b9d4) Metzl jd et al., HSS Journal
[**Key Aspects in Nutritional Management of COVID-19 Patients.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5d8f1a360a&e=87eaa0b9d4) Fernández-Quintela A et al., Journal of Clinical Medicine

 **Emerging evidence**
[**Catching our breath: reshaping rehabilitation services for COVID-19.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=26395aa8d2&e=87eaa0b9d4) Khoo TC et al., Disability and Rehabilitation
[**Low physical functioning and impaired performance of activities of daily life in COVID-19 patients who survived the hospitalisation**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=28fe910351&e=87eaa0b9d4)**.**Belli S et al., European Respiratory Journal. DOI: 10.1183/13993003.02096-2020

[**Multimodality cardiac evaluation in children and young adults with multisystem inflammation associated with COVID-19**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=c0c741100f&e=87eaa0b9d4)**.**Theocharis P et al., European Heart Journal: Cardiovascular Imaging, jeaa212. DOI: 10.1093/ehjci/jeaa212

[**Lung Ultrasound in COVID ‐19 A Role Beyond the Acute Phase?**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=1d5ccdb4f6&e=87eaa0b9d4) Gaspardone C et al., Journal of Ultrasound in Medicine. DOI: 10.1002/jum.15425

[**COVID-19 and functional disability: current insights and rehabilitation strategies (research letter)**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=fd31ace4f9&e=87eaa0b9d4)**.** Ambrosino P et al., Postgrad Med J. (First published as 10.1136/postgradmedj-2020-138227 on 4/8/20)

 **Commentaries**
[**Pulmonary Rehabilitation: Time for an Upgrade.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=f0529feebb&e=87eaa0b9d4) Sebio-García R. Journal of Clinical Medicine
[**After Care of Survivors of COVID-19—Challenges and a Call to Action.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=2f1ad3fc0a&e=87eaa0b9d4) Geberhiwot T et al. JAMA Network

[**The COVID-19 rehabilitation pandemic.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=ab587ba94e&e=87eaa0b9d4) De Biase S et al., Age and Ageing

[**COVID-19, the heart and returning to physical exercise.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=807b13a43c&e=87eaa0b9d4) Kennedy FM & Sharma S, Occupational Medicine

[**Long term respiratory complications of covid-19**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=41077c57e3&e=87eaa0b9d4)**.**Fraser E, BMJ, 370. DOI: 10.1136/bmj.m3001

**Useful resources**
[**Rehabilitation.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=3491077ef2&e=87eaa0b9d4) Royal College of Occupational Therapists (RCOT)

[**Covid-19: the Road to Recovery.**](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=2c39605a90&e=87eaa0b9d4) The Chartered Society of Physiotherapy (CSP)

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).

**policy & guidance**

**Title:** INTERIM GUIDANCE ON REHABILITATION IN THE HOSPITAL AND POST-HOSPITAL PHASE FROM A EUROPEAN RESPIRATORY SOCIETY AND AMERICAN THORACIC SOCIETY-COORDINATED INTERNATIONAL TASK FORCE [EARLY VIEW]

Source: European Respiratory Journal| August 2020

Abstract

Background. Patients with COVID-19 or post-COVID-19 will most probably have a need for

rehabilitation during and directly after the hospitalization. Data on safety and efficacy are lacking.

Healthcare professionals cannot wait for published randomized controlled trials before they can

start these rehabilitative interventions in daily clinical practice, as the number of post-COVID-19

patients increases rapidly. The Convergence of Opinion on Recommendations and Evidence

process was used to make interim recommendation for the rehabilitation in the hospital and posthospital phase in COVID-19 and post-COVID-19 patients, respectively.

Methods. 93 experts were asked to fill out 13 multiple choice questions. Agreement of

directionality was tabulated for each question. At least 70% agreement on directionality was

necessary to make consensus suggestions.

Results. 76 experts (82%) reached consensus on all questions based upon indirect evidence and

clinical experience on the need for early rehabilitation during the hospital admission, the

screening for treatable traits with rehabilitation in all patients at discharge and 6-8 weeks after

discharge, and around the content of rehabilitation for these patients. It advocates for

assessment of oxygen needs at discharge and more comprehensive assessment of rehabilitation

needs including physical as well as mental aspects 6-8 weeks after discharge. Based on the

deficits identified multidisciplinary rehabilitation should be offered with attention for skeletal

muscle and functional as well as mental restoration.

Conclusions. This multinational task force recommends early, bedside rehabilitation for patients

affected by severe COVID-19. The model of pulmonary rehabilitation may suit as a framework,

particularly in a subset of patients with long term respiratory consequences.

<https://erj.ersjournals.com/content/erj/early/2020/07/30/13993003.02197-2020.full.pdf>

TITLE: COVID-19: LONG-TERM HEALTH EFFECTS: INFORMATION AND GUIDANCE ON PERISTENT HEALTH PROBLEMS REPORTED FOLLOWING ACUTE COVID-19 DISEASE

Source: Public Health England | Published online 7th September 2020

There is accumulating evidence to suggest that cases of coronavirus (COVID-19) who have experienced both mild and severe symptoms can experience long-term health effects. This document provides information on the health problems reported in COVID-19 cases following acute disease, and guidance for healthcare professionals on how to advise recovering COVID-19 patients.

<https://www.gov.uk/government/publications/covid-19-long-term-health-effects>

**further research papers**

**Title:** RESPIRATORY FOLLOW-UP OF PATIENTS WITH COVID-19 PNEUMONIA (UK STUDY)
Author(s): George, Peter M; Barratt, Shaney L; Condliffe, Robin; Desai, Sujal R; Devaraj, Anand; Forrest, Ian; Gibbons, Michael A; Hart, Nicholas; Jenkins, R Gisli; McAuley, Danny F; Patel, Brijesh V; Thwaite, Erica; Spencer, Lisa G

Source: Thorax| 24th August 2020

Abstract: The COVID-19 pandemic has led to an unprecedented surge in hospitalised patients with viral pneumonia. The most severely affected patients are older men, individuals of black and Asian minority ethnicity and those with comorbidities. COVID-19 is also associated with an increased risk of hypercoagulability and venous thromboembolism. The overwhelming majority of patients admitted to hospital have respiratory failure and while most are managed on general wards, a sizeable proportion require intensive care support. The long-term complications of COVID-19 pneumonia are starting to emerge but data from previous coronavirus outbreaks such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) suggest that some patients will experience long-term respiratory complications of the infection. With the pattern of thoracic imaging abnormalities and growing clinical experience, it is envisaged that interstitial lung disease and pulmonary vascular disease are likely to be the most important respiratory complications. There is a need for a unified pathway for the respiratory follow-up of patients with COVID-19 balancing the delivery of high-quality clinical care with stretched National Health Service (NHS) resources. In this guidance document, we provide a suggested structure for the respiratory follow-up of patients with clinic-radiological confirmation of COVID-19 pneumonia. We define two separate algorithms integrating disease severity, likelihood of long-term respiratory complications and functional capacity on discharge. To mitigate NHS pressures, virtual solutions have been embedded within the pathway as has safety netting of patients whose clinical trajectory deviates from the pathway. For all patients, we suggest a holistic package of care to address breathlessness, anxiety, oxygen requirement, palliative care and rehabilitation.

<https://thorax.bmj.com/content/early/2020/08/24/thoraxjnl-2020-215314>

**title:** long-term consequences of covid-19: research needs (comment)

Source: The Lancet | 1st Sept 2020

...Rare long-term sequelae can result after other viral infections—e.g., infectious mononucleosis, measles, and hepatitis B. Long-term sequelae of COVID-19 are unknown (as are many aspects of the acute disease). Long-term consequences were observed in survivors of severe acute respiratory syndrome (SARS)5,6 but it is unknown whether lessons from SARS are applicable to COVID-19. Other concerns are rising: does acute COVID-19 cause diabetes?7 Or other metabolic disorders? Will patients develop interstitial lung disease? We are still in the first months of the pandemic and we do not know what to tell our patients when they are asking about the course and prognosis of their ongoing complaints. The number of people affected by COVID-19 is unprecedented. We owe good answers on the long-term consequences of the disease to our patients and healthcare providers. The obvious answer is in research. In the appendix (p 2) we have compiled a list of questions we think should be answered. This list is based on the authors’ views and experience rather than on the literature, which is scant...

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30701-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2820%2930701-5/fulltext)

**Title:** Rehabilitation and COVID-19: the Cochrane Rehabilitation 2020 rapid living systematic review. Update as of July 31st, 2020

Source: European Journal of Physical and Rehabilitation Medicine| Sept 2020

Abstract: BACKGROUND This paper is the first update of the second edition of the rapid living systematic review on the latest scientific literature informing rehabilitation of patients with COVID-19 and/or describing consequences of the disease and its treatment, as they relate to limitations in functioning of rehabilitation interest. OBJECTIVES To report data of a systematic search performed on papers published in July 2020.METHODSThe methodology described in the second edition of the rapid living systematic review was applied to search eligible papers included in the databases between July 1st, 2020 and July 31st, 2020.RESULTSEight-hundred-ninety-two papers were identified through database searching (after removal of duplicates); of these, only 23 studies were included. According to OCEBM 2011 Levels of Evidence Table, they were Level 3 in 30.5% cases and Level 4 in 69.5%. No RCT was found. Nineteen papers studied COVID-19 patients, assessed in the acute (10 studies), post-acute (8 studies) and chronic phase (one study). Four studies reported data on the impact of COVID-19 on subjects with pre-existing health conditions. CONCLUSIONS The current literature production still focuses more on describing all the possible aspects and complications of the pathology than on interventions or new organization models to deal with it. Albeit evidence on handling COVID-19 from a rehabilitative point of view is improving each month, further studies are still mandatory to report the role of rehabilitation in this scenario.

<https://pubmed.ncbi.nlm.nih.gov/32869962/>

**Title:** DEVELOPMENT OF AN INTEGRATED REHABILITATION PATHWAY FOR INDIVIDUALS RECOVERING FROM COVID-19 IN THE COMMUNITY [COVID-19 Yorkshire Rehabilitation Screen (C19-YRS]

Source: Journal of Rehabilitation Medicine; Aug 2020; vol. 52 (no. 8)

Author(s): Sivan, Manoj; Halpin, Stephen; Hollingworth, Lisa; Snook, Nicola; Hickman, Katherine; Clifton, Ian J

Abstract: OBJECTIVECOVID-19 is a multisystem illness that has considerable long-term physical, psychological, cognitive, social and vocational sequelae in survivors. Given the scale of this burden and lockdown measures in most countries, there is a need for an integrated rehabilitation pathway using a tele-medicine approach to screen and manage these sequelae in a systematic and efficient way. METHODS A multidisciplinary team of professionals in the UK developed a comprehensive pragmatic telephone screening tool, the COVID-19 Yorkshire Rehabilitation Screen (C19-YRS), and an integrated rehabilitation pathway, which spans the acute hospital trust, community trust and primary care service within the National Health Service (NHS) service model. RESULTS The C19-YRS telephone screening tool, developed previously, was used to screen symptoms and grade their severity. Referral criteria thresholds were applied to the output of C19-YRS to inform the decision-making process in the rehabilitation pathway. A dedicated multidisciplinary COVID-19 rehabilitation team is the core troubleshooting forum for managing complex cases with needs spanning multiple domains of the health condition. CONCLUSION The authors recommend that health services dealing with the COVID-19 pandemic adopt a comprehensive telephone screening system and an integrated rehabilitation pathway to manage the large number of survivors in a timely and effective manner and to enable the provision of targeted interventions.

<https://www.medicaljournals.se/jrm/content/abstract/10.2340/16501977-2727>

**Title:** PHYSICAL MEDICINE AND REHABILITATION AND PULMONARY REHABILITATION FOR COVID-19

Source: American Journal of Physical Medicine & Rehabilitation; Sep 2020; | Vol. 99 (no. 9); p. 769-774

Abstract: This analysis extrapolates information from previous studies and experiences to bring physical medicine and rehabilitation perspective and intervention to the multidisciplinary treatment of COVID-19. The purpose of pulmonary rehabilitation in COVID-19 patients is to improve symptoms of dyspnea, relieve anxiety, reduce complications, minimize disability, preserve function, and improve quality of life. Pulmonary rehabilitation during the acute management of COVID-19 should be considered when possible and safe and may include nutrition, airway, posture, clearance technique, oxygen supplementation, breathing exercises, stretching, manual therapy, and physical activity. Given the possibility of long-term disability, outpatient posthospitalization pulmonary rehabilitation may be considered in all patients hospitalized with COVID-19.

<https://journals.lww.com/ajpmr/Fulltext/2020/09000/Physical_Medicine_and_Rehabilitation_and_Pulmonary.1.aspx>

**Title:** rehabilitation of patients with covid-19

Source: Expert Review of Respiratory Medicine; Aug 2020

Abstract: INTRODUCTION In 2020, due to severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), coronavirus disease (COVID-19) has become a pandemic. As of August 11, 2020, the cumulative number of confirmed cases worldwide had reached 19 million, with 700,000 reported deaths, indicating this pandemic's significant global impact. AREAS COVERED We reviewed the application of rehabilitation therapy in the clinical treatment of COVID-19 patients. A systematic search was performed using PubMed, Springer, CNKI, and Wanfang Data of database up to August 1, 2020. The search terms included the English terms and their Chinese equivalents: "COVID-19," "ARDS," "rehabilitation," "critically ill patients," "physiotherapy," "respiratory rehabilitation," "traditional Chinese medicine," and "psychotherapy." EXPERT OPINION Rehabilitation research concerning patients with COVID-19 remains ongoing. Rehabilitation guidance for such patients with COVID-19 is based on previous experience. However, as different patients have differing degrees of dysfunction, personalized plans need to be designed according to the patients' age, sex, lifestyle, hobbies, occupation, and physical conditions. The rapid development of remote devices that can monitor patients' real-time physical conditions post-discharge may encourage better adherence to rehabilitation training.

<https://www.tandfonline.com/doi/abs/10.1080/17476348.2020.1811687>

**Title:** post-intensive care unit covid-199 outcomes: a case series

Source: Chest; Aug 2020

Letter to the editor:
Critically ill patients with COVID-19 spend significant time on mechanical ventilation and have prolonged hospitalization duration1 . Whether these patients after discharge have immediate pulmonary and neurocognitive recovery is unknown.

Method Patients were admitted to the University of Virginia (UVA) Medical Center intensive care unit (ICU) with COVID-19 and underwent follow-up at the UVA Post-COVID-19-ICU clinic approximately six weeks after discharge. Lung function and exercise capacity were assessed by spirometry, lung volumes, diffusion capacity (DLCo), and 6-minute walk test. Depression, cognitive function, and insomnia were assessed by the Patient-Reported Outcomes Measurement Information System (PROMIS) depression 8a- short score, the Quality of Life in Neurological Disorders (Neuro-QoL) adult cognitive function v2.0 score, the Montreal Cognitive assessment (MOCA) scores, and insomnia severity index. The study was approved by the UVA Institutional Review Board …

…Discussion: To the best of our knowledge, this is the first case series of outpatient follow-up visits for patients who were hospitalized in the ICU with COVID-19. We found a low prevalence of obstruction and restriction, similar to previously published data in acute respiratory distress syndrome (ARDS) 1,2. The prevalence of diffusion impairment in our cohort was lower compared to post-ARDS follow-up 3 . The mean 6MWD in our cohort is higher compared to what has been reported in prior ARDS studies 3 . Despite significant dosages for sedation and a high prevalence of delirium in the ICU, majority of our patients had no or only mild cognitive impairment at six weeks after hospital discharge. This observation, and the fact only one patient had still difficulties with ADLs, is different from previous reports of survivors of critical illness 4. The prevalence of depression and insomnia were comparable with previous post-ICU outcome studies 5,6. The majority of our post-ICU clinic patients were African-American or Hispanic which is supportive of recent studies that suggest non-white racial/ethnic groups are severely impacted by COVID-19 7 . This was a single center case series and we do not have sufficient long-term data to assess how these outcomes change over time. The long-term impact of this disease remains unclear, but our study suggests the feasibility of an in-person outpatient clinic for post-ICU COVID-19 patients and a low burden of pulmonary and neurocognitive morbidity at immediate follow-up.

<https://www.sciencedirect.com/science/article/pii/S001236922034277X>

**Title:** ROLE OF REHABILITATION DEPARTMENT FOR ADULT INDIVIDUALS WITH COVID-19: THE EXPERIENCE OF THE SAN RAFFAELE HOSPITAL OF MILAN

Source: Archives of physical medicine and rehabilitation; Sep 2020; vol. 101 (no. 9); p. 1656-1661

Abstract: The rapid evolution of the health emergency linked to the spread of severe acute respiratory syndrome coronavirus 2 requires specifications for the rehabilitative management of patients with coronavirus disease 2019 (COVID-19). The symptomatic evolution of patients with COVID-19 is characterized by 2 phases: an acute phase in which respiratory symptoms prevail and a postacute phase in which patients can show symptoms related to prolonged immobilization, to previous and current respiratory dysfunctions, and to cognitive and emotional disorders. Thus, there is the need for specialized rehabilitative care for these patients. This communication reports the experience of the San Raffaele Hospital of Milan and recommends the setup of specialized clinical pathways for the rehabilitation of patients with COVID-19.

In this hospital, between February 1 and March 2, 2020, about 50 patients were admitted every day with COVID-19 symptoms. In those days, about 400 acute care beds were created (intensive care/infectious diseases). In the following 30 days, from March 2 to mid-April, despite the presence of 60 daily arrivals to the emergency department, the organization of patient flow between different wards was modified, and several different units were created based on a more accurate integration of patients' needs. According to this new organization, patients were admitted first to acute care COVID-19 units and then to COVID-19 rehabilitation units, post-COVID-19 rehabilitation units, and/or quarantine/observation units. After hospital discharge, telemedicine was used to follow-up with patients at home. Such clinical pathways should each involve dedicated multidisciplinary teams composed of pulmonologists, physiatrists, neurologists, cardiologists, physiotherapists, neuropsychologists, occupational therapists, speech therapists, and nutritionists.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7272153/>

**case reports**

**Title:** Postacute inpatient rehabilitation for COVID-19

Source: BMJ Case Reports | Published online 18th August 2020

Abstract. This case describes the successful pulmonary rehabilitation of a premorbidly independent female in the early 80s who was admitted for acute respiratory distress syndrome secondary to COVID-19 requiring 14 days of intubation. Patient was admitted to the acute rehabilitation unit 1 month after hospitalisation. Patient initially had poor endurance and was only able to ambulate with a front wheel walker for 150 feet, and also had tachycardia and decreased oxygen saturation after ambulation. During patient’s rehabilitation course, therapy was focused on improving activity tolerance. Ten days after admission, patient was able to ambulate without an assistive device for 250 feet and with a rollator for over 900 feet. Patient also showed improvement in gait speed, heart rate, oxygen saturation after ambulation and incentive spirometer volume. This case demonstrates that pulmonary rehabilitation is an important component of inpatient care for patients with COVID-19 to improve functional exercise capacity and aerobic capacity.

<https://casereports.bmj.com/content/13/8/e237406>

**webinars**

**Title:** LONG COVID: HOW TO DEFINE IT AND HOW TO MANAGE IT

Source: BMJ Webinar | Recording published online 7th Sept

On 3 September The BMJ hosted an online webinar on the diagnosis, management, and prognosis of “long covid.” An expert panel discussed its symptoms, course, and character and suggested strategies for managing it.

<https://www.bmj.com/content/370/bmj.m3489>

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

TITLE: COVID-19: IMPACT OF LONG TERM SYMPTOMS WILL BE PROFOUND, WARNS BMA

Source: BMJ | Published online 13th August 2020

A third of doctors have treated patients with long term covid-19 symptoms, including chronic fatigue and anosmia, a survey conducted by the BMA has found.

Richard Vautrey, chair of the BMA’s GP committee for England, said it was clear that the long term impact of covid-19 on patients and the NHS would be profound. An online survey of doctors conducted by the association between 6 and 12 August received 4279 responses.[**1**](https://www.bmj.com/content/370/bmj.m3218#ref-1) Of the 3729 doctors who answered a question about patients’ symptoms, around a third (1092) said that they had seen or treated patients with symptoms they believed to be a long term effect of the patient having had covid-19. The symptoms reported included chronic fatigue, muscle weakness, loss of sense of smell, and concentration difficulties.

<https://www.bmj.com/content/370/bmj.m3218>

**Title:** COVID-19: THE LONG ROAD TO RECOVERY

Source: BBC Radio 4 File on 4 | September 2020
After coronavirus, the survivors left with life-changing and long-term conditions. The physical and psychological aftermath of COVID-19 and the pressures on rehabilitation services.

<https://www.bbc.co.uk/programmes/m000mczc>

**patient information:**

TITLE: CRITICAL CARE RECOVERY WEBSITE

Source: NHS Scotland, August 2020

‘Many people will be admitted to Intensive Care during the COVID-19 pandemic. We have therefore developed a COVID-19 version of an existing website designed to help patients and families throughout recovery. We are using published expert guidance to guide us, and we're working very closely with front line health care professionals, patients and families. We will update the website regularly, as more information becomes available’.
<https://covid19.criticalcarerecovery.com/>

**Title:** rehabilitation resources

Source: Sussex Community NHS Foundation Trust | Published August 2020

It can take a long time to recover fully from coronavirus. Many people report feeling unwell for several weeks, even months. We have put together some advice to help people across Sussex in their recovery. Below you will find information about how to improve your strength and balance if you have been off your feet and unwell for a while, how to safely return to sport when you feel well enough, tips about improving your sleep, and some helpful advice about how to manage fatigue. You will also find information about managing breathlessness, and nutritional advice about the best foods to eat to help your recovery.

<https://www.sussexcommunity.nhs.uk/services/covid-19-rehabilitation.htm>

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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>