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

15th October 2020

**STRATEGY UNIT RAPID SCAN**

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

Source: The Strategy Unit | 2nd October 2020

***Note from the CSU Strategy Unit: ‘This is the last issue of the CSU COVID-19 Evidence Alert in its current format. Since the first issue in June, we’ve been scanning for evidence on a range of prioritised themes to support the COVID response.  As Phase 3 recovery plans within England are being finalised, it seems an opportune time to reflect on the evidence we’ve found so far and how this might inform reset and recovery’.***

## Evidence reflections: Long-term rehabilitation needs

Early on in the pandemic, it was recognised that rehabilitation would be needed for some Covid-19 patients with ongoing physical, psychological and functional needs. As the pandemic progressed, it became clear that many patients, even those who were not hospitalised, were experiencing symptoms for some time (Long COVID [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4e7fa90731&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=a1a3c77aa7&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=e0372a0f0f&e=87eaa0b9d4), [4](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=c2c648ed6f&e=87eaa0b9d4)).  
  
There is some transferable evidence related to rehabilitation needs from previous pandemics and incidents [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=679725fc47&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=7be6c82aae&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=dba883a852&e=87eaa0b9d4), [4](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=db289e8617&e=87eaa0b9d4), [5](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=497422722e&e=87eaa0b9d4), [6](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=3aea33c103&e=87eaa0b9d4), [7](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4a2a74034e&e=87eaa0b9d4), [8](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=ad4d03ed13&e=87eaa0b9d4), [9](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=f9f6c91656&e=87eaa0b9d4), [10](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5557187f3a&e=87eaa0b9d4), [11](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4a8d7af171&e=87eaa0b9d4). Evidence is beginning to emerge [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=675a690c8a&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5e09b4a9f7&e=87eaa0b9d4) on the rehabilitation needs for Covid-19 patients specifically. We found several recurring themes in the literature:  
 **Kawasaki-like syndrome in children**: Early in the pandemic, it became clear that some children were affected by Kawasaki-like symptoms [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=1bdb00a05e&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=c0cc2b51f2&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=344e6ce0d6&e=87eaa0b9d4), [4](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=978f6f1ed9&e=87eaa0b9d4), [5](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=a28c20303a&e=87eaa0b9d4), [6](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=ba3f447227&e=87eaa0b9d4), [7.](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=e1e7b8ad71&e=87eaa0b9d4)  
  
**Support across the pathway**- Given the diversity of symptoms [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=7c8da59c90&e=87eaa0b9d4) (neurological [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=2c97d12743&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4a1f677c37&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=be53d0fbad&e=87eaa0b9d4), [4](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=f9e1011e24&e=87eaa0b9d4), [5](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=1faa202a12&e=87eaa0b9d4); cognitive [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4b3c6ffff0&e=87eaa0b9d4); musculoskeletal [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=aa956245bf&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=81b6ab0483&e=87eaa0b9d4); psychological [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=b1538d0b4f&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5923da74aa&e=87eaa0b9d4); cardiovascular [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=791cf6c5ed&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=6b6de4e7e7&e=87eaa0b9d4); respiratory [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=98d1476482&e=87eaa0b9d4)), evidence suggests different patients require different types of services-both physical and psychological, across ICU, hospital wards, step down facilities and the community [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=ec91b772bd&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=9088dec71e&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=a4eb061fc7&e=87eaa0b9d4), [4](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=586b34efd7&e=87eaa0b9d4), [5](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=883f5a0585&e=87eaa0b9d4).  
  
**Risks for prolonged inpatient stay-**Cognitive impairment, paralysis, and those requiring a ventilator or dialysis are among factors associated with a greater risk of prolonged inpatient stays [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=c2ebc83643&e=87eaa0b9d4).  
  
**Multidisciplinary teams**- Papers suggest rehabilitation is best delivered by specialists supported by multidisciplinary teams [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=43740b715f&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=556e86fdcc&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5eac65c9d9&e=87eaa0b9d4) to address the psychological, functional and physical aspects of  recovery. Multidisciplinary care can offer effective co-ordination of care and avoid unnecessary duplication of services.  There is however an important role for rehabilitation specialists [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5a9fdfddf1&e=87eaa0b9d4).  
  
**Personalised care**- Studies have shown patients will require different services at different stages in their recovery. A personalised service based on individual needs has proved useful and good communication with patients and family members regarding next steps and treatments are suggested [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=bf52b7af87&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=316dcebe39&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=1e51f52aff&e=87eaa0b9d4).  There is a particular risk in older people of deconditioning [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=20ab5d9c25&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4e42983752&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=b0d7576852&e=87eaa0b9d4).  
  
**Centres of excellence-**Provision of rehabilitation support facilities referred to as “Centres of Excellence”, for those who survive but need care and cannot return to their own homes have been recommended. The repurposing of unused buildings [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=0383aa9ba1&e=87eaa0b9d4) could rapidly expand the supply of space.  
  
**Mental and physical support**- A range of fatigue, depression and mental health problems are reported [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=de7c486d4d&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=5f7237bfde&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=4ea472fc38&e=87eaa0b9d4). A combination of physical interventions such as physiotherapy, respiratory and graded exercise programmes and psychological interventions [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=efee53225a&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=e2e053de37&e=87eaa0b9d4), [3](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=e529ccbd5f&e=87eaa0b9d4) are suggested.  
  
**Technology**- Studies have shown the widespread application of remote rehabilitation and tele-rehabilitation to reduce the need for in-person care including live consultations, or pre-recorded sessions for generic material [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=590f3f8a0c&e=87eaa0b9d4), [2](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=44e35d4e33&e=87eaa0b9d4). However, virtual care is reported to have many limitations which should be reviewed before implementation [1](https://nhs.us6.list-manage.com/track/click?u=08639bcc803b15ab3fd9dc55e&id=607da5a351&e=87eaa0b9d4).

**national service developments**

TITLE: NHS TO OFFER ‘LONG COVID’ SUFFERERS HELP AT SPECIALIST CENTRES

Source: NHS England, 7th October 2020

**People suffering ‘long covid’ symptoms will be offered specialist help at clinics across England, the head of the NHS announced today.**

**Respiratory consultants, physiotherapists, other specialists and GPs will all help assess, diagnose and treat thousands of sufferers who have reported symptoms ranging from breathlessness, chronic fatigue, “brain fog”, anxiety and stress.**

**Increasing medical evidence and patient testimony is showing that a small but significant minority of people who contract Covid cannot shake off the effects of the virus months after initially falling ill. Some estimates suggest that 10% of Covid patients may still be experiencing symptoms more than three weeks after infection, and perhaps 60,000 people could be suffering from long covid symptoms after more than three months.**

**Speaking at the NHS Providers conference today (Wednesday), NHS chief executive Sir Simon Stevens will announce that £10 million is be invested this year in additional local funding to help kick start and designate long covid clinics in every area across England, to complement existing primary, community and rehabilitation care.**

<https://www.england.nhs.uk/2020/10/nhs-to-offer-long-covid-help/>

TITLE: NICE & SIGN ANNOUNCE LATEST RAPID COVID-19 GUIDELINE WILL ADDRESS LONG COVID

Source: NICE, 5th October 2020

NICE and the Scottish Intercollegiate Guidelines Network (SIGN) have today (5 October 2020) announced they will work with the Royal College of General Practitioners (RCGP) to develop a guideline on persistent effects of Covid-19 (Long Covid) on patients.

<https://www.nice.org.uk/news/article/nice-sign-announce-latest-rapid-covid-19-guideline-will-address-long-covid>

**further research papers**

TITLE: AUTOIMMUNE AND RHEUMATIC MUSCULOSKELETAL DISEASES AS A CONSEQUENCE OF SARS-COV-2 INFECTION AND ITS TREATMENT

Source: Rheumatology International; Oct 2020; vol. 40 (no. 10); p. 1539-1554

Abstract: The coronavirus disease-2019 (COVID-19) pandemic is likely to pose new challenges to the rheumatology community in the near and distant future. Some of the challenges, like the severity of COVID-19 among patients on immunosuppressive agents, are predictable and are being evaluated with great care and effort across the globe. A few others, such as atypical manifestations of COVID-19 mimicking rheumatic musculoskeletal diseases (RMDs) are being reported. Like in many other viral infections, severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection can potentially lead to an array of rheumatological and autoimmune manifestations by molecular mimicry (cross-reacting epitope between the virus and the host), bystander killing (virus-specific CD8 + T cells migrating to the target tissues and exerting cytotoxicity), epitope spreading, viral persistence (polyclonal activation due to the constant presence of viral antigens driving immune-mediated injury) and formation of neutrophil extracellular traps. In addition, the myriad of antiviral drugs presently being tried in the treatment of COVID-19 can result in several rheumatic musculoskeletal adverse effects. In this review, we have addressed the possible spectrum and mechanisms of various autoimmune and rheumatic musculoskeletal manifestations that can be precipitated by COVID-19 infection, its therapy, and the preventive strategies to contain the infection.

<https://pubmed.ncbi.nlm.nih.gov/32666137/>

TITLE: NEUROLOGICAL, NEUROPSYCHIATRIC AND NEURODEVELOPMENTAL COMPLICATIONS OF COVID-19

Source: The Australian and New Zealand Journal of Psychiatry; Oct 2020 ; p. 4867420961472

Abstract: Although COVID-19 is predominantly a respiratory disease, it is known to affect multiple organ systems. In this article, we highlight the impact of SARS-CoV-2 (the coronavirus causing COVID-19) on the central nervous system as there is an urgent need to understand the longitudinal impacts of COVID-19 on brain function, behaviour and cognition. Furthermore, we address the possibility of intergenerational impacts of COVID-19 on the brain, potentially via both maternal and paternal routes. Evidence from preclinical models of earlier coronaviruses has shown direct viral infiltration across the blood-brain barrier and indirect secondary effects due to other organ pathology and inflammation. In the most severely ill patients with pneumonia requiring intensive care, there appears to be additional severe inflammatory response and associated thrombophilia with widespread organ damage, including the brain. Maternal viral (and other) infections during pregnancy can affect the offspring, with greater incidence of neurodevelopmental disorders, such as autism, schizophrenia and epilepsy. Available reports suggest possible vertical transmission of SARS-CoV-2, although longitudinal cohort studies of such offspring are needed. The impact of paternal infection on the offspring and intergenerational effects should also be considered. Research targeted at mechanistic insights into all aspects of pathogenesis, including neurological, neuropsychiatric and haematological systems alongside pulmonary pathology, will be critical in informing future therapeutic approaches. With these future challenges in mind, we highlight the importance of national and international collaborative efforts to gather the required clinical and preclinical data to effectively address the possible long-term sequelae of this global pandemic, particularly with respect to the brain and mental health.  
  
<https://journals.sagepub.com/doi/full/10.1177/0004867420961472>

TITLE: SOCIETY OF CRITICAL CARE MEDICINE’S INTERNATIONAL CONSENSUS CONFERENCE ON PREDICTION AND IDENTIFICATION OF LONG-TERM IMPAIRMENTS AFTER CRITICAL ILLNESS

Source: Critical Care Medicine: November 2020 - Volume 48 - Issue 11 - p 1670-1679  
  
Abstract. Background: After critical illness, new or worsening impairments in physical, cognitive, and/or mental health function are common among patients who have survived. Who should be screened for long-term impairments, what tools to use, and when remain unclear.

Objectives: Provide pragmatic recommendations to clinicians caring for adult survivors of critical illness related to screening for post-discharge impairments.

Participants: Thirty-one international experts in risk-stratification and assessment of survivors of critical illness, including practitioners involved in the Society of Critical Care Medicine’s Thrive Post-ICU Collaboratives, survivors of critical illness, and clinical researchers.

Design: Society of Critical Care Medicine consensus conference on post-intensive care syndrome prediction and assessment, held in Dallas, in May 2019. A systematic search of PubMed and the Cochrane Library was conducted in 2018 and updated in 2019 to complete an original systematic review and to identify pre-existing systematic reviews.

Meeting Outcomes: We concluded that existing tools are insufficient to reliably predict post-intensive care syndrome. We identified factors before (e.g., frailty, pre-existing functional impairments), during (e.g., duration of delirium, sepsis, acute respiratory distress syndrome), and after (e.g., early symptoms of anxiety, depression, or post-traumatic stress disorder) critical illness that can be used to identify patients at high-risk for cognitive, mental health, and physical impairments after critical illness in whom screening is recommended. We recommend serial assessments, beginning within 2–4 weeks of hospital discharge, using the following screening tools: Montreal Cognitive Assessment test; Hospital Anxiety and Depression Scale; Impact of Event Scale-Revised (post-traumatic stress disorder); 6-minute walk; and/or the EuroQol-5D-5L, a health-related quality of life measure (physical function).

Conclusions: Beginning with an assessment of a patient’s pre-ICU functional abilities at ICU admission, clinicians have a care coordination strategy to identify and manage impairments across the continuum. As hospital discharge approaches, clinicians should use brief, standardized assessments and compare these results to patient’s pre-ICU functional abilities (“functional reconciliation”). We recommend serial assessments for post-intensive care syndrome-related problems continue within 2–4 weeks of hospital discharge, be prioritized among high-risk patients, using the identified screening tools to prompt referrals for services and/or more detailed assessments.

<https://journals.lww.com/ccmjournal/Fulltext/2020/11000/Society_of_Critical_Care_Medicine_s_International.15.aspx>

**ongoing research**

title: GLOBAL CONSORTIUM LAUNCHES NEW STUDY INTO LONG-TERM EFFECTS OF COVID-19

Source: University of Oxford | 11th September 2020

The International Severe Acute Respiratory and emerging Infection Consortium (ISARIC), based at Oxford University, in collaboration with Dr Janet Scott, of the MRC-University of Glasgow’s Centre for Virus Research, has launched a longitudinal observational study to measure prevalence and risk factors of long-term health and psychosocial consequences of COVID-19. The researchers are inviting hospitals and healthcare sites worldwide to join this new study.

The ISARIC Global COVID-19 follow-up working group is co-led by Dr Louise Sigfrid, of the Centre for Tropical Medicine and Global Health, University of Oxford. The study protocol and associated patient survey has been developed in collaboration with clinicians and research colleagues from Brazil, Canada, Colombia, France, Ghana, Italy, Norway, Pakistan, Russia, Sierra Leone and a wide range of experts in infectious diseases, rheumatology, neurology, intensive care, oncology, public health, psychology and rehabilitation. The patient survey has been designed to assess long-term health and psychosocial consequences of COVID-19 at serial intervals for up to three to five years, depending on resources.

Louise Sigfrid (ISARIC/ University of Oxford) said, 'Currently, very little is known about possible clinical and psychosocial sequelae that may persist in patients after recovering from acute COVID-19 A recent study from Italy of 143 patients after hospitalisation with COVID-19, showed that 87% had at least one ongoing symptom after 60 days. It will be interesting to see what results come from larger groups of patients from different populations.'

Dr Scott said, 'It is vitally important that we are able to understand the long-term risk factors and health conditions associated with COVID-19, in order to ensure we are delivering the very best healthcare to patients in the long term.'

'In order to do this, the assessment of risk factors for longer term consequences requires a longitudinal study, with data on pre-existing conditions and care received during the acute phase of the COVID-19 illness all linked together.'

The survey has been developed to allow patients to complete by self-assessment online, or via post, or during a telephone or in-clinic assessment. This dedicated form is especially designed for collecting data on health and psychosocial complications. It may be used on its own for data collection, or in combination with sampling for immunology, pathophysiology and other studies.

[https://www.ox.ac.uk/news/2020-09-11-global-consortium-launches-new-study-long-term-effects-covid-19#](https://www.ox.ac.uk/news/2020-09-11-global-consortium-launches-new-study-long-term-effects-covid-19)

tITle: What are the long-term symptoms and complications of COVID-19: a protocol for a living systematic review

Source: ISARIC COVID-19 Rapid Evidence Reviews Group (CORRE), 28th Sept 2020

The aim of this review is to evaluate the evidence on the prevalence and duration of symptoms and clinical features of post-acute COVID-19 and its long-term complications. This will inform clinical and public health management, prevention and rehabilitation policies.

To address the aim of this study we will conduct a living systematic review (LSR), which will be initially updated monthly, with update cycles under continuous review as the pace of new evidence generated develops through the pandemic. Our study methodology has been developed and strengthened through consultation with Long Covid Support (a patient support network). LSRs are used in areas where research evidence is emerging rapidly, current evidence is uncertain, and new research may influence policy or practice decisions.[11] These are all features of COVID-19 research, where much about the long-term effects of the disease are still unknown.

<https://media.tghn.org/medialibrary/2020/09/What_are_the_long-term_symptoms_and_complications_of_COVID-19_a_protocol_for_a_living_systematic_review.pdf>

<https://isaric.tghn.org/covid-19-rapid-evidence-reviews-group/>

**news items & SERVICE DEVelopments**

TITLE: DOCTORS WITH LONG COVID

Source: BMA News | Published online 6th October 2020

Doctors who contracted COVID, and thought the symptoms would be over in weeks, tell Jennifer Trueland about their continuing pain, exhaustion and – sometimes – struggle to be believed.

‘Even if this next outbreak takes just the same percentage of doctors, we’re looking at huge numbers of people off sick, not just for the [acute] COVID and the quarantine period, but with prolonged symptoms. And all of the people I’ve seen with this have been young – they’ve been under 45. That’s something that really needs to be hammered home to the 20-somethings and 30-somethings that are still going out for nights on the town because they think that even if they do get it, they’re not going to be really affected – because they are the people that are getting this long COVID syndrome.’

<https://www.bma.org.uk/news-and-opinion/doctors-with-long-covid>

TITLE: LONG COVID: LET PATIENTS HELP DEFINE LONG-LASTING COVID SYMPTOMS (EDITORIAL)

Source: Nature **586**, 170 (2020)

Breathlessness and fatigue are among the continuing and debilitating symptoms being reported by people with COVID-19 — often months after the onset of the disease, and often long after they have been declared recovered.

Researchers and clinicians have yet to agree on a name for these ongoing symptoms. The literature includes “post-COVID syndrome” and “chronic COVID-19”. Now, researchers, patient groups and those affected by the condition are urging that “long COVID” be used.

They are also calling for the definition of recovery from COVID-19 to be based on criteria that extend beyond just testing negative for COVID. People’s symptoms should be considered, too, such as chest heaviness, breathlessness, muscle pains, palpitations and fatigue, as Nisreen Alwan, a public-health researcher at the University of Southampton, UK, wrote in a World View article in August (N. A. Alwan Nature 584, 170; 2020).

The World Health Organization is following developments on this topic closely. Researchers and funding agencies, too, must give more urgent consideration to the definition of COVID recovery and whether to adopt the long COVID terminology — and they must put the patient voice at the centre of the process.

<https://www.nature.com/articles/d41586-020-02796-2>

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[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.

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