

COVID-19 PERSISTENTE

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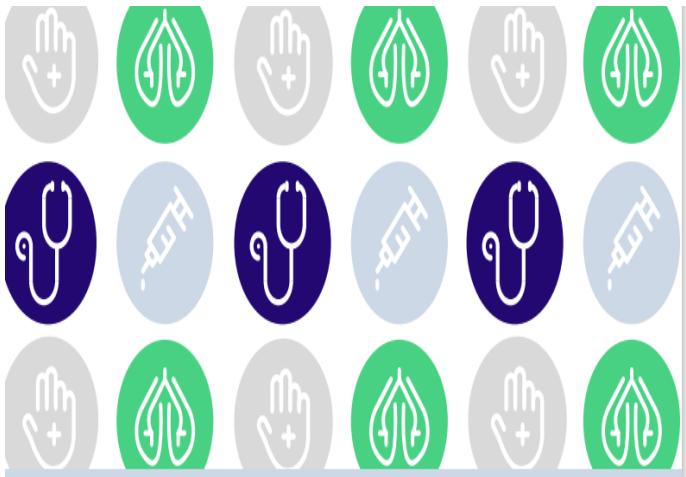
El 30 de octubre del 2020 el director general de la OMS avisa de la importancia de las secuelas a largo plazo de la COVID-19.



El 31 de diciembre del 2019 la OMS habla de “brote misterioso de neumonías” en la ciudad de Wuhan en la China

El 11-3-2020 se declara la PANDEMIA por coronavirus

El 7 de enero del 2020 los científicos chinos aislan el virus causante de la enfermedad y realizan la secuenciación del genoma del SARS-CoV 19



Guia de práctica clínica CAMFIC

MANIFESTACIONES PERSISTENTES DE LA COVID-19

1a edición

NICE National Institute for
Health and Care Excellence

**RC
GP**
Royal College of
General Practitioners

**Healthcare
Improvement
Scotland | SIGN**

NICE
guideline

thebmj Visual summary

"Long covid" in primary care
Assessment and initial management of patients with continuing symptoms

Investigations
Clinical testing is not always needed, but can help to pinpoint causes of continuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below.

Blood tests
Full blood count | Electrolytes
Liver and renal function | Troponin
C-reactive protein | Creatine kinase
D-dimer | Brain natriuretic peptides
Ferritin – to assess inflammatory and prothrombotic states

Other investigations
Chest x-ray | Urine tests
12 lead electrocardiogram

Social, financial, and cultural support
Prolonged covid-19 may limit the ability to engage in work and family activities. Patients may experience many setbacks as well as job losses and consequent financial stress and food poverty. See the associated article by Greenhalgh and colleagues for a list of external resources to help with these problems

An uncertain picture
The long term course of covid-19 is unknown. This graphic presents an approach based on evidence available at the time of publication. However, caution is advised, as patients may present atypically, and new treatments are likely to emerge

**04
History**
From date of first symptom
Clinical assessment
Current symptoms | Nature and severity
Examination, for example:
Temperature | Heart rate and rhythm | Blood pressure | Respiratory examination
Functional status | Pulse oximetry | Clinical testing
Assess comorbidities | Social and financial circumstances

Managing comorbidities
Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed alongside treatment with covid-19. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues

Safety netting and referral
The patient should seek medical advice if concerned, for example:
Worsening breathlessness | PaO₂ < 96% | Unexplained chest pain | New confusion | Focal weakness
Specialist referral may be indicated, based on clinical findings, for example:
Respiratory if suspected pulmonary embolism, sepsis, or chronic respiratory disease
Cardiology if suspected myocarditis, pericarditis, myocarditis or new heart failure
Neurology if suspected neurovascular or acute neurological event
Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review

Medical management
Symptomatic, such as treating fever with paracetamol
Daily pulse oximetry | Attention to general health
Optimise control of long term conditions
Listening and empathy
Consider antibiotics for secondary infection
Treat specific complications as indicated

Self management
Diet | Sleep | Quitting smoking | Limiting alcohol | Limiting caffeine
Daily pulse oximetry | Attention to general health
Optimise control of long term conditions
Listening and empathy
Consider antibiotics for secondary infection
Treat specific complications as indicated

Mental health
In the consultation:
Continuity of care | Avoid inappropriate medicalisation
In the community:
Community linkworker | Patient peer support groups | Attached mental health support service | Cross-sector partnerships with social care, community services, faith groups

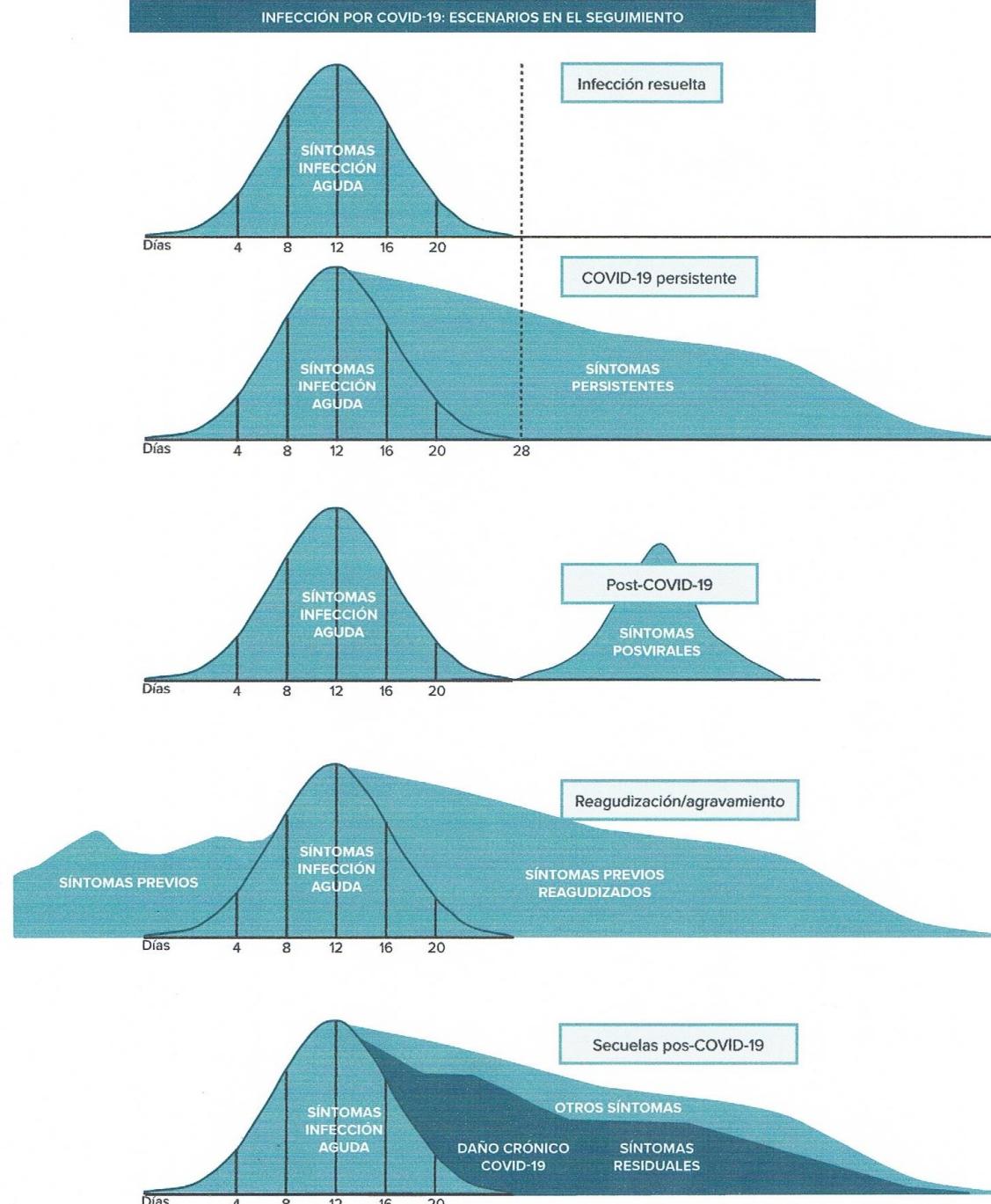
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semFYC
Sociedad Española de Medicina
de Familia y Comunitaria

► Qué es la Covid-19 persistente o long Covid?

- Definimos COVID-19 persistente aquellos casos donde los síntomas iniciales de la fase aguda persisten más allá de 4 semanas
- Diagnóstico de COVID-19
- Criterios de exclusión:
 - Patologías previas que han empeorado por la COVID-19
 - COVID-19 post-viral o post-infección
 - Secuela de la COVID-19 por lesión órgano específica por parte del SARS-COV 2





Guía NICE

Acute COVID-19 infection: Signos i síntomas de COVID-19 de menos de 4 semanas de duración. Se incluyen pacientes con diagnóstico por pruebas y pacientes con sospecha de infección por la falta de diagnóstico en las fases previas de la pandemia.

Ongoing symptomatic COVID-19: Signos y síntomas de COVID-19 que persisten entre 4 y 12 semanas

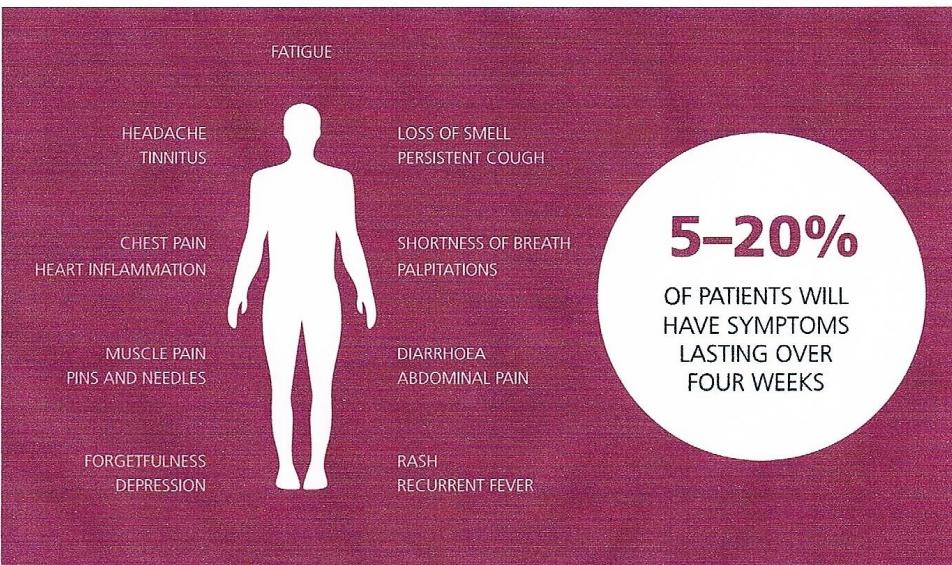
Post-COVID-19 syndrome: Signos y síntomas que se desarrollan durante o después de la infección de COVID 19 y persisten más allá de 12 semanas y no se pueden explicar por ningún otro diagnóstico alternativo.

Causas de COVID-19 persistente

¡No se sabe!

Se han observado síntomas musculoesqueléticos, neuropsiquiátricos y respiratorios a largo plazo en otros coronavirus, por ejemplo, SARS y MERS.

Fig. 1 The long-term effects of COVID-19



Source: Reproduced with permission from SIMPLECOVID (2020)

NATURE MEDICINE LETTERS					
Table 1 Characteristics of individuals with COVID-19 by symptom duration, compared to age-, sex- and BMI-matched app users who tested negative for COVID-19					
	Short (<10 d)	LC28 (>28 d) (including LC56)	LC56 (>56 d)	Intermediate (≥10 d < 28 d)	Overall
Number	1,591	558	189	1,915	4,182
UK/SE/US (numbers; %)	1,365/139/87; 85.8/8.7/5.5	466/57/35; 83.5/10.2/6.3	165/12/12; 87.3/6.3/6.3	1,558/271/86; 81.4/14.2/4.5	3,491/473/218; 92.8/11.3/5.2
Male (%)	32.7	20.3***	16.9*	27.9	28.5
Age, years (median, IQR)	38 (29–49)	50 (39–57)***	52 (43–59)***	43 (33–53)	42 (32–53)
Age group (18–49/50–69/ >70) (numbers; %)	1,122/331/98; 75.3/22.2/2.5	259/262/24; 475/481/4.4	69/69/11; 39.2/54.5/6.3	1,293/594/28; 675/310/15	2,627/1,195/96; 62.8/28.6/2.3
Obese (%)	23.8	27.6*	26.5	27.7***	26.3
BMI (kg/m ²) (median, IQR)	25.5 (22.7–29.7)	26.1 (23.3–30.5)	25.9 (23.3–30.5)	26.2 (23.2–30.7)**	25.9 (23.3–30.3)
Asthma (%)	7.7	15.8***	18.0***	10.0*	10.0
Lung disease (%)	12.8	16.5*	15.9	13.3	13.6
Diabetes (%)	3.0	3.9	5.8*	2.6	2.9
Heart disease (%)	1.7	3.2**	4.8**	1.6	1.9
Kidney disease (%)	0.5	0.9	0.5	0.4	0.6
IMD (median decile, IQR)	7 (4–9)	7 (5–9)	7 (5–9)	7 (4–9)*	7 (5–9)***
IMD quintiles* (numbers; %)	64/75/334/132/634	23/23/86/49/240	10/9/26/18/88	155/246/310/ 10.7/171/215/	118/194/830/ 4.9/61/26.0/
Visit to hospital (%)	7.0	31.5***	43.9***	14.3***	13.9
Number of symptoms in the first week (median, IQR)	5 (3–7)	7 (5–9)***	7 (5–9)***	6 (4–8)***	3 (2–4)***

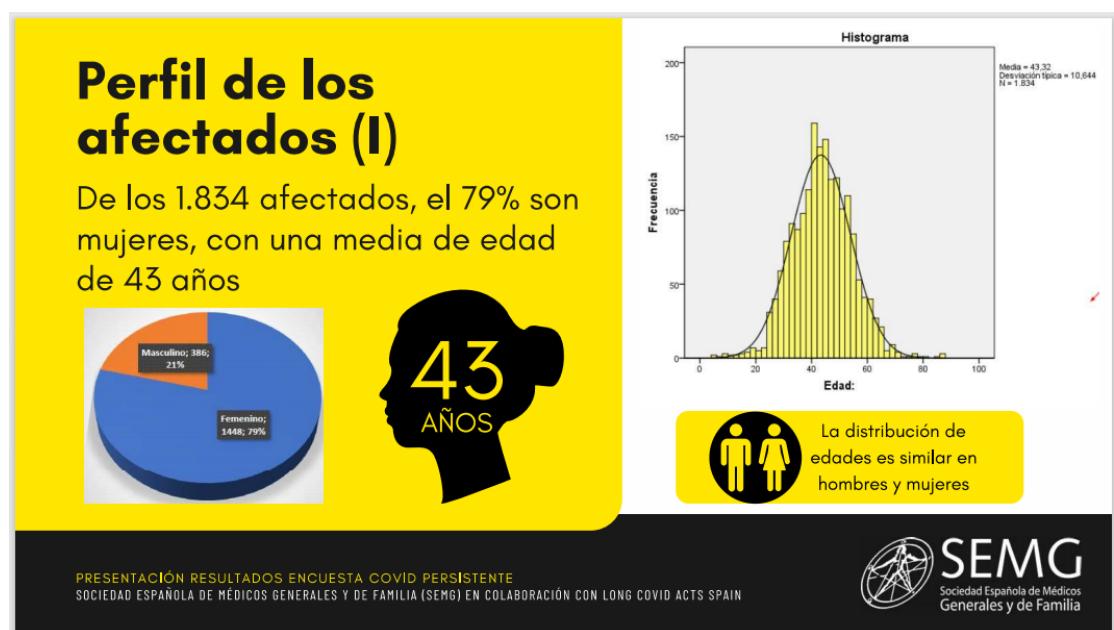
*Statistically significant difference, compared to short COVID. **<0.1. ***<0.05 and ****<0.01. Comparisons were performed with respect to the 'short duration' within the positive group. Matched negatives were compared to the overall positive population. Two-sided Mann-Whitney U tests were performed for continuous variables, and chi-squared tests were performed when comparing proportions. UK, United Kingdom; SE, Sweden; US, United States of America. *IMD information is available only for app users from the UK who entered a complete postcode.

Epidemiología:

Los estudios sugieren que alrededor de 5-20% de los pacientes presentan clínica más allá de 4 semanas, después la proporción es menor

Estudio King's College London (United Kingdom)

- 4182 pacientes
- datos app
- 79,7 % mujeres
- 39-57 años



Casos confirmados en España:
3,18 millones

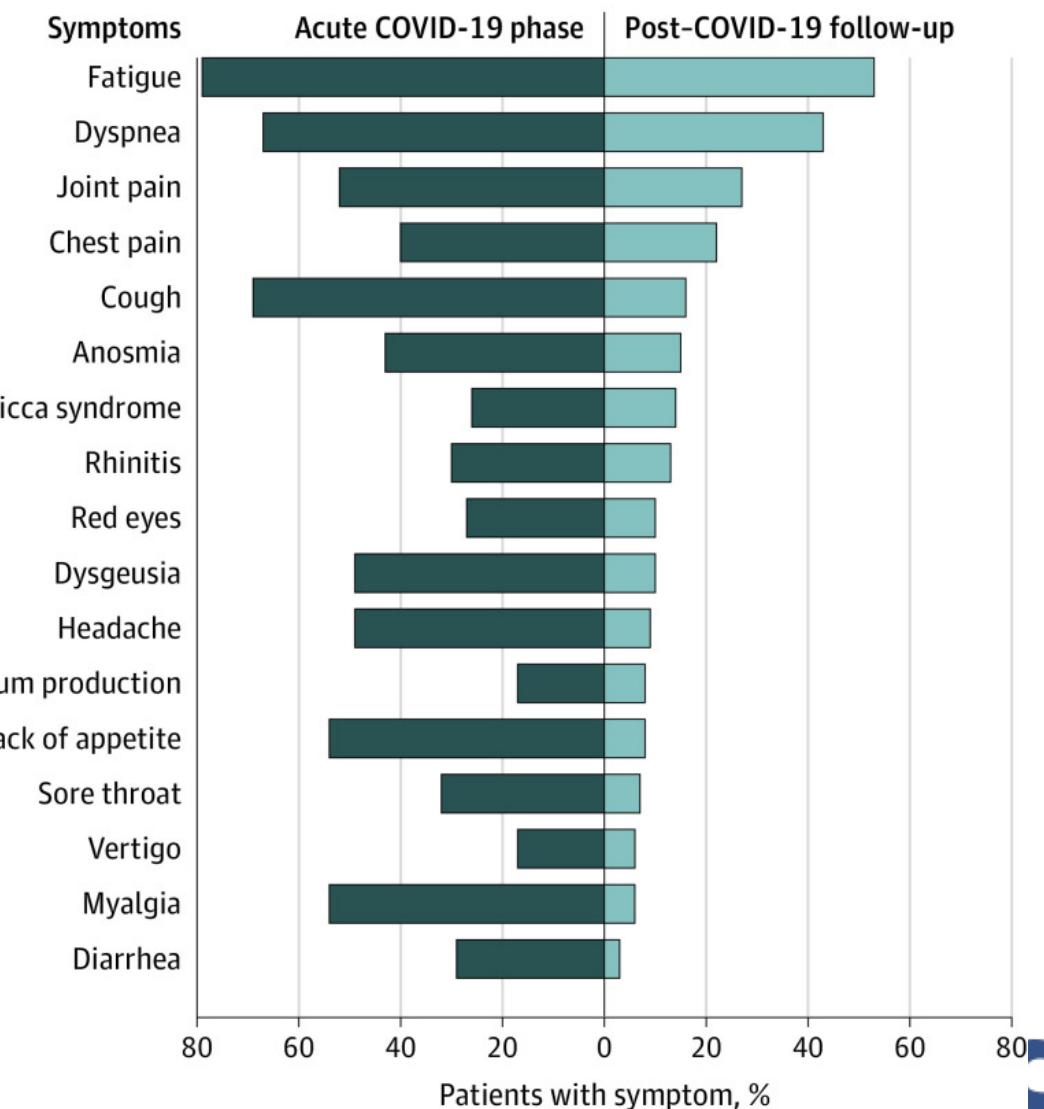
WHO 14-3-2021

Estudios:

Persistent Symptoms in Patients After Acute COVID-19

[Carfi](#), [Bernabei](#), [Francesco Landi](#), [Group](#)

JAMA. 2020 Aug 11;324(6):603-605. doi:
10.1001/jama.2020.12603.



		SEMANAS DESPUÉS DEL PRIMER SÍNTOMA DE INFECCIÓN AGUDA POR COVID-19		
Signos y síntomas persistentes en la infección por COVID-19		4 semanas	8 semanas	12 semanas
Frecuencia global (sudre)		13,3%	4,5%	2,3%
Síntomas generales <i>Garrigues</i>	Fiebre	4%	0%	-
	Escalofríos	5%	-	-
	Fatiga	35%	53%	16-55%
Manifestaciones osteomusculares	Artralgia	10-15%	16-27%	-
	Mialgia	-	6%	-
	Mialgia, cefalea o fatiga	36%	21%	-
Manifestaciones pulmonares <i>Garrigues</i>	Disnea	11-27%	8-43%	14%
	Dolor torácico	20%	22%	10,8%
	Tos	43%	18%	2-16,7%
	Expectoración	-	8%	2%
Manifestaciones ORL <i>Fjaldstad,cho,neto,gorzkovsky,lv</i> <i>Garrigues</i>	Rinitis/congestión	28%	15%	-
	Odinofagia	15%	7%	-
	Anosmia	29,2-56%	17%	13,3-46,2%
	Disgeusia	16,7-50%	10%	10,8-31,7%
	Anosmia/disgeusia	28-49,5%	11,3-23%	4%
Manifestaciones gastrointestinales	Dolor abdominal	15%	-	-
	Náuseas	10%	-	-
	Vómitos	4%	-	-
	Diarreas	-	3%	-
	Diarreas o vómitos	17%	11%	31%
	Anorexia	-	8%	-
Manifestaciones neurológicas <i>Garrigues</i>	Pérdida de peso >5 %	16%	17%	-
	Cefalea	14%	9%	18%
	Confusión	21%	-	-
	Trastorno de conducta	-	-	26,7%
	Pérdida de memoria	-	-	34,2%
	Trastornos del sueño	-	-	30,8%
	Vértigo	-	6%	-
Otras manifestaciones <i>Garrigues</i>	Síndrome seco	-	16%	-
	Alopecia	-	-	20%
	Ojo rojo	-	10%	-

*Tenforde et al. evaluaron manifestaciones a las 2-3 semanas

Datos de los principales estudios reportados como síntomas de covid persistente

More than 50 Long-term effects of COVID-19: a systematic review and meta-análisis

Sandra Lopez-Leon , Talia Wegman-Ostrosky , Carol Perelman, Rosalinda Sepulveda , Paulina A Rebolledo, Angelica Cuapio , Sonia Villapol

A total of 18,251 publications were identified, of which 15 met the inclusion criteria. The prevalence of 55 long-term effects was estimated, 21 meta-analyses were performed, and 47,910 patients were included. The follow-up time ranged from 14 to 110 days post-viral infection. The age of the study participants ranged between 17 and 87 years

The five more common symptoms:

- fatigue (58%)
- headache (44%)
- attention disorder (27%)
- hair loss (25%)
- dyspnea (24%)

An abnormal chest XRay/CT was observed in 34% of the patients

Markers reported to be elevated:

- D-dimer (20%)
- NTproBNP (11%)
- C-reactive protein (8%)
- serum ferritin (8%)
- procalcitonin (4%)
- IL-6 (3%)

WHO. POLICY BRIEF 39 .

In the wake of the pandemic. Preparing for Long COVID

Selina Rajan, Kamlesh Khunti, Nisreen Alwan, Claire Steves, Trish Greenhalgh, Nathalie MacDermott, Anna Sagan, Martin McKe

Key messages:

- COVID-19 can cause persistent ill-health, described by patient groups as “Long COVID”.
- Our understanding of how to diagnose and manage Long COVID is still evolving but the condition can be very debilitating. It is associated with a range of overlapping symptoms
- Long COVID has a serious impact on people’s ability to go back to work or have a social life.

Policy responses need to take account of the complexity of Long COVID and how what is known about it is evolving rapidly. Areas to address include:

- The need for multidisciplinary, multispecialty approaches to assessment and management
- Development, in association with patients and their families, new care guidelines for health professionals
- Action to tackle the wider consequences of Long COVID, including attention to employment rights, sick pay policies, and access to benefit and disability benefit packages
- Involving patients both to foster self-care and self-help and in shaping awareness of Long COVID and the service (and research) needs it generates
- Implementing well-functioning patient registers and other surveillance systems; creating cohorts of patients; and following up those affected as a means to support the research which is so critical to understanding and treating Long COVID

Síntomas más frecuentes:

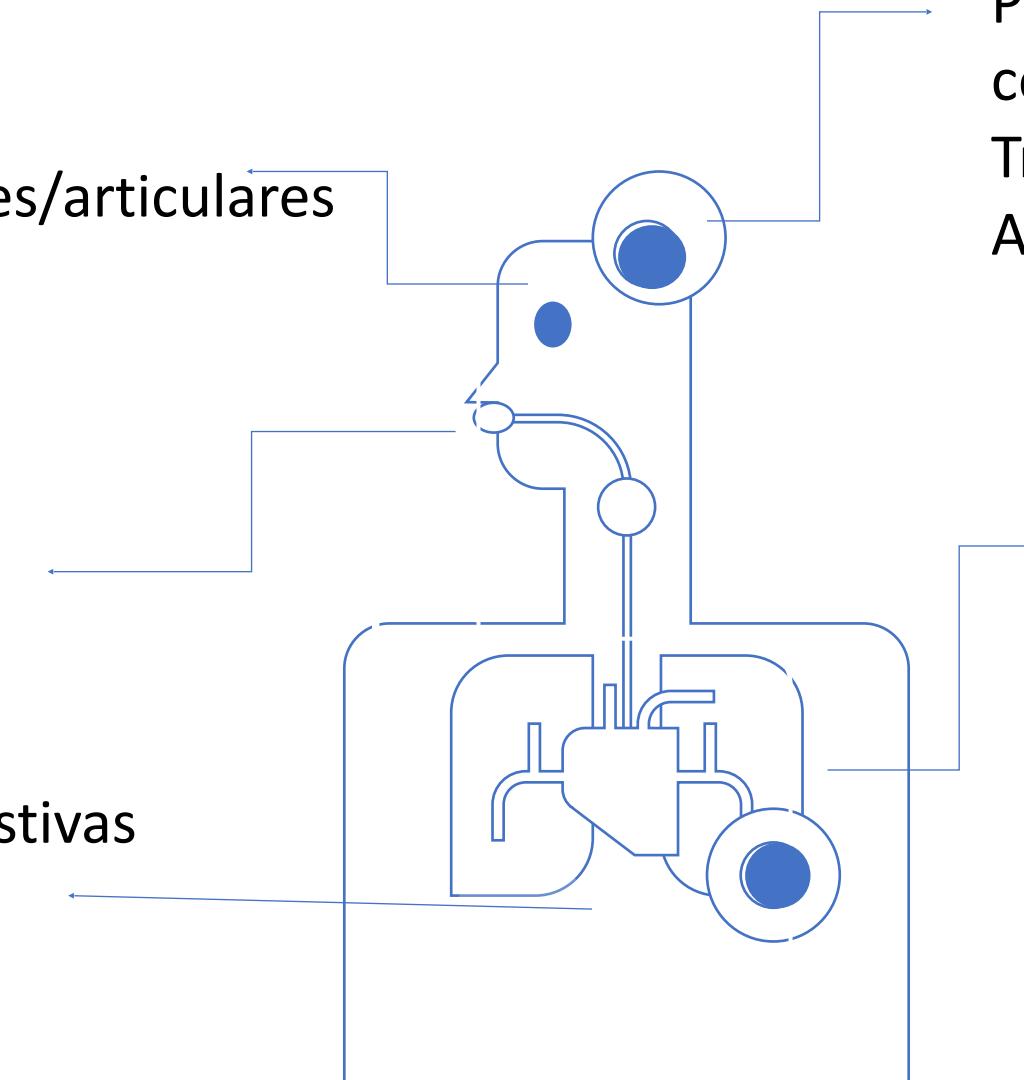
FATIGA

Dolores musculares/articulares

Caída del Cabello

Alteración del
gusto/olfato

Alteraciones digestivas
Vómitos/diarrea



“Brain fog”

Pérdida de memoria
cefalea

Trastornos del sueño

Alteraciones del estado anímico

Disnea

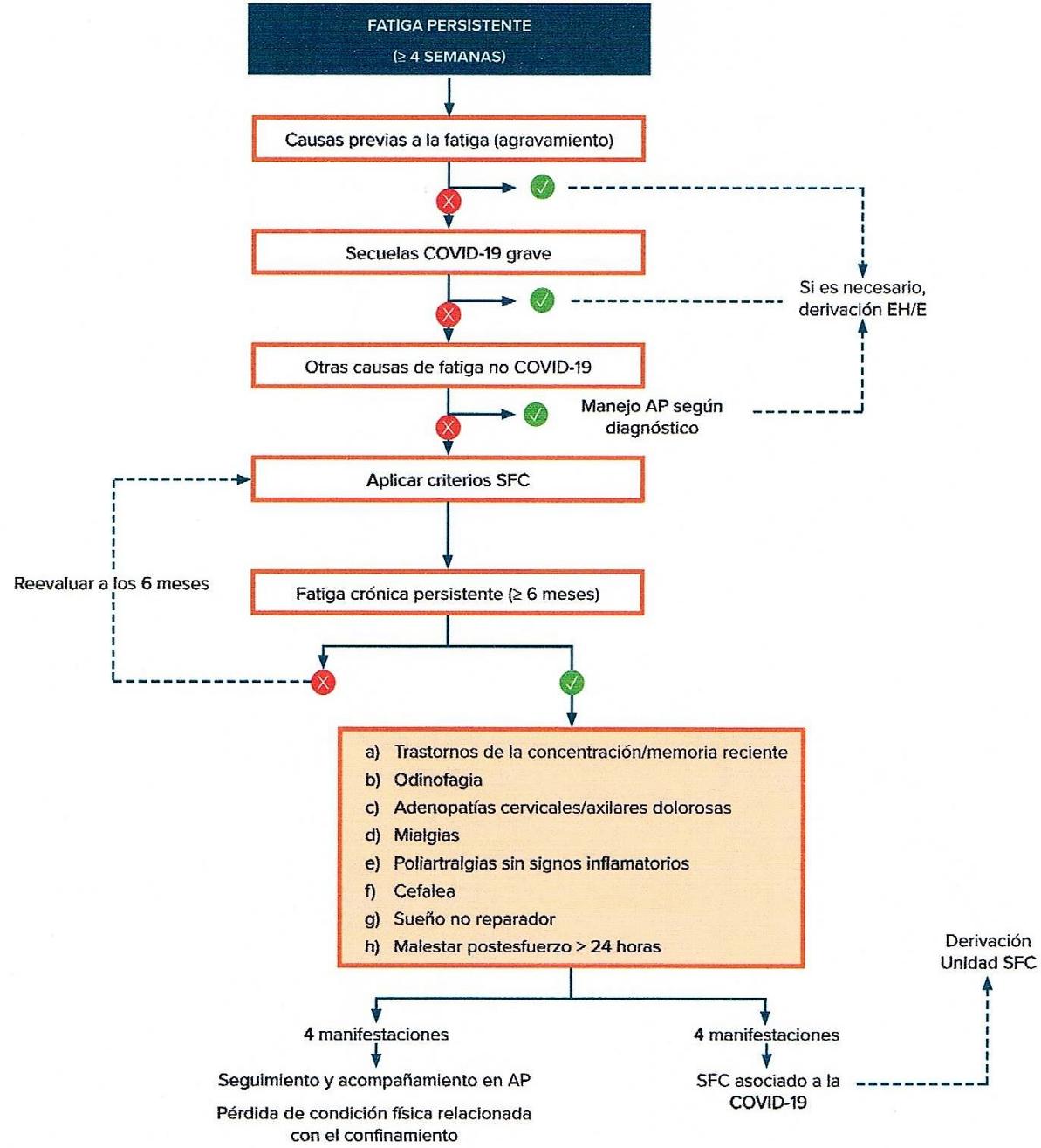
Dolor torácico

“quemazón respiratoria”

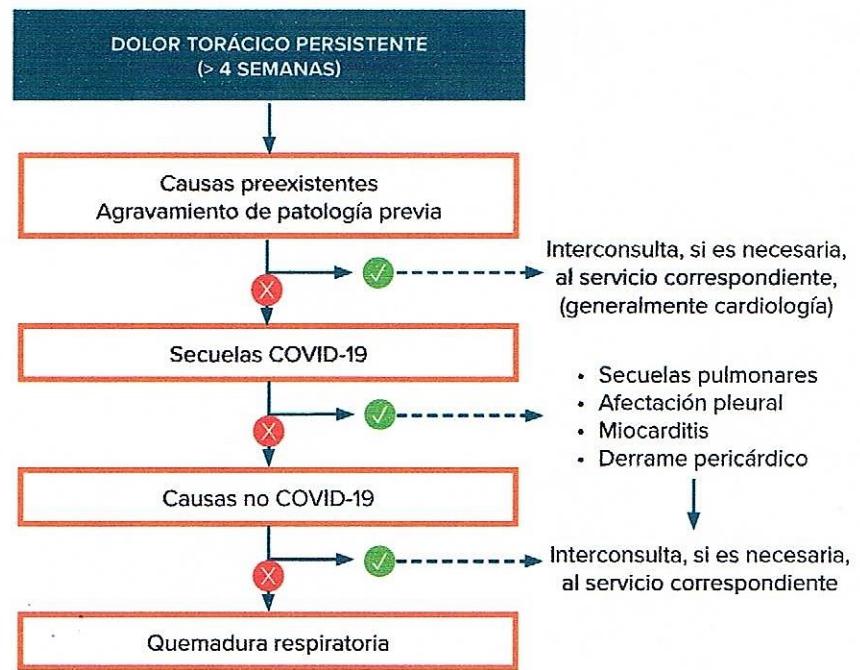


Abordaje integral de los pacientes afectos de COVID persistente

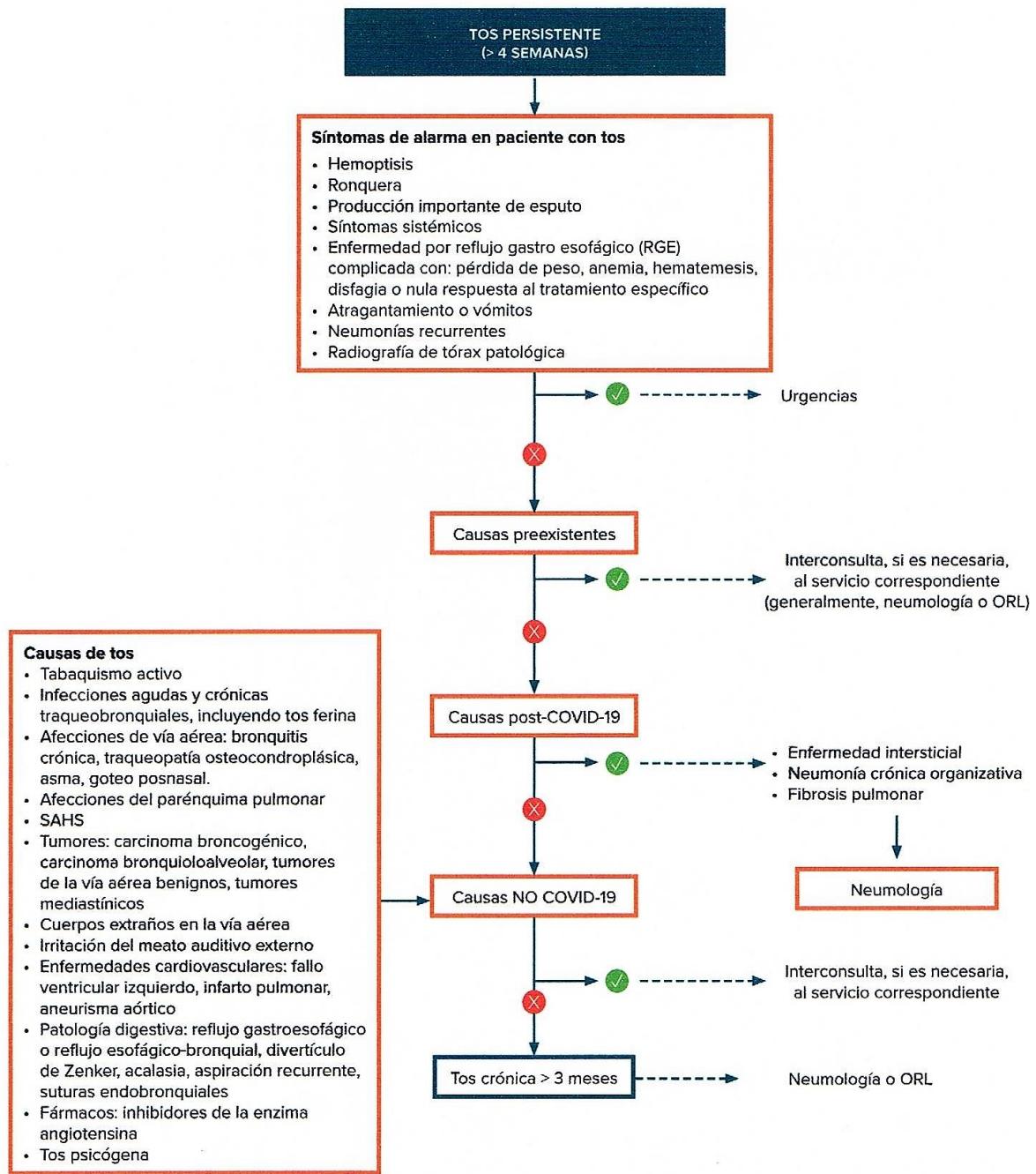
- Historia clínica
 - Antecedentes de enfermedades previas
 - Cuándo se inició la COVID, con qué síntomas: medir
 - Tratamientos, si ha estado ingresado en el hospital, UCI, intubación ...
 - Exploración clínica completa
 - Analítica general
 - Rx tórax/eco torácica
-
- Abordaje por síntomas



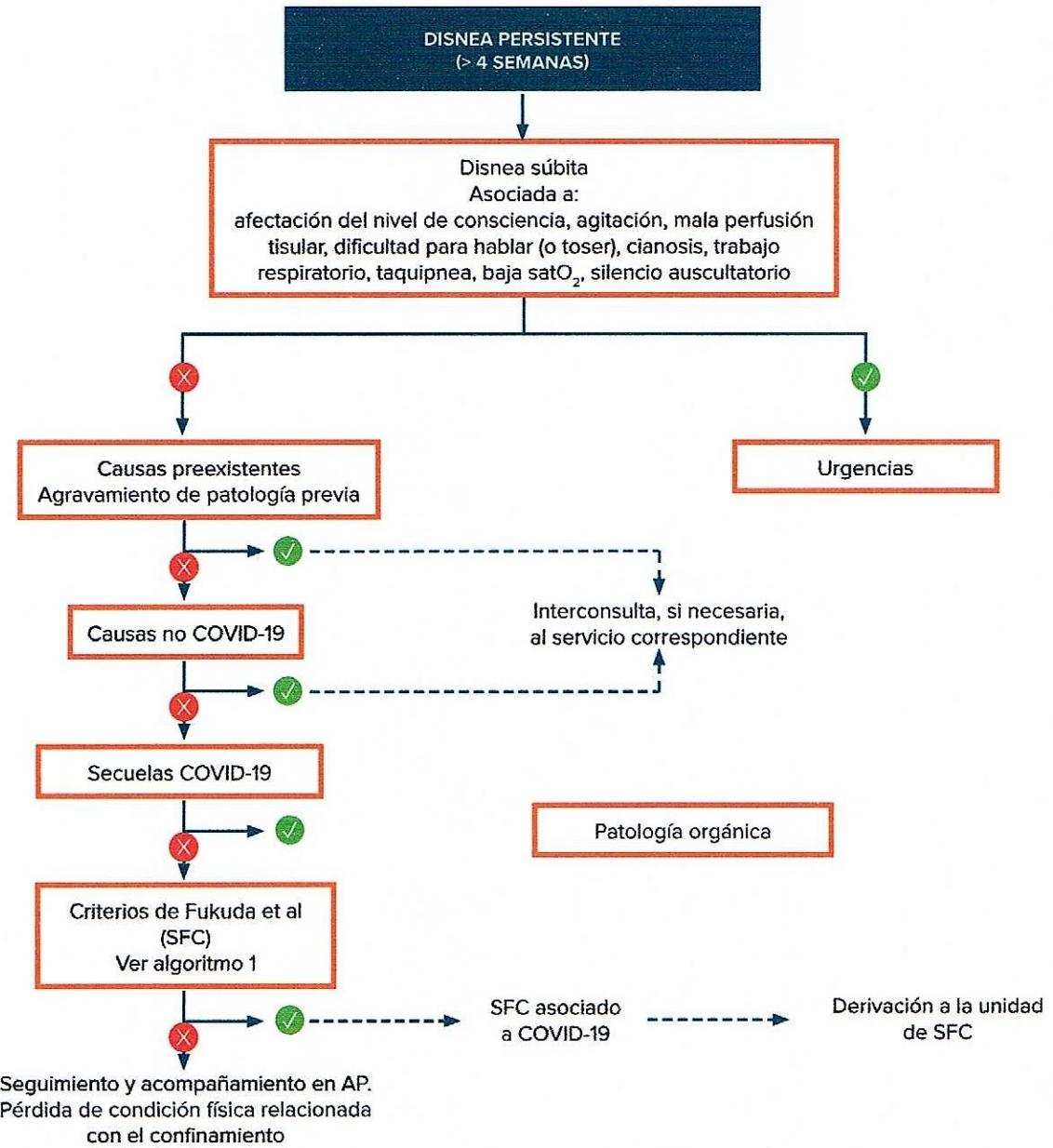
Frecuencia del 35-53% a las 4-8 semanas
y del 16% a las 12 semanas postinfección



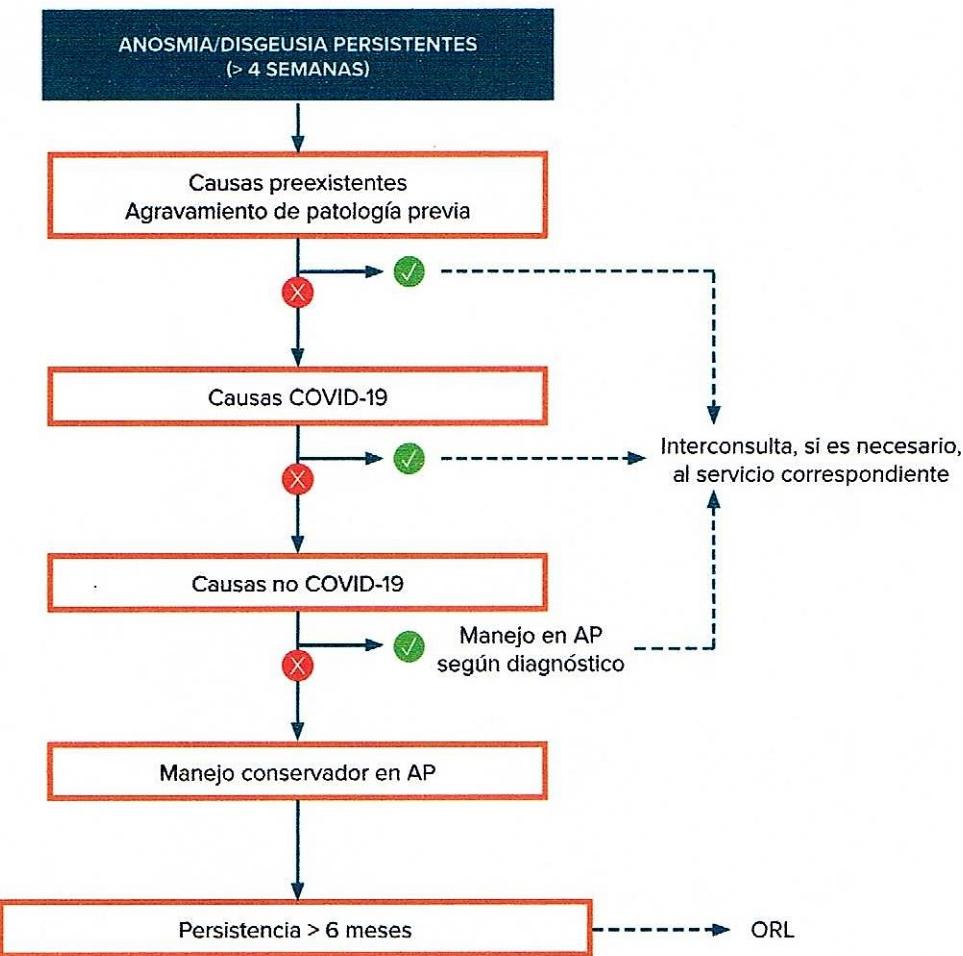
Frecuencia del 20-22% a
las 4-8 semanas tras el
diagnóstico



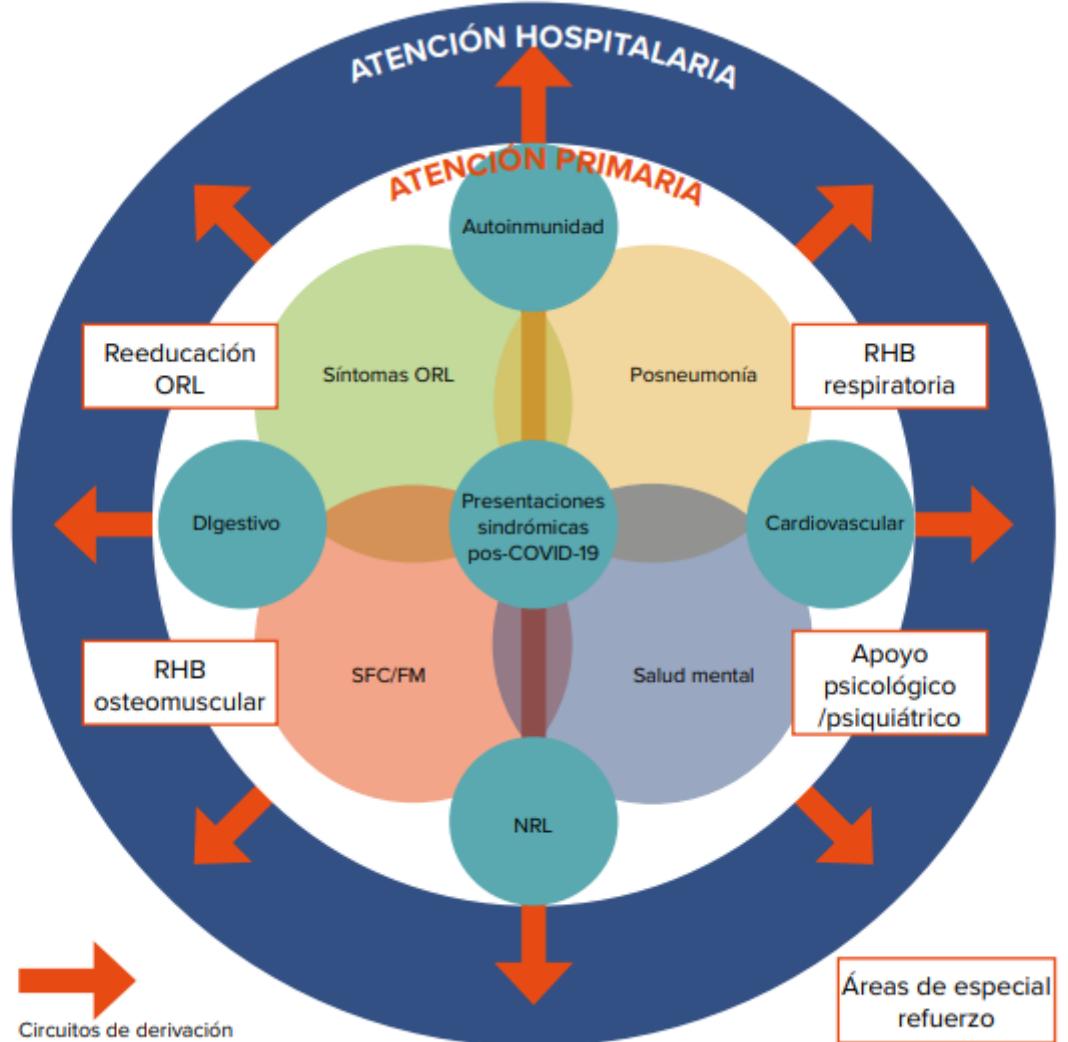
Frecuencia: 40% a las 2-3 semanas
 15% a los 2 meses
 2% a las 12 semanas



Frecuencia a las 4-8 semanas entre un 8%- 43% un 14% a las 12 semanas



Frecuencia 17-56% a las 4 semanas
10-23% a las 8 semanas
4-46% a las 12 semanas





¿Por qué es importante diagnosticar a estos pacientes?

- ✓ Identificar a los pacientes afectos de COVID-19 persistente
- ✓ Concienciar a las personas que pueden tener síntomas menos comunes, especialmente gente mayor.
- ✓ El haber estado ingresado no es predictor de COVID persistente
- ✓ Muchas personas experimentan síntomas cognitivos, como embotamiento mental, confusión y pérdida de memoria.



Retos de futuro

- ✓ ¿Cuáles son los factores de riesgo para desarrollar COVID persistente?
- ✓ ¿Qué intervenciones son más efectivas para tratar la COVID persistente?
- ✓ ¿Cuál es la incidencia y prevalencia de la COVID persistente?
- ✓ Marcadores de pronóstico para desarrollar la COVID-19 persistente
- ✓ Presentación de la COVID-19 persistente en niños, jóvenes, mujeres embarazadas, gente mayor...
- ✓ ¿Cuál es la historia natural de la COVID-19 persistente?
- ✓ Herramientas validadas para la detección de la COVID persistente

Muchas gracias