

COVID-19 Symptoms Can Linger for Months

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Clinicians and researchers have focused on the acute phase of COVID-19 infection, but it's increasingly clear that some recovered patients discharged from acute care need continued monitoring for long-lasting effects, a study has found.

In a research letter published online July 9 in the *Journal of the American Medical Association*, Angelo Carfi, MD, and colleagues from the Gemelli Against COVID-19 Post-Acute Care Study Group in Rome, Italy report that 87.4% of 143 previously hospitalized patients had at least one persistent symptom 2 months or longer after initial onset and at more than a month after discharge.

Postdischarge assessments of patients who met criteria for SARS-CoV-2 negativity, including a reverse transcriptase-polymerase chain reaction (RT-PCR) test, were conducted from April 21 to May 29. Among the results:

- Only 12.6% of the 143 patients were completely free of any COVID-19 symptom
- 32% of patients had one or two symptoms and 55% had three or more
- None had fever or other signs and symptoms of acute illness
- 53.1% of patients still had fatigue, 43.4% had dyspnea, 27.3% had joint pain, and 21.7% chest pain
- 44.1% reported worsened quality of life on the EuroQol visual analog scale.

The sample cohort, assessed in a COVID-19 patient service recently established at the Fondazione Policlinico Universitario Agostino Gemelli had a mean age of 56.5 years and 37% were women. The mean length of hospital stay was 13.5 days. During their hospitalization, 72.7% of patients showed evidence of interstitial pneumonia. Noninvasive ventilation was given to 14.7% of patients and 4.9% received invasive ventilation.

The reality of lingering symptoms has led Carfi's clinic to schedule a final "wrap-up visit" for patients after full assessment. "On that occasion the doctor prescribes anything necessary to correct the anomalies found during the full evaluation," Carfi, a geriatrician at the Gemelli clinic, told *Medscape Medical News*. "These usually include vitamin supplementation and, in selected cases, a new drug prescription such as a blood thinner if necessary."

Patients can also enroll in a training program in which breathing status is monitored.

Here in North America, doctors are also addressing the reality that the road to recovery can be a long and upward one, with persistent symptoms worse than those seen with acute influenza infection. "We see patients who were first diagnosed in March or April and still have symptoms in July," said Zijian Chen, MD, an endocrinologist and medical director of Mount Sinai Health System's Center for Post-COVID Care in New York City.

"Persistent symptoms are much worse for COVID patients than flu patients. Even flu patients who spent time in the intensive care unit recover fully, and we can optimize their breathing before discharge," Chen told *Medscape Medical News*.

As in the Italian study, Chen sees patients with COVID-19 who have ongoing shortness of breath, some requiring supplemental oxygen, or with persistent chest pain on exertion, blood clotting problems, poor concentration, gastrointestinal distress, and reduced muscle strength and impaired grasping power. He doesn't rule out permanent lung damage in some. "Even asymptomatic individuals already show lung scarring on imaging," he said.

The Mount Sinai program provides specialized interdisciplinary management that may include CT scans, endoscopy, and drugs such as respiratory medications or anticoagulants. It also offers training to combat the fatigue and deconditioning caused by the infection, symptoms that are not medically treatable but impact quality of life.

"These patients do get better, but I expect they may still have symptoms requiring monitoring after a year," Chen said.

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