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STRATEGY FOR PROVIDING MEDICAL CARE FOR PATIENTS WITH LONG COVID

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The number of people with coronavirus infection in the world exceeds 162 million [1]. In most (80%) people, the disease is mild, in 15% - in severe form, 5% of patients have a fatal course. But coronavirus problems don't always end once a PCR test is negative. It is believed that the frequency of consequences after COVID-19 in those who tested positive and who were treated on an outpatient basis (for example, at home), is from 10% to 35%, but for those who are hospitalized, this figure can reach 80%.

Post COVID-19 condition, also known as Long COVID, is a consequence of coronavirus infection in which up to 20% of people who have had a coronavirus infection suffer from long-term symptoms that last up to 12 weeks and 2,3% longer. Post COVID-19 condition is included in the International Classification of Diseases (ICD-10) in the wording "Post COVID-19 condition".

In December 2020, the following classification was proposed by the UK's National Institutes of Health (NICE) [2]:

• Acute COVID-1 in which symptoms last up to four weeks

• Ongoing symptomatic COVID-19 in which symptoms last 4 to 12 weeks

• Post-COVID-19 syndrome: symptoms lasting more than 12 weeks that cannot be explained by an alternative diagnosis, can change over time, disappear and reappear, affecting many body systems.

It is also proposed to introduce the term "Long COVID", which includes a period of symptomatology in general from 4 weeks and more, that is, combining both terms, ongoing symptomatic COVID-19 and Post-COVID-19 syndrome.

The question of what to do with patients with Long COVID, unfortunately, this question remains at the stage of study and is open. We managed to find only 2 approved documents that relate to the management of patients with Long COVID. These are COVID-19 rapid guideline: managing the long-term effects of COVID-19 by NICE [2] and the Royal Australian College of General Practitioners (POC) guidelines for Caring for adult patients with Post-COVID-19 conditions [3].

According to the recommendations studied, the rehabilitation strategy for patients with Long Covid consists of several stages:

1. Identification of patients with possible Long COVID symptoms.
2. Examination of patients with suspected Long COVID development.
3. Drawing up a treatment plan.
4. Recommendations for rehabilitation.

All patients who have experienced acute COVID-19 should receive written information about the most common new or persistent symptoms after acute COVID-19, the duration of the recovery period, which can be up to 12 weeks, and the possibility of Long COVID development, which is not related to the severity of the acute COVID-19, as well as recommendations on referring to specialists in case of symptoms, especially more than 4 weeks after acute COVID-19.

If a patient consults a primary care physician with suspicion of the development of Long COVID, a comprehensive, person-centered approach should be applied to him. First, physician need to determine the nature and severity of previous and current symptoms, determine the time and duration of symptoms since the onset of acute COVID-19, and a history of other diseases. Find out if there is a possibility that the cause of the new symptoms is the transferred COVID-19 or they may be a manifestation of a new disease. Immediately it is necessary to separate patients with life-threatening symptoms, namely, severe hypoxemia or decreased oxygen saturation during exercise, signs of severe lung disease, heart pain, the development of acute heart failure, thromboembolic complications.

All patients with suspected Long COVID need to undergo a clinical blood test, biochemical tests to determine the function of the kidneys and liver, a test for C-reactive protein, ferritin, pro-BNP, and to assess the function of the thyroid gland.

If necessary, an exercise tolerance test should be carried out, which corresponds to the physical condition of the person. For patients with manifestations of dysfunction of the autonomic nervous system, it is necessary to monitor blood pressure and pulse in the supine and standing position. Have a chest X-ray taken for 12 weeks if the person has not yet done it. If a patient has psychiatric symptoms or is at risk of self-harm or suicide, then a psychiatric examination should be sent immediately in accordance with generally accepted guidelines for treating such a situation.

Once acute or life-threatening complications and alternative diagnoses have been ruled out, consideration should be given to referring patients to integrated multidisciplinary clinics for further treatment and evaluation at any time 4 weeks after the onset of acute COVID-19 disease.

References:

1. https://index.minfin.com.ua/reference/coronavirus/

2. https://www.nice.org.uk/guidance/NG188

3.https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Coronavirus/Post-COVID-19-conditions.pdf