Meeting: A Pandemic Legacy: The Post Covid-19 Syndrome (Zoom Webinar)

Speaker: Dr Sanjay Kumar (CHFT Respiratory Consultant)

Date: Thursday 27th August 2020

Time: 2 - 4pm

This was the group's first meeting since the lockdown due to the pandemic in March 2020. The teaching was delivered by a local specialist, Dr Sanjay Kumar, via the Zoom platform.

Below are some of the key points from the presentation and subsequent Q&A/discussion.

Learning points/reflective notes:

- CXR is normal in early stages of covid-19. At 7-10 days would expect to see peripheral bilateral changes in most cases. If there is lobar pneumonia – less likely to be covid-19

- Avoid dehydration in covid patients ... hypercoagulability state - monitor and think of possible VTE for at least 3 months post infection - can do d-dimer if suspect it in first instance.

- Conscious proning during self-isolation at home. Some evidence of benefit for covid patients even if not desaturating. Recommends 2-4 hours per day proning (describes in the PowerPoint) but not well tolerated by many so should do what they can.

- Dexamethasone early on helps recovery and shortens hospital stay - give 6mg daily for up to 10 days. This is equivalent to 40mg prednisolone. Dr Kumar's experience at CHFT - had very few asthmatics/COPD patients with severe covid ? Because they had early abx /steroids due to asthma/copd unlike patients without these co-morbidities

- Fatigue and breathlessness are most common post-covid symptoms.

- Joint pain, chest pains, memory problems are other fairly common post covid symptoms. Affects multiple organs - proforma available to use to screen for post covid symptoms (covid 19 Yorkshire rehab screen https://www.acnr.co.uk/wp-content/uploads/2020/06/C19-YRS-Covid-Rehab-screening-tool.pdf)

- Long term resp complications of covid include: Pulmonary fibrosis, chronic cough, pulmonary vascular disease and bronchiectasis. Think of these in the

coming months! Long term impact is still unknown. Be aware that won't see microthrombosis on CTPA - need perfusion scan. Patients with microthrombosis can develop pulmonary hypertension over time.

- Primary care actions in post covid patients with symptoms:
    - clinical assessment to rule out other causes
    - CXR post covid @ 3 months (BTS guideline)
    - Oxygen saturation check inc post exertional sats - check for desaturation
    - Reassurance and referral to secondary care for full lung function tests and HRCT

- Poor correlation between symptoms and objective measures of the disease like X-ray (Dr Kumar's personal observation) i.e. X-ray can be normal with significant symptoms.

- Most post covid symptoms improve after 4-6 weeks including fatigue and loss of taste and sense of smell. If not need to exclude other causes (although still may be covid)

- Can treat loss of taste and smell with topical steroids and olfactory training if excluded other possibilities. https://www.fifthsense.org.uk. https://abscent.org (ENT resources/advice for patients)

- Resting tachycardia and tachycardia on exertion is a common finding post covid - need to investigate but in presence of normal tests this could be as a result of deconditioning due to the viral illness- should continue rehab to aid recovery.

- Intermittent pyrexias seem common even a few weeks after covid infection

- Post covid clinic run by Dr Kumar for those with resp symptoms. If cardiac symptoms/GI/other organ systems affected due to suspected covid then refer to relevant specialty.

- No specific medication for post covid syndrome- main focus of care is rehabilitation and excluding other diagnoses. Treating any complications etc Reassuring that our patients aren't missing out on any novel treatments if ask them to wait and see how their symptoms progress in the first instance

- Exercise desaturation test (Tip) - can ask patient to walk 25-50 yds - no need to do step test necessarily - do whatever makes patient symptomatic - then check sats to see if there is desaturation. Some patients symptomatic after walking only 10 yds.

- Dr Kumar said now they are seeing less severe disease than at the start of the pandemic ... more cases in community but less inpatients ... maybe because they are using dexamethasone and other treatments early on? or identifying cases sooner? Or could be that virus is mutating and becoming less virulent (hopefully!)

- Current treatment with waking pronation, Oxygen and steroids most cases are leaving hospital within a few days without needing ICU.

- Milder /asymptomatic infection doesn't seem to build enough of an immune response to produce antibodies. More severe disease does but even then evidence is that the immunity is not longer term.

- Reiterating the importance of false positive and negatives in covid testing. Reminder that post covid symptoms may occur in patients that either had no testing or a negative test.

- Antibody tests are not clinically useful at the current time

- Covid has an effect on thyroid and parathyroid gland. Get a sick thyroid picture which recovers on its own. Dr Kumar mentioned quite a few covid inpatients with low calcium and vit d despite supplementation. Unsure if has a link to the disease or just coincidence!

- Resources for patients to aid recovery:

  https://covidpatientsupport.lthtr.nhs.uk/#/

  https://www.yourcovidrecovery.nhs.uk

Action Plan

1. Upload minutes/learning points to the website
2. Arrange further meetings – mix of peer based learning sessions and local specialist informal webinars.
3. Aim for future meetings to be in evenings – although there was a good turnout for this session, the feedback was that evening sessions are more suitable for most GPs in the area rather than during the working day.
4. Next meeting: Thursday 8th October 2020 7.30-9pm via Zoom – Rheumatology (with local CHFT Consultant Dr Cheryl Fernandez)