NHS
South West Cardiovascular,
Respiratory and Diabetes
Clinical Network

Post covid syndrome/Long covid: GP update

We are now 15 months into the covid 19 pandemic and it is becoming clear that the majority of patients will recover within 1-2 weeks.

A subset of the population will experience a more severe disease course due to a number of possible causes. These include one or more of the following:

- Direct damage of cells by virus
- Dysregulated immune system
- Overactive inflammatory system with cytokine storm
- Hypercoagulopathy
- Mast cell activation
- Relapse due to dormancy
- Persistence due to poor immune response
- Deconditioning

The net effect is a multisystem disease that may lead to admission to hospital, possibly requiring ventilation and is associated with increased risk of morbidity and mortality.

A further group of patients – whether they have suffered severe, moderate or mild infection – will continue to have symptoms 5 weeks after the acute phase (ongoing symptomatic) and even beyond 12 weeks (post-covid syndrome or long covid). This group of patients also includes children.

Both adults and children with long covid present with a wide range of symptoms which is characterised by its multi-system nature and can be extremely debilitating to the patient and significantly reduce their quality of life.

The main presenting symptoms include:

- Fatigue
- Headache
- Breathlessness
- Weight loss
- Chest pain
- Palpitations
- Fever
- Headache
- Persistent cough
- Muscle/joint pain
- Gastrointestinal symptoms
- Loss or change of taste and smell

- Brain fog
- Depression and/or anxiety
- PTSD

Patients may also present with:

- Visual disturbances/eye problems
- Problems with memory and communication
- Autonomic dysfunction in the form of POTS
- Cardiovascular events, in particular relating to arrythmias
- Cerebrovascular events
- Thromboembolic events
- Respiratory disease
- Hyperglycaemia/DKA and reports of new-onset diabetes
- Thyroiditis – potentially leading to either Grave's or Hashimoto's disease
- Potential new onset autoimmune conditions

The symptom profile can change over time, fluctuate or persist. It is not related to severity of the acute infection, nor is it related to age, ethnicity or demographics. However, patients with multiple symptomology and those with co-morbidities seem to have a higher probability of developing long covid.

Patients presenting in your practice who have either a positive test result or who report suspected infection or exposure to infection (if asymptomatic) can be referred into the local post covid assessment clinic. Many patients do not have a positive swab, or antibody test, but they can be referred to the service on clinical grounds in which there is a history suggestive of covid infection. Prior to referral, patients should be assessed in primary care for differential diagnoses eg anaemia, thyroid disorder, cancer.

Patients should also have covid complications excluded eg dysrhythmias, heart failure, interstitial fibrosis.

Post covid assessment clinics have been set up in each ICS and accept referrals from primary, secondary and community care. The clinics will provide a **holistic assessment** to each patient, the results of which will determine whether that patient will require onward referral into a treatment or rehab pathway, or self-management. In some cases it may be appropriate for the patient to be referred back to their GP.

We are aware that a number of the symptoms associated with long covid are also relevant for a number of cancers. These include:

- Fatigue
- Weight loss
- Loss of appetite
- Shortness of breath
- GI symptoms such as diarrhoea/constipation
- Persistent cough

Patients presenting with these, or other, red flag symptoms of suspected cancers – or patients for whom your “gut instinct” is that they may have a cancer – should be referred by their GP onto the appropriate 2WW pathway.

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