

IPCRG practice driven answers on COVID-19 and respiratory questions



After serious pathology has been excluded, how do we manage common post-COVID symptoms?

What the research says

For some patients, post-COVID symptoms may persist for weeks/months after recovery from acute illness. Common symptoms include pulmonary (shortness of breath, cough), neurological (fatigue, headache, difficulty concentrating, memory loss, sleep disturbance, loss of smell, paraesthesia), psychological (anxiety, depression, mood swings), cardiovascular (breathlessness, chest pain), musculoskeletal (non-specific pain, myalgia) and low grade fevers. There are currently no specific guidelines on the optimal management of persistent symptoms and clinical sequelae among patients following COVID-19 illness. Anosmia is emerging as a common and troublesome persistent symptom and studies are ongoing to evaluate potential management strategies. The WHO recommends tailored, individualised management including pulmonary rehabilitation where appropriate.

What this means for your clinical practice

- Before considering onward referral, conduct a holistic assessment of patients presenting in primary care with persistent symptoms following an acute COVID-19 illness including assessment of mental health and other non-COVID issues and manage these as appropriate
- Management of patients with persistent post-COVID symptoms should focus on symptom relief and careful monitoring for the emergence of serious sequelae such as pulmonary embolism (or other thrombotic complications) and pulmonary fibrosis.
- Reassure patients that for most people symptoms will resolve over weeks/months. Educate patients to be aware of and report new symptoms and to act promptly to seek medical attention for chest pain.
- Pulmonary rehabilitation may be beneficial for patients with persistent shortness of breath or deconditioning. Offer advice on the importance of resuming exercise.
- Assess patients for the emergence of clinical depression or anxiety and manage according to local guidance.
- Evaluate and consider appropriate referrals for respiratory, psychiatric, cardiovascular or neurological symptoms.

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Symptom class	Common post COVID symptoms^a	Management strategies to consider
Undertake holistic assessment of patients presenting in primary care for post-COVID consultation and follow-up		
Respiratory	Shortness of breath	Pulmonary rehabilitation, offer advice on resuming exercise ^{b,c}
	Cough	Short term: As directed by local standard of care Long-term: Evaluate causes of chronic cough and refer as appropriate
Neurological	Fatigue	Short term: ^{b,d} Manage as per recommendations for chronic fatigue syndrome. Offer advice on improving quality of rest, energy conservation, relaxation training and pacing techniques. Consider CBT to address negative beliefs Long-term: ^d Offer support for gradual increase in activities
	Headache	Standard analgesics such as paracetamol or ibuprofen ^b
	Difficulty concentrating, memory loss	No specific recommendations
	Sleep disturbance	Offer advice on sleep hygiene
	Loss of smell	No specific recommendations; studies ongoing
	Paraesthesia	No specific recommendations; evaluate and consider referral for neurology evaluation if persistent and bothersome ^b
Psychological	Anxiety, depression, mood swings	Evaluate, counsel and manage as per local standard of care and consider referral for further psychiatric evaluation as required ^b
Cardiovascular	Breathlessness, chest pain	Evaluate and consider the possibility of a thrombotic event and refer as necessary ^b
Pain	Non-specific pain, myalgia	Standard analgesics such as paracetamol or ibuprofen ^b
Other	Low grade fevers	Standard antipyretics such as paracetamol or ibuprofen ^b

CBT, cognitive behavioural therapy; DVT, deep vein thrombosis; PE, pulmonary thrombosis.

^aNational COVID-19 Clinical Evidence Taskforce. Caring for people with COVID-19. Available at: <https://covid19evidence.net.au/>. Accessed March 2021

^bGreenhalgh T, et al. BMJ 2020;370:m3026. Available at: <https://www.bmj.com/content/bmj/370/bmj.m3026.full.pdf>. Accessed March 2021.

^cWHO. COVID-19. Clinical Management. Living Guidance, 25 January 2021. Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>. Accessed March 2021

^dGaber et al. Prog Neurol Psych 2021 ;25 :36-9. Available at : <https://wchh.onlinelibrary.wiley.com/doi/10.1002/pnp.698>. Accessed March 2021

Useful links and supporting references

Gaber T, et al. Assessment and management of post-COVID fatigue. Prog Neurol Psych 2021 ;25 :36-9. Available at : <https://wchh.onlinelibrary.wiley.com/doi/10.1002/pnp.698>. Accessed March 2021.

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