What do we know about the effect of long COVID and its impact on asthma or COPD patients?

What the research says

Estimated prevalence of long-COVID (symptoms 12+ weeks following acute COVID-19 illness) vary considerably, ranging from <5% to >80% of patients following acute COVID-19 illness (Cabrera Martimbianco et al 2021). In a UK-based longitudinal study of 6899 adults who self-reported acute COVID-19 illness, long-COVID (symptoms beyond 12 weeks) increased with age from ~7.8% (mean age 28 years) to ~17% (mean age 58 years) (Thompson et al 2021). Among those hospitalised with COVID-19, between 50% and 89% have been reported to have at least one enduring symptom after 2 months after discharge (NIHR 2021). These estimates are based on the situation when the predominant SARS-CoV-2 variant was Delta and the picture may change once data for periods when the Omicron variant data was dominant.

Symptoms associated with long-COVID may impair an individual’s ability to function in their daily lives including performing activities of daily living and work. The most common symptoms include: fatigue, dyspnoea, cardiac abnormalities, cognitive impairment, sleep disturbances, symptoms of post-traumatic stress disorder, concentration problems, muscle pain and headache (Crook et al 2021).

A higher risk for long-COVID has been reported for those with asthma (as much as 32% increased risk reported in one study; Thompson et al 2021).

In a UK-based survey of 4500 individuals with asthma 10.5% reported COVID-19 illness. Of these, 56% reported having long-COVID and were more likely than those without long-COVID to describe their breathing as worse/much worse, reported increased inhaler use and worse or much worse asthma management (Philip et al 2022).

In a UK-based primary care population, COPD, bronchitis and emphysema was not associated with an increased risk for long-COVID (defined as symptoms ≥4 weeks) (OR 1.53; 95% CI [0.84–2.72]; Jones et al 2021). In a prospective single-center study COPD was associated with symptom persistence at 12 months following discharge from hospital for acute COVID-19 illness (Fumagalli et al 2021). No systematic data on the risk factors and symptom profile of long-COVID among patients with COPD are yet available.

What this means for your clinical practice

- Continue to follow-up with patients once they recover from acute COVID-19 illness of any severity, with particular vigilance for symptoms persisting beyond 12 weeks from onset of the acute illness
- For patients with asthma or COPD, review regularly
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Refer to existing Sentinel responses on long-COVID:

- How do we define long-COVID-19 disease/post-COVID syndrome?
- What are the risk factors for long-COVID-19 disease/post-COVID syndrome (PCS)?
- After serious pathology has been excluded, how do we manage common post-COVID symptoms?
- How do we manage post-COVID respiratory symptoms?

Useful links and supporting references


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