

Current Awareness Bulletin: Long Covid

June 2021

Guidelines, Policies and Reports

The Health Foundation

What might long COVID mean for the nation's health? (2021)

There is much more to learn about how COVID-19 affects people and what the implications are for the nation's long-term health. Against this uncertainty, the Health Foundation's COVID-19 impact inquiry team has reviewed emerging evidence on long COVID.

National Institute for Health Research (NIHR)

Living with Covid19 – Second review (2021)

This review may be particularly helpful for professionals who are increasingly coming into contact with people with Long Covid, but not running specialist services themselves. It may also be helpful for the families or employers of people experiencing Long Covid as well as people living with enduring symptoms.

NICE Clinical Knowledge Summary (CKS)

Coronavirus - COVID 19: Scenario: Managing long-term effects (2021)

Public Health England (PHE)

COVID-19: long-term health effects (2021)

This document provides information on the health problems reported in COVID-19 cases following acute disease, and guidance for healthcare professionals on how to advise recovering COVID-19 patients.

Royal College of Physicians (RCP)

Guidance for healthcare professionals on return to work for patients with long-COVID (undated)

This guidance from the RCP Faculty of Occupational Medicine considers those symptoms of long-COVID which commonly impact on function and may impede return to work, and suggests practical steps for healthcare professionals.

Published research

3-month, 6-month, 9-month, and 12-month respiratory outcomes in patients following COVID-19-related hospitalisation: a prospective study.

Source: The Lancet Respiratory Medicine 2021

Available at: [The Lancet Respiratory Medicine](#)

The consequences of COVID-19 in those who recover from acute infection requiring hospitalisation have yet to be clearly defined. In most patients who recovered from severe COVID-19, dyspnoea scores and exercise capacity improved over time; however, in a subgroup of patients at 12 months we found evidence of persistent

physiological and radiographic change. A unified pathway for the respiratory follow-up of patients with COVID-19 is required.

Frequency, signs and symptoms, and criteria adopted for long COVID: a systematic review

Source: International journal of clinical practice; May 2021

Available at: [Journal article request form](#)

Abstract: The frequency of long COVID reached up to 80% over the studies included and occurred between 3 to 24 weeks after acute phase or hospital discharge. Chest pain, fatigue, dyspnea and cough were the most reported clinical manifestations attributed to the condition. Based on this systematic review findings, there is an urgent need to understand this emerging, complex and challenging medical condition. Proposals for diagnostic criteria and standard terminology are welcome.

Post-acute effects of SARS-CoV-2 infection in individuals not requiring hospital admission: a Danish population-based cohort study.

Source: The Lancet Infectious Diseases 2021

Available at: [The Lancet Infectious Diseases](#)

Individuals admitted to hospital for COVID-19 might have persisting symptoms (so-called long COVID) and delayed complications after discharge. The absolute risk of severe post-acute complications after SARS-CoV-2 infection not requiring hospital admission is low. However, increases in visits to general practitioners and outpatient hospital visits could indicate COVID-19 sequelae.

Post-COVID-19 Syndrome: Theoretical Basis, Identification, and Management

Source: AACN advanced critical care; May 2021

Available at: [AACN advanced critical care](#)

Abstract: This article addresses the possible etiology of postviral syndromes and describes reported symptoms and suggested management of post-COVID syndrome. Although the acute symptoms of COVID-19 have been widely described, the longer-term effects are less well known because of the relatively short history of the pandemic. Symptoms may be due to persistent chronic inflammation (eg, fatigue), sequelae of organ damage (e.g., pulmonary fibrosis, chronic kidney disease), and hospitalization and social isolation (eg, muscle wasting, malnutrition). Health care providers are instrumental in developing a comprehensive plan for identifying and managing post-COVID-19 complications.

Post-COVID syndrome and suicide risk

Source: QJM : monthly journal of the Association of Physicians 2021;114(2):95-98.

Available at: [QJM](#)

Abstract: There is a high probability that symptoms of psychiatric, neurological and physical illnesses, as well as inflammatory damage to the brain in individuals with post-COVID syndrome increase suicidal ideation and behavior in this patient population. COVID-19 survivors without post-COVID syndrome may also be at elevated suicide risk. Studies of suicidality in COVID-19 survivors are urgently needed and will be a new area of suicide research. An appropriate management of psychiatric, neurological and medical conditions may reduce suicide risk among COVID-19 survivors with or without post-COVID syndrome.

Postdischarge rheumatic and musculoskeletal symptoms following hospitalization for COVID-19: prospective follow-up by phone interviews

Source: Rheumatology international; May 2021

Available at: [Rheumatology international](#)

Abstract: The most common musculoskeletal symptom was fatigue, followed by back pain, arthralgia, myalgia, low back pain, and neck pain. The persistence of fatigue, myalgia, and arthralgia was related to BMI. The study results increase our understanding of the spectrum of COVID-19, which, in turn, may lead to more efficient and better care for COVID-19 survivors.

Sequelae, persistent symptomatology and outcomes after COVID-19 hospitalization: the ANCOHVID multicentre 6-month follow-up study

Source: BMC medicine; May 2021; vol. 19 (no. 1); p. 129

Available at: [BMC Medicine](#)

Abstract: The objective of this study is to identify and quantify the frequency and outcomes associated with the presence of sequelae or persistent symptomatology (SPS) during the 6 months after discharge for COVID-19. COVID-19 cases requiring hospitalization during the first wave of the pandemic developed a significant range of mid- to long-term SPS. A detailed list of symptoms and outcomes is provided in this multicentre study. Identification of possible factors associated with these SPS could be useful to optimize preventive follow-up strategies in primary care for the coming months of the pandemic.

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We can provide training on how to search healthcare databases and resources as well as showing you how to appraise the information that you find.

<https://www.nhslicslibrary.uk/page/training/>

Online resources

BMJ Best Practice is available to all NHS staff. This clinical decision support tool provides step-by-step guidance on diagnosis, prognosis, treatment and prevention of a wide variety of conditions.

<https://bestpractice.bmj.com/oafed>

ClinicalKey is a database which supports healthcare professionals by providing access to the latest evidence across specialties.

<https://www.clinicalkey.com/>