CLINICAL PEARLS:
POST-COVID-19 CONDITIONS

Assessment and Testing
May or may not be indicated in post-COVID patients. Will help clarify or exclude other conditions. Includes complete blood count, ferritin, electrolytes, troponin, liver panel, renal function, C reactive protein, creatinine kinase, D-dimer, BNP, chest x-ray, urinalysis and EKG. https://www.bmj.com/content/370/bmj.M3026.full

Risks Factors for the Development of Long-COVID
Read a worldwide analysis of patients with post-COVID conditions, including data on preexisting health conditions, location and demographics. https://patientresearchcovid19.com/research/report-1

Management of Post-COVID Conditions

Stress Self-Management
Long haulers need to be encouraged to do all they can to support their own general health. Stop smoking; use pulse oximeter daily; diet, rest and sleep; limit alcohol and caffeine; pace and gradually increase activity and exercise. https://www.bmj.com/content/370/bmj.M3026.full

Fatigue
- Fatigue is the most common symptom related to post-COVID with the male gender. Those who have comorbidities of hypertension and diabetes are at the greatest risk. Need to rule out other disorders and conditions that could be a cause. https://www.sciencedirect.com/science/article/pii/S0188440921000813?via%3Dihub

Cardiac Issues
- Myocarditis — Long-haul symptoms are related to the severity of myocarditis and residual cardiomyopathy. Evaluation, diagnosis and management algorithms are accessible at: https://www.jacc.org/doi/10.1016/j.jacc.2022.02.003?_ga=2.104755840.1454269183.1651005885-106646111.1651005885&
- Current evidence does not support the routine utilization of advanced cardiac imaging, and this should be considered on a case-by-case basis. https://www.nature.com/articles/s41591-021-01283-z
- Recommendations for competitive athletes with cardiovascular complications related to COVID-19 include abstinence from competitive sports or aerobic activity for three to six months until resolution of myocardial inflammation by cardiac MRI or troponin normalization. https://www.nature.com/articles/s41591-021-01283-z

Headaches
Standard therapies should be implemented for neurologic complications such as headaches, with imaging evaluation and referral to a specialist reserved for refractory headache. https://www.nature.com/articles/s41591-021-01283-z

Respiratory Issues
- Treatment with corticosteroids may be beneficial in a subset of patients with post-COVID inflammatory lung disease, as suggested by a preliminary observation of significant symptomatic and radiological improvement. https://www.nature.com/articles/s41591-021-01283-z

“Brain Fog” and Cognitive Impairment
Mood Changes
Standard screening tools should be used to identify patients with anxiety, depression, sleep disturbances, PTSD, dysautonomia and fatigue. https://www.nature.com/articles/s41591-021-01283-z

Nutrition
Malnutrition has been noted in 26%-45% of patients with COVID-19. Protocols to provide nutritional support for patients (many of whom suffered from respiratory distress, nausea, diarrhea and anorexia, with resultant reduction in food intake) continue to be refined. https://www.nature.com/articles/s41591-021-01283-z

Health Inequities
Long COVID is significantly impacted by social determinants of health with the primary care provider in a perfect position to provide care and coordinate care for this vulnerable population of long haulers. https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12505