### Long COVID-19: Long-Term Complications of COVID-19

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### **Financial Relationships**

Dr Swindells receives research grants to her institution from ViiV Healthcare. (Updated 4/22/21)

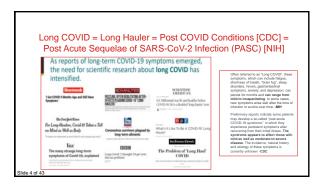
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### Learning Objectives

After attending this presentation, learners will be able to:

- Summarize the current understanding of the epidemiology of post-acute sequelae of COVID-19 (PASC)
- Describe the long-term health consequences of COVID-19

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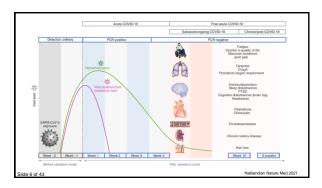


### State of the Science

- Accepted case definition lacking
- True prevalence not established; multiple published cohort studies but almost all lack control groups without ongoing signs/symptoms
- Reports include patients throughout the age and disease spectrum (mild

   → severe), previously healthy, pregnant people and children
- Risk factors and pathophysiology under investigation
- Management strategies in evolution; no specific therapies identified to date

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### **Definition**

- CDC uses the term post-COVID conditions to describe health issues that persist more than four weeks after first being infected with the virus that causes COVID-19
- · Types of Post-COVID Conditions
  - Long COVID range of symptoms
  - Multiorgan effects can affect most body systems and include multisystem inflammatory syndrome (MIS) and autoimmune conditions
  - Effects of COVID-19 Treatment or Hospitalization post ICU syndrome, PTSD

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### **ARS Question 1**

- What proportion of patients with confirmed COVID-19 develop long term symptoms/organ dysfunction?
- 1.5%
- 2.10%
- 3. 25%
- 4. 75%5. I don't know

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# Lingering symptoms reported by participants of a multi-state phone study in the USA Symptoms which may persist: - Fatigue - Cough, congestion or shortness of breath - Loss of taste or smell - Headache, body aches - Diarrhes, nausea - Chest or abdominal pain - Confusion

### COVID symptom study An app into which >4 million people in the US, UK and Sweden have entered symptoms Data suggests ome 10-15% of individuals with COVID-19 – even mild cases – do not recover quickly In a subset long COVID was more likely with increasing age and body mass index and female sex > 5 symptoms in first week associated with long COVID (odds ratio = 3.53 (2.76-4.501)) Best long COVID (odds ratio = 3.53 (2.76-4.501))

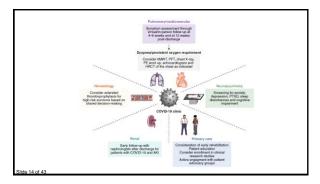
### **Epidemiology Conclusions**

- Incidence/prevalence data cover a broad range, depending on definitions and methods used
- All studies confounded to varying degrees by lack of control groups without lingering signs and symptoms
- Therefore, interpret with caution
- However, US has reported > 32m cases
  - So if prevalence only 10%, this = 3,200,000 people

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https://covid.joinzoe.com/us-2





# COVID-19 and the heart Manifestations: Myocarditis Ventricular arrhythmias Cardiomyopathy Pathogenesis: Direct invasion by the virus Inflammation Blunting of ACE2 receptors Long-term consequences: Will there be an increase in heart failure as a result?

Outcomes of Cardiovascular Magnetic Resonance Imaging in Patients Recently Recovered From Coronavirus Disease 2019 (COVID-19) -German study, n=100 patients •Cardiac MRI performed median 71 days after COVID-19 diagnosis Cardiac involvement in 78% Ongoing myocardial inflammation in 60% •Presence of chronic comorbidities, duration and severity of acute COVID-19, time since original diagnosis did not correlate with findings Non-random sample likely biased toward cardiac findings. JAMA Cardiology | Brief Reg Association of Cardiac Infection With SARS-CoV-2 in Confirmed COVID-19 Autopsy Cases > Cardiac tissue from 39 consecutive autopsy cases included SARS-CoV-2 could be documented in 61.5%.  $\succ$  Viral load above 1000 copies per  $\mu g$  RNA could be documented in 41% A cytokine response panel consisting of 6 proinflammatory genes was increased in those 16 patients compared with 15 patients without any SARS-CoV-2 in the heart. Comparison of 15 patients without cardiac infection with 16 patients with more than 1000 copies revealed no inflammatory cell infiltrates or differences in leukocyte numbers per high power field. Cardiovascular Magnetic Resonance Findings 26 competitive college in Competitive Athletes Recovering athletes diagnosed with COVID-19 (RT-PCR) From COVID-19 Infection •None were hospitalized





Persistent cardiac abnormalities identified not only in the elderly with multimorbidity but also among healthy young athletes.  Majority did not report symptoms

\*\*12 (46%) had evidence of myocarditis or prior myocardial injury by cardiac magnetic resonance imaging routinely performed for positive testing results (range, 12-53 days)

Rajpal S et al. JAMA Cardiol. 2020 Sep 11;e20491

### COVID-19 and the lungs

- Manifestations:
  - Chronic cough
  - Fibrotic lung disease
- Bronchiectasis
- Pulmonary vascular disease
- Pathogenesis:
  - □ Inflammation → Fibrosis
  - Thromboembolic disease
- Long-term consequences:
  - Will there be an increase in cases of COPD and/or pulmonary fibrosis as a result?





### Pulmonary sequelae •Acute manifestations Pneumonia, ARDS, hypoxic respiratory failure \*Post-acute manifestations = Sx/signs of restrictive lung disease After hospital discharge: 30d = 53% decreased DLCO, 49% diminished respiratory muscle strength 3mo = 25% decreased DLCO 3mo = 71% with radiographic evidence of interstitial thickening and fibrosis If compounded on cardiovascular comorbidity, persistent decline in pulmonary function could have significant consequences

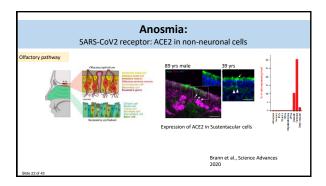
### **COVID-19** and the brain

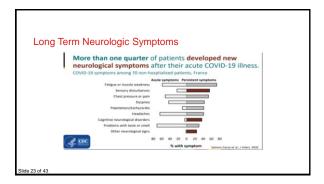
- Manifestations:
  - Headaches
  - Dizziness
  - Trouble concentrating
  - Confusion Hallucinations
  - Stroke
- Pathogenesis:
   Inflammation
- Direct viral invasion of brain
- Hypoxemia
- - Long-term consequences:

    Will there be an increase in "COVID brain?"









## Emotional health & wellbeing At-risk of a global mental and behavioral health crisis given sheer number of COVID-19 cases

New diagnoses of anxiety, insomnia, dementia and mood disorders as well as psychiatric disorders in general, were increased after COVID-19 illness

\*\*Total Control of the Covid Co

### **Emotional & behavioral concerns**

- A diagnosis of COVID-19, and subsequent need for physical distancing, has been associated with feelings of isolation and loneliness
- COVID-19-related stigma has become pervasive and can result in a sense of hopelessness
- Increasing reports of lingering malaise and exhaustion akin to chronic fatigue syndrome may leave patients with physical debility and emotional disturbance
- Individuals recovering from COVID-19 may be at even greater risk (than general population) of depression, anxiety, PTSD, substance use disorder

Galea S. JAMA Intern Med. 2020;180(6):817-818.

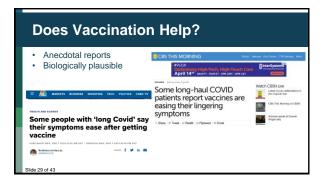
### **Management of Long COVID**

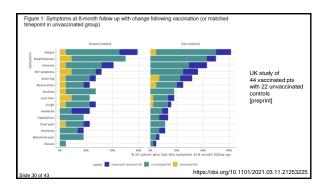
- · No proven management strategies/therapies yet
- CT.GOV search for "long COVID"
  - 449 studies
  - 217 interventional
- Many comparing various rehab strategies
- Some with cytokine antagonists (monetlukast, IL-7)
- · Other random agents eg naltrexone, hyperbaric oxygen
- Anticipate many more to come

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# ARS Question 2 Can COVID-19 vaccines improve long COVID symptoms? 1. yes 2. no 3. maybe 4. I don't know

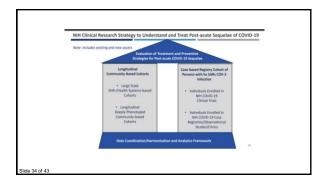












### Conclusions Likely large numbers of patients will experience long-term sequalae Multidisciplinary care approach will be needed Access for underserved populations is critical, including case management support for housing and food Listen to patients — MH care for anxiety and depression Referrals for counseling and peer support Rigorous observational and interventional trials required Public Health Messaging to avoid infection—it's not all about COVID Mortality

