

A Review of Long-Term Challenges in the Care of COVID-19 Survivors

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The symptoms and clinical course of COVID-19 can range from a spectrum of mild to severe disease. For many people with COVID-19 infection, the disease is mild and they are able to obtain care at home and faster and better transition to recovery. Those with severe disease who require inpatient admission or an ICU stay with prolonged hospitalization, however, it's a different scenario.

For reasons not clearly understood, COVID-19 patients needed longer ventilator support when compared to other respiratory illnesses. To put it in perspective, patients with severe emphysema require ventilatory support for an average of three days; those with ARDS, 8 days [1]. Data from hospitals across the globe has shown that the length of ventilation required for intubated COVID-19 patients is days to weeks. There still remains a lot of uncertainty surrounding extubation, with a significant number of patients eventually requiring tracheostomies.

The debility associated with COVID 19 is almost in all instances directly proportional to the severity of the illness, duration of the hospital stay and the patient's pre-existing comorbid conditions. For the above mentioned reasons it is obvious that patients who were admitted to ICU had a prolonged hospital stay and significant delays in their recovery. Prolonged intubation requires significant amounts of sedative medications, with a fairly significant proportion of patients requiring paralytic medications to maintain synchrony with the ventilator. Longer times on the ventilator also predisposes patients to secondary infections, which further acts as a vicious cycle prolonging hospital stay. Transitions of care with COVID 19 patients who are admitted to both inpatient and ICU is exceptionally challenging due to above mentioned multitude of factors.

The joyful outcome of a patient survival after a prolonged clinical course in an ICU or inpatient admission comes with a bitter truth - these patient often require months and possibly years of rehabilitation, with no certainty of them ever returning to their previous baseline. Most of these patients get rehabilitation in unfamiliar facilities, being cared by masked strangers and most importantly not being able to see their loved ones, making the psychological aspects of recovery even more challenging. Then, there are these scenarios where patients get discharged home to have family members assume the role of caregiver, which comes with its own physical, emotional, and economic challenges. It is estimated that roughly 2/3rds of family members who assume the caregiver role show depressive symptoms after a loved ones stay in ICU. Assuming a full time caregiver role can also conflict with the family member's job, exacerbating financial stressors amidst this current pandemic.

In a 2013 study by P.P. Pandharipande, *et al.* about long term cognitive impairment after critical illness published in NEJM found that 40% of patients had cognitive scores that were 1.5 SD below the population mean which roughly corresponds to scores of a person seen with moderate traumatic brain injury, and 26% had scores below 2 SD with a cognitive decline comparable to early Alzheimer's disease [2].

A metaanalysis of 28 follow up studies found that 25% of the hospitalised survivors of SARS and MERS had decreased lung function and exercise capacity 6 months after discharge. A significant number of people were noted to have PTSD, depression, anxiety, and reduced quality of life at the end of 1 year [3].

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The medium and long term problems experienced by survivors of COVID 19 remain mostly unknown, with a lot of data yet to come. In an Italian study of 143 patients who were followed up 7 weeks post discharge, 53% reported fatigue, 43% breathlessness, and 27% joint pain [4].

In a cross sectional analysis published in July 2020 by Stephen J Halpin., *et al.* from the University of Leeds, various aspects confirm the above mentioned challenging aspects in patients recovering from COVID19. A total of 100 patients were analyzed and followed for 4 to 8 weeks after discharge by a multidisciplinary team. The most common symptom noted in these patients is new onset fatigue, followed by breathlessness.72.3% of ICU survivors and 60.3% of inpatient ward patients complained of fatigue.65% of ICU survivors and 42.6% of inpatient ward patients were noted to have new onset breathlessness. Almost 47% of ICU survivors were noted to have PTSD related symptoms along with 23.5% in the inpatient population [5]. A significant number of this population required evaluation by a speech and language therapist.50% of the patients admitted to ICU have worsened morbidity, 28.1% worsened pain/discomfort, and 37.5 % noted to have worsened anxiety and depression [5].

There remain many challenges for patients recovering from severe COVID-19 illness. Hospitals across the globe are developing strategies to accommodate the variety of rehabilitation needs of these patients. Our healthcare systems should be utilizing multidisciplinary approaches when managing these patients' recoveries. These include various specialities such as primary care, pulmonary medicine, behavioural health, physical and occupational therapy etc. It has been written that 70% of the patient population admitted to inpatient wards is able to return to their same level of employment, yet the same is true for only 10% of ICU survivors.

It is predicted and has been clearly shown that COVID 19 survivors pose a high burden of physical, neurological, psychological and social needs post discharge. Utilizing a multidisciplinary approach these patients need to be cared in a holistic approach more than ever. A compassionate approach with a "WHOLE -PERSON" care helps transition to a better recovery and rehabilitation and will be beneficial for the patients and their families, as well as keeping the populace as healthy as possible as we navigate this global pandemic.

Conflict of Interest

None.

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Bibliography

1. Khullar Dhruv. "The Challenges of Post Covid-19 Care". *The New Yorker* (2020).
2. PP Pandharipande. "Long Term Cognitive Impairment after Critical Illness". *Nejm* (2013).
3. Patel Ahmed. "Long Term Outcomes in Survivors of Severe Acute Respiratory Distress Syndromes and Middle Eastern Respiratory Syndrome Coronavirus out Breaks after Hospitalisation or ICU Admission". *Journal of Rehabilitation Medicine* (2020).
4. Carfi. "COVID-19 Post Acute Care Study Group. Persistent Symptoms in Patients after Acute Covid -19". *The Journal of the American Medical Association* (2020).
5. Halpin Stephen. "Post Discharge Symptoms and Rehabilitation Needs in Survivors of COVID-19 Infection: A Cross Sectional Evaluation". *Journal of Medical Virology* (2020).

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