

Post-Covid Fatigue a Way Forward

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Post-COVID fatigue and anhedonia are common after recovery from novel coronavirus infection that affects all domains of life of the patients.¹ In this context, fatigue is defined as the decrease in physical and/or mental performance that results from changes in central, psychological, and/or peripheral factors due to the COVID-19 disease. Many patients with “Long Covid” are experiencing extreme fatigue, a condition that repolarizes treatment and rehabilitation methods.² Some patients with lung injury experience persistent respiratory symptoms, but for those who were previously healthy and without other complications, the prospects are good, and functional recovery is better than expected by radiological evidence. For many people, persistent physical and mental fatigue is a disturbing reality. Of those patients with any prolonged fatigue syndrome initially, 58% still reported fatigue 12 months later.³ Most importantly, the risk of developing prolonged fatigue was not increased in patients who initially had psychological distress, neither was the risk of developing psychological distress increased in patients who initially had prolonged fatigue.

More than half the people recovering from COVID-19 will feel fatigued.⁴ Individuals with proven COVID-19 who had not been admitted to hospital, demonstrated that even in young adults, symptoms may be slow to resolve. Fatigue is the most common symptom that continuously persists in Long-Covid, while other symptoms are intermittent, which include muscle pain, weakness, low-grade fever, cough, shortness of breath, chest pain (“lung burn”), headache, cognitive blunting (“brain fog”), skin rashes such as chilblain-like lesions (“COVID toes”) and vesiculo or maculopapular rash, mental health conditions, including mood swings and thromboembolic diseases.⁵ In a neurophysiological evaluation it was found that an abnormal silent period (SP) shortening and lack of motor evoked potential depression concur with a reduction in post-exhaustion corticomotor inhibition, suggesting a possible GABA_B-

ergic dysfunction. This damage may be related to neuropsychological changes. COVID-19-related inflammation may cause GABA_B-ergic dysfunction, which may underlie fatigue and explain apathy and performance deficits.⁴

Clinicians report that this is a complicated picture. Long-Covid patients are a diverse group, and it is difficult to know what kind of treatment to take. It is important for every patient to find the proper balance of physical activities and not to cause post-exercise discomfort. But what is the advice to be given, the research conducted, and how to communicate have become highly sensitive issues. There are specific questions about whether antiviral treatment during acute infections can prevent Long-Covid and improve long-term outcomes. Also the need to understand the impact that vaccination may have on Long-Covid patients. To prevent Long-Covid from becoming a pandemic, controlling high infection rates must be a global priority.

THE MANAGEMENT STRATEGIES

It is difficult to develop a post-viral fatigue management strategy based solely on evidence because there are no well-designed randomized controlled trials for this situation. Patients may require multidisciplinary care involving the long-term monitoring of ongoing symptoms, to identify potential complications for clinical intervention and the need for physical rehabilitation, mental health and social services support.⁶ Since post-viral fatigue is considered a subacute form of chronic fatigue syndrome (CFS), it is reasonable to assume that the standard management strategies used for the management of CFS can be applied to the management of post-viral fatigue. The term CFS can be used to describe cases of fatigue after a virus infection that lasts more than 6 months.³ Careful screening for discomfort after exertion and a personalized treatment

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plan seem to be the way forward. Most people can recover well, but a wide range of new coronavirus-related diseases and organ damage weaves a complicated prognosis map. Among discharged patients, more than one in ten will die within six months.⁷ The patients who have not been hospitalized for a long-covid may also need physical rehabilitation, especially those with cardiopulmonary problems, who may need major rehabilitation to improve their ability to engage in activities of daily living. However, due to insufficient understanding of symptoms and insufficient investigation, identifying this group of patients can be challenging. A large proportion of patients who have experienced severe acute COVID-19 have potential comorbidities. Therefore, in order to avoid the clinical deterioration of these patients and the need for readmission, these must be adequately managed.

There is evidence that patient-reported outcome can detect patient adverse events even before clinical parameters. The outcome reported by the patients can be used for long-term follow-up of patients with long COVID.

END NOTE

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REFERENCES

1. El Sayed S, Shokry D, Gomaa SM. Post-COVID-19 fatigue and anhedonia: A cross-sectional study and their correlation to post-recovery period. *Neuropsychopharmacol Rep*. 2021 Mar;41(1):50–5.
2. Newman M. Chronic fatigue syndrome and long covid: moving beyond the controversy. *BMJ*. 2021 Jun 24;373:n1559.
3. Hickie I, Koschera A, Hadzi-Pavlovic D, Bennett B, Lloyd A. The temporal stability and co-morbidity of prolonged fatigue: a longitudinal study in primary care. *Psychol Med*. 1999 Jul;29(4):855–61.
4. Ortelli P, Ferrazzoli D, Sebastianelli L, Engl M, Romanello R, Nardone R, et al. Neuropsychological and neurophysiological correlates of fatigue in post-acute patients with neurological manifestations of COVID-19: Insights into a challenging symptom. *J Neurol Sci*. 2021 Jan 15;420:117271.
5. Tenforde MW. Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network — United States, March–June 2020. *MMWR Morb Mortal Wkly Rep [Internet]*. 2020 [cited 2021 Sep 10];69.
6. Aiyegbusi OL, Hughes SE, Turner G, Rivera SC, McMullan C, Chandan JS, et al. Symptoms, complications and management of long COVID: a review. *J R Soc Med*. 2021 Jul 15;01410768211032850.
7. Fraser E. Persistent pulmonary disease after acute covid-19. *BMJ*. 2021 Jun 21;373:n1565.