

Even mild cases of COVID can leave "long-haul" illness, study shows

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(HealthDay)—Even people with mild cases of COVID-19 may

commonly feel run down and unwell months later, a new study suggests.

The study, of patients at one Irish medical center, found that 62% said they had not returned to "full health" when they had a follow-up appointment a few months after their COVID-19 diagnosis. Nearly half complained of ongoing fatigue.

Surprisingly, the severity of patients' initial COVID-19 infections were not a factor: People who'd managed at home were as likely to feel unwell as those who'd been hospitalized.

A year into the global pandemic, the problem of "long-haul" COVID-19 is getting increasing attention.

Some recent studies estimate that 10% of COVID-19 patients become long haulers, complaining of stubborn problems like fatigue, insomnia, shortness of breath and "brain fog" (problems with memory, focus and other mental skills).

Dr. Luis Ostrosky, a professor of infectious diseases at McGovern Medical School at UTHealth in Houston, is among the doctors seeing long haulers.

"The number-one complaint we see is fatigue," he said, "and number-two is brain fog."

Ostrosky, who is also a fellow with the Infectious Diseases Society of America, was not involved in the new study.

He said most patients who come to his center's "post-COVID" clinic were sick enough to be hospitalized for the infection.

"People who have a more severe, prolonged illness are more likely to

have prolonged effects," Ostrosky said. "But you do sometimes see it in patients with milder COVID-19, too."

In the new study, a large proportion of patients with mild COVID-19 still felt unwell when they saw their doctor over two months later.

But, Ostrosky noted, that may be because patients with lingering symptoms are more likely to make a follow-up appointment.

Regardless, Ostrosky saw a basic message in the findings: "COVID-19 is not a dichotomy of you die, or you're fine," he said.

In fact, there can be lasting problems, Ostrosky said, particularly for severely ill people—including damage to the heart or kidneys, abnormal lung function and psychiatric symptoms, such as depression.

"Death is not the only bad outcome from this disease," he said.

The study, published online Jan. 8 in the *Annals of the American Thoracic Society*, was done at St. James's Hospital, in Dublin.

Doctors there assessed 153 patients who were diagnosed with COVID-19 between March and May 2020, then returned for a long-term follow-up appointment—typically 75 days later.

Almost half had been hospitalized, while the rest had recovered at home.

Overall, the majority of patients felt they had not regained their normal level of health, including two-thirds of those who'd managed at home. And both hospitalized and home-managed patients reported similar levels of fatigue on a standard questionnaire.

Lead researcher Dr. Liam Townsend agreed that the group may have

been particularly likely to feel unwell.

Of 487 patients the hospital contacted for follow-up appointments, less than one-third showed up. That included just one-fifth of patients who'd recovered at home.

And there was some reassuring news, according to Townsend.

Even though many patients reported breathlessness during treadmill walking tests, only 4% had abnormal chest X-rays—all of whom had been hospitalized. That suggests the [breathing problems](#) were, for the most part, not related to persistent lung damage, Townsend said.

Instead, he added, the culprits might include fatigue and de-conditioning of the cardiovascular system and muscles.

But it's unclear exactly what is driving the lasting fatigue and general malaise, particularly among people with milder COVID-19, Townsend said.

What can be done for lingering symptoms? That's "the hot topic at the moment," Townsend said.

Ostrosky said that at his clinic, doctors try to find an "organic" cause, such as signs of injury to the lungs or heart muscle. For some patients, issues like nutritional deficiencies turn out to be contributors.

But sometimes, Ostrosky said, the hunt for causes turns up empty. "In those cases, we have to encourage [patients](#) to hang in there," he said.

For some, Ostrosky added, psychological symptoms like anxiety and depression are present, too—and can be related to the social isolation and other stresses brought on by the pandemic.

More information: The U.S. Centers for Disease Control and Prevention has more on [long-haul COVID-19](#).

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