

# Q&A: Is that a persistent cold, bad allergies or long COVID?

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Some people infected with SARS-CoV-2, the virus that causes COVID-19, can have symptoms of the illness lasting years. The syndrome is called long COVID, post-COVID conditions, or postacute

sequelae of COVID-19 (PASC).

Dr. Martin Schlusberg, an assistant clinical professor at the UC Riverside School of Medicine, recently spoke on television about long COVID. He is a pulmonary and critical care specialist as well as a licensed attorney with a Master's in Business Administration. He is a fellow of the American College of Chest Physicians and American Thoracic Society.

In the following Q&A, he answers some commonly asked questions about long COVID, including how it is diagnosed and whether symptoms eventually go away.

## **Q: What is long COVID?**

A: Once the dust settled, many persons with even minor instances of COVID-19 continued to experience [memory loss](#), shortness of breath, exhaustion, migraines, and headaches. Chronic COVID, long-haul COVID, and long COVID are some of the names given to this syndrome.

## **Q: How is it defined?**

A: In 2022, the [World Health Organization defined long COVID](#) as "the continuation or development of new symptoms three months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least two months with no other explanation."

The CDC adopted this definition under the PASC umbrella, facilitating research on this debilitating illness which affects 65 million people worldwide.

## **Q: Who is affected?**

A: Long COVID can afflict people at any age, although most are between the ages of 36 and 50, when they are at the height of their productivity. One million individuals with long COVID are reportedly unemployed, costing the economy \$50 billion a year in lost income.

Groups that appear to be at higher risk include women, diabetics, asthmatics, and people with autoimmune disorders. It is also more common in the Latino community and in low-income families. Access to health care may also be a factor in these populations.

Reinfection with COVID-19 increases the likelihood of developing long COVID.

Long COVID is a major public health problem.

## **Q: What are the symptoms?**

A: There are over 200 symptoms reported for long COVID. Here are the most common:

Fatigue, or [chronic fatigue syndrome](#), is present in half of the patients. It does not improve with exercise or sleep.

So-called brain fog, also known as [cognitive impairment](#), is common, and patients have short-term memory impairment and difficulty concentrating and solving problems.

Many have shortness of breath and cannot climb stairs or walk long distances, even where they have perfectly normal hearts and lungs.

Palpitations (feeling your heart race), myocarditis (inflammation of the heart muscle), chest pain, diarrhea and abdominal pain also occur.

## **Q: What is POTS?**

A: Postural Orthostatic Tachycardia Syndrome, or POTS, formerly a very rare disease of the autonomic nervous system, occurs in 2%–14% of patients with long COVID. This is a debilitating condition where your heart speeds up to 30 or more beats per minute after you stand, and is associated with dizziness, passing out, brain fog and headaches. Patients become deconditioned because of inactivity. Others place mattresses throughout their home due to frequent falling.

## **Q: How is long COVID diagnosed?**

A: There are no tests for long COVID. If you have symptoms three months after infection, lasting at least two months, and there is no other explanation, your doctor may diagnose PASC. In France, [dogs are trained to diagnose COVID-19](#) from sweat, with excellent sensitivity and specificity. Dogs are used in French airports to screen for COVID-19.

## **Q: How can we lower our risk for long COVID?**

A: People who are vaccinated have a much lower incident for long COVID. Exercise, good nutrition, and access to health care are all ways to minimize your risk. Take precautions to minimize your risks. With each reinfection, there is a greater risk of contracting long COVID.

## **Q: Does long COVID eventually go away?**

A: A [recent study from Israel](#), published January 2023 in the *British Medical Journal*, found that for mild infections, most patients' symptoms

resolved after one year. For others, the symptoms may persist indefinitely—time will tell.

## **Q: Are there any treatments?**

A: Yes. Essential oils have been used to improve the sense of smell.

Rehabilitation specialists have repurposed cognitive therapy, which is effective for treating concussions, for long COVID brain fog.

Opioid antagonists (i.e., naltrexone) are being tested to treat neuroinflammation.

The Mayo Clinic has postulated that long COVID is a disease of endothelial dysfunction (the endothelium is the inner lining of blood vessels). Sulodexide, a systemic drug with anticoagulant, antithrombotic and anti-inflammatory properties on the endothelium, is being studied as a treatment for long COVID.

Stanford University is currently testing longer-term Paxlovid to see if it lowers the incidence of long COVID.

## **Q: What is the relationship between diabetes, long COVID, and COVID-19, in general?**

A: The relationship between diabetes and long COVID—well, it's complicated. On the one hand, if you have diabetes, you are at greater risk for both severe COVID-19 and long COVID. Why is that? As they have a compromised immune system, diabetics are more prone to infections in general. This impaired immune response permits the virus to spread throughout your body, raising your likelihood of developing severe COVID. In the same manner, the virus may be able to conceal

itself from the immune system, increasing the chance of long COVID.

On the other hand, researchers at the Veterans Administration and Cedars Sinai Hospital System have reviewed clinical records and found an increased incidence of newly diagnosed diabetes in patients with COVID-19. According to the Cedars Sinai Hospital System retrospective study, the odds of being newly diagnosed with diabetes in the post-infection window were 58% higher compared with the odds prior to infection. The risk was highest in unvaccinated people

## **Q: What are some challenges medical practitioners are facing in addressing long COVID?**

A: Occasionally doctors misdiagnose long COVID patients with anxiety or depression because they are unfamiliar with the illness, delaying treatment. As there wasn't a consensus definition for the syndrome until recently, researchers got off to a slow start. Excellent outcomes are being reported by multidisciplinary programs, but they are hard to find and fill up rapidly.

For those who suffer from long COVID, [Survivorcorps](#) is a good resource.

Provided by University of California - Riverside

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