

Study shows high prevalence of fatigue following SARS-CoV-2 infection independent of COVID-19 disease severity

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Research being presented at the ESCMID Conference on Coronavirus Disease (ECCVID, held online from 23-25 September) shows that persistent fatigue occurs in more than half of patients recovered from COVID-19, regardless of the seriousness of their infection. The study is by Dr. Liam Townsend, St James's Hospital and Trinity Translational Medicine Institute, Trinity College, Dublin, Ireland, and colleagues.

As the global COVID-19 pandemic continues to grow worldwide, the number of patients recovering, and also experiencing post-[infection](#) problems, is also growing. "Fatigue is a common symptom in those presenting with symptomatic COVID-19 infection. Whilst the presenting features of SARS-CoV-2 infection have been well-characterised, the medium and long-term consequences of infection remain unexplored," explains Dr. Townsend.

"In particular, concern has been raised that SARS-CoV-2 has the potential to cause persistent

fatigue, even after those infected have recovered from COVID-19. In our study, we investigated whether patients recovering from SARS-CoV-2 infection remained fatigued after their physical recovery, and to see whether there was a relationship between severe fatigue and a variety of clinical parameters. We also examined persistence of markers of disease beyond clinical resolution of infection."

The authors used a commonly-used scale to determine fatigue in recovered patients, called the Chalder Fatigue Score (CFQ-11). They also looked at the severity of the patient's [initial infection](#) (need for admission, and critical/intensive care), and also their pre-existing conditions including depression. They also looked at various markers of immune activation (white cell counts, C-reactive protein, Interleukin-6, and sCD25).

The study included 128 participants (mean age 50 years; 54% female) who were recruited consecutively at a median of 10 weeks following clinical recovery from SARS-CoV-2 infection. More than half reported persistent fatigue (52.3%; 67/128) at this point.

The researchers offered an outpatient appointment to anyone who had a COVID-19 positive swab test in their laboratory at St James Hospital. This included all admitted patients as well as any [hospital staff](#) (including cleaning staff, caterers, etc) since the service was also offered to staff that thought they had COVID-19 symptoms. The majority of those in the non-admitted group had a mild illness but had a swab test performed at St James's Hospital rather than at a community testing facility, as they were employed by St James's Hospital.

Of the patients assessed in this study, 71/128

(55.5%) were admitted to hospital and 57/128 (44.5%) were not admitted. "Fatigue was found to occur independent of admission to hospital, affecting both groups equally," explains Dr. Townsend.

There was no association between COVID-19 severity (need for inpatient admission, supplemental oxygen or critical care) and fatigue following COVID-19. Additionally, there was no association between routine laboratory markers of inflammation and cell turnover (white blood cell counts or ratios, lactate dehydrogenase, C-reactive protein) or pro-inflammatory molecules (IL-6 or sCD25) and fatigue post COVID-19. Female gender and those with a pre-existing diagnosis of depression/anxiety were over-represented in those with fatigue. Although women represented just over half of the patients in the study (54%), two-thirds of those with persistent fatigue (67%) were women. And while only 1 person of the 61 (1.6%) without fatigue had a history of anxiety or depression, this proportion was 13.4% (9/67) in those with [persistent fatigue](#).

The authors conclude: "Our findings demonstrate a significant burden of post-viral fatigue in individuals with previous SARS-CoV-2 infection after the acute phase of COVID-19 illness. This study highlights the importance of assessing those recovering from COVID-19 for symptoms of severe fatigue, irrespective of severity of initial illness, and may identify a group worthy of further study and [early intervention](#). It also supports the use of non-pharmacological interventions for [fatigue](#) management. These interventions will need to be tailored to the individual needs of the patients, and may include lifestyle modification, cognitive behavioural therapy and self-pacing exercise, where tolerated."

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