

Post Acute Sequelae of COVID-19 (PASC)

Alexa Simon Meara, MD, MS

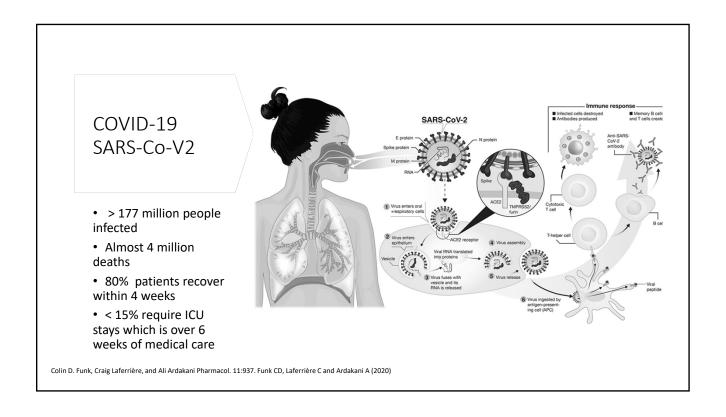
Assistant Professor
Division of Rheumatology and Immunology
The Ohio State University Wexner Medical Center

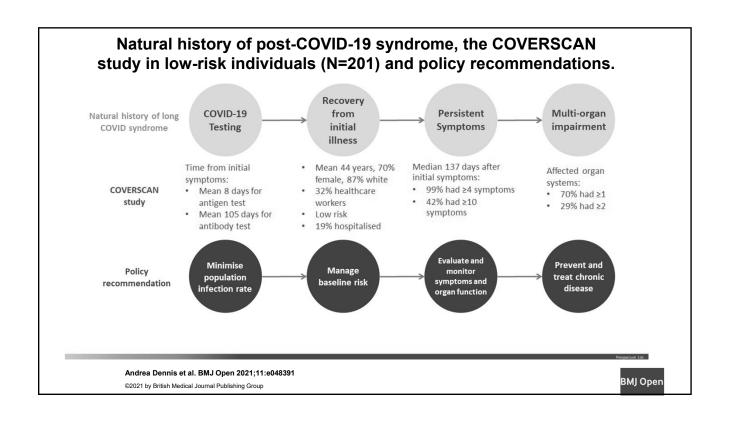
MedNet21
Center for Continuing Medical Education

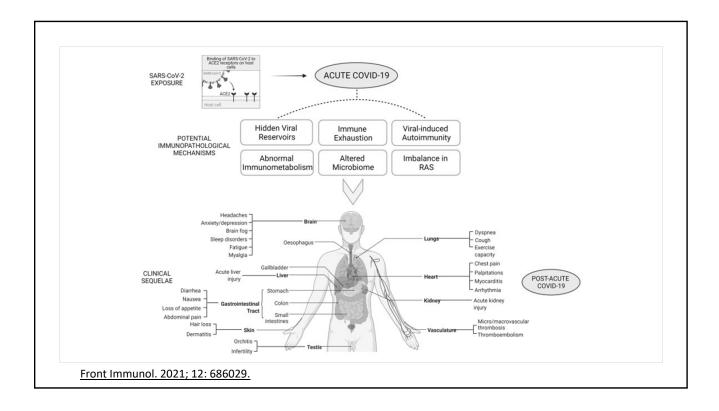


Objectives

- Understand theoretical causes of PASC
- Recognize the symptoms of PASC
- Understand the various treatment approached to PASC
- Call to ACTION regarding PASC/Fibromyalgia/Chronic fatigue syndrome







Theories behind PASC

- Chronic COVID-19 associated immune exhaustion
 - Continuous release of senescence-associated secretory phenotype (SASP) from the residual senescent cells
- Altered microbiome
- Abnormal immunometabolism and mitochondrial dysfunction
 - T Cell exhaustion
- Viral induced autoimmunity
- Imbalance in the renin-angiotension system

Front Immunol. 2021; 12: 686029.

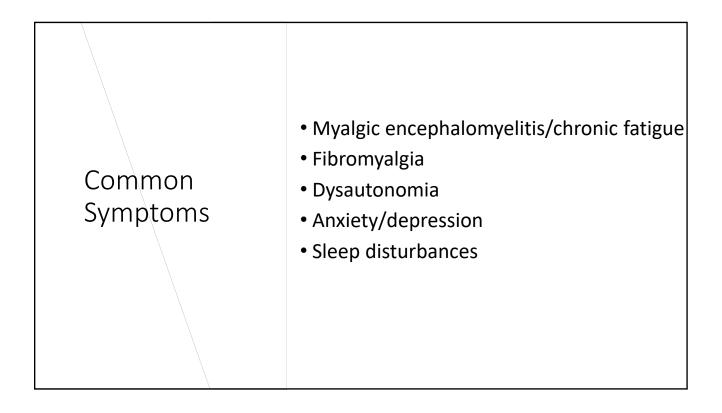
Definition of PASC

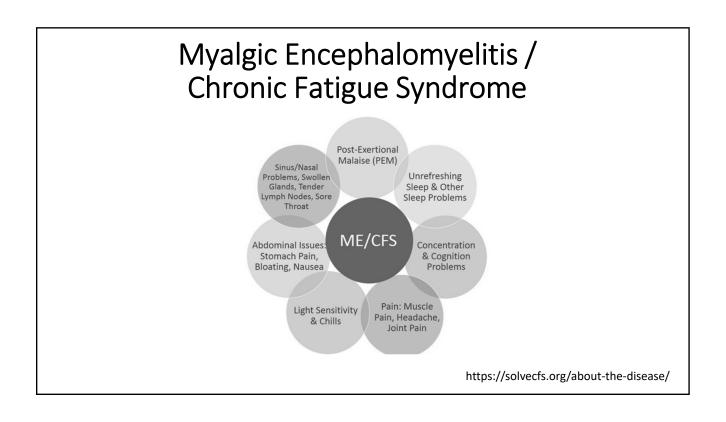
- > 12 weeks of symptoms that cannot be explained by an alternative diagnosis
- Heterogenous multi-organ symptoms
- Similar to many other post-viral chronic syndromes

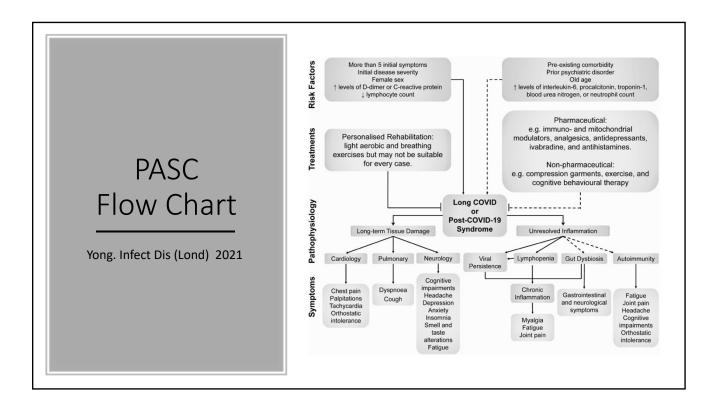
Rev Neurol. 2021 Jun 1

Organs affected in COVID long haul similar to chronic fatigue syndrome

Series Bjørklund et al, Biomedicine & Pharmacotherapy, 2019







Other
Infections
that Cause
Similar
Symptoms

Lyme disease

Epstein-bar virus (EBV)

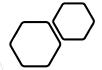
HIV

Cytomegally virus (CMV)

Severe acute respiratory syndrome (SARS)

Middle East respiratory syndrome (MERS)

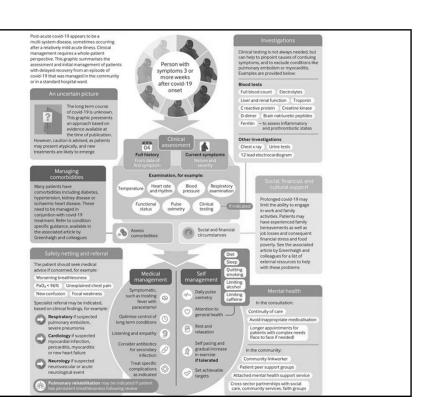
Multi-Disciplinary Treatment for PASC



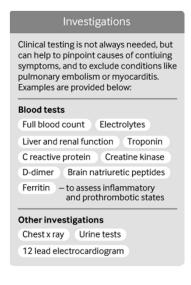
Supporting patients
Coping skills
Rehab

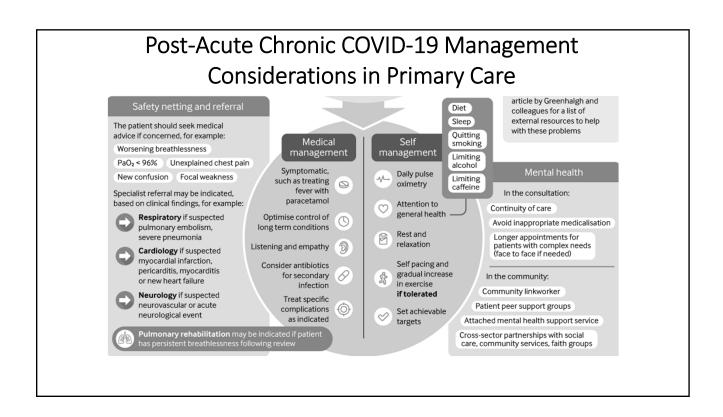
BMJ Summary
Long COVID in
primary care:
assessment and
initial
management of
patients with
continuing
symptom

https://www.bmj.com/content/370/bmj.m3026/infographic



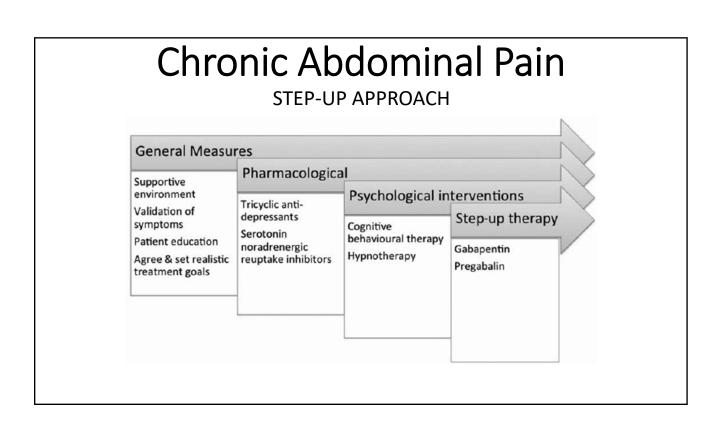
PASC Blood Tests Considerations in Primary Care

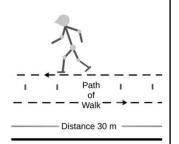


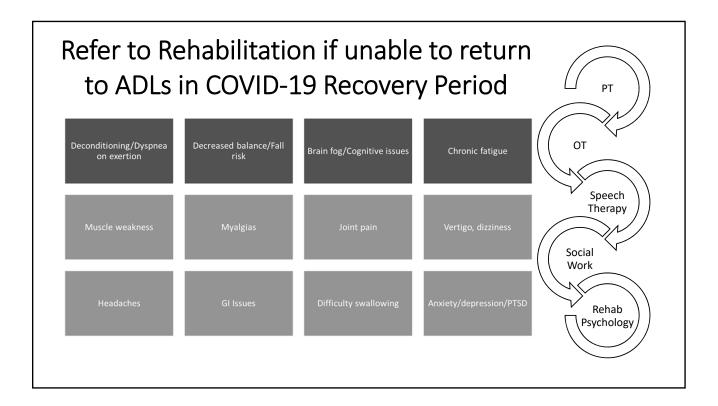


PASC-Dyspnea Treatments

- Pulse oximeter. SpO2 >92% on RA.
- 6 minute walk test
- Imaging generally not necessary unless hypoxic
- Incidence of post-COVID-19 VTE in patients recovering from mild to moderate disease not known but probably not high risk
- Reassurance with recommendation for modest exercise, breathing techniques and adequate sleep. Recovery generally the rule, but time course prolonged (weeks to months)







Approach to Therapeutics

- Risk: Benefit analysis
 - PT, Pulmonary Rehab, CBT
- Listen Intently
 - Validation of concerns
- Remain open to other diagnostic considerations
 - Avoid Anchor bias especially with prolonged symptoms
- Consider Palliative approach when appropriate

Call to Action

- Physicians need to recognize and validate patients symptoms
- We do not have a pill or an easy button
- Destigmatize that a person may not be the same after an infection
- Discuss lifestyle modifications focusing on exercise, diet
- Focus patients on what a new normal looks like
- Funding outcomes and trials for fatigue and chronic pain