

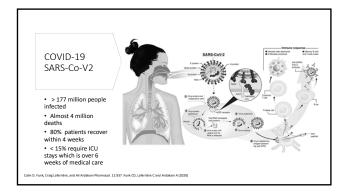
Post Acute Sequelae of COVID-19 (PASC)

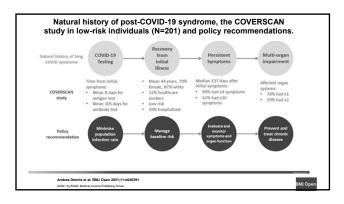
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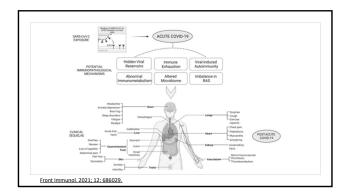
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Objectives

- 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

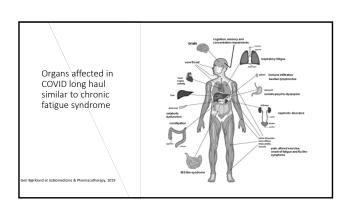
- Chronic COVID-19 associated immune exhaustion
 - Continuous release of senescence-associated secretory phenotype (SASP) from the residual senescent cells
- Altered microbiome
- Abnormal immunometabolism and mitochondrial dysfunction
 - T Cell exhaustion
- Viral induced autoimmunity
- Imbalance in the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

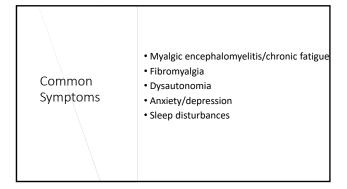
Front Immunol. 2021; 12: 686029.

Definition of PASC

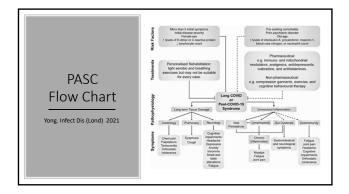
- > 12 weeks of symptoms that cannot be explained by an alternative diagnosis
- Heterogenous multi-organ symptoms
- Similar to many other post-viral chronic syndromes

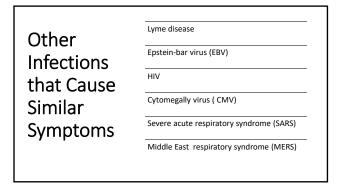
Rev Neurol. 2021 Jun 1







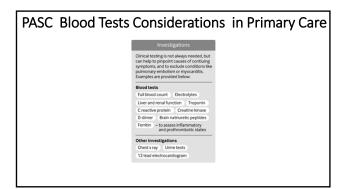


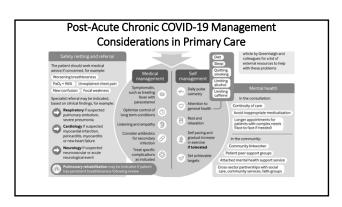


MultiDisciplinary
Treatment for
PASC

Supporting patients
Coping skills
Rehab

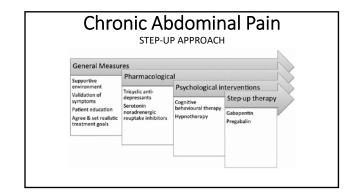






PASC-Dyspnea Treatments

- 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)



Refer to Rehabilitation if unable to return to ADLs in COVID-19 Recovery Period Deconditioning/Dyspona Decreased balance/Fall Brain fog/Cognitive issues Mysligas Jone pain Verrigo, dizzness Headaches Gi issues Difficulty swallowing Acusety/depression/PTSD Rehab Psychology

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
- 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