

Post Acute Sequelae of COVID-19 (PASC)

Alexa Simon Meara, MD, MS

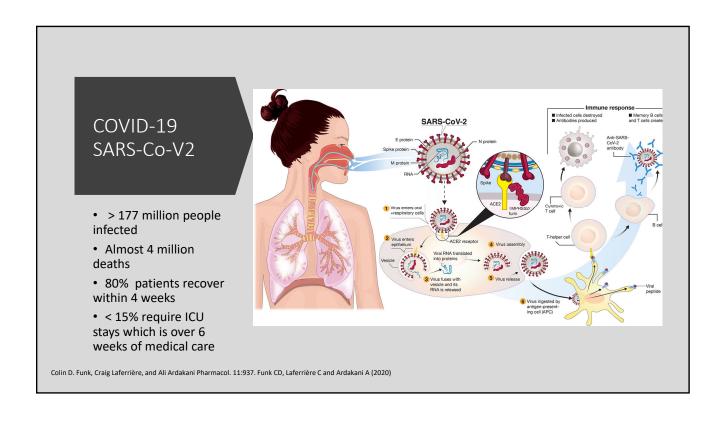
Assistant Professor
Division of Rheumatology and Immunology
The Ohio State University Wexner Medical Center

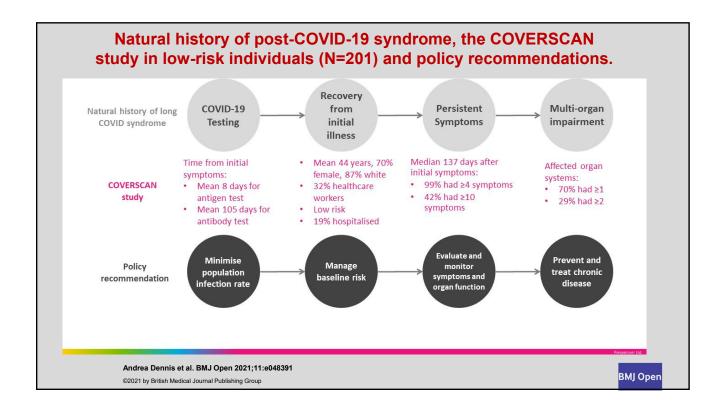
MedNet21
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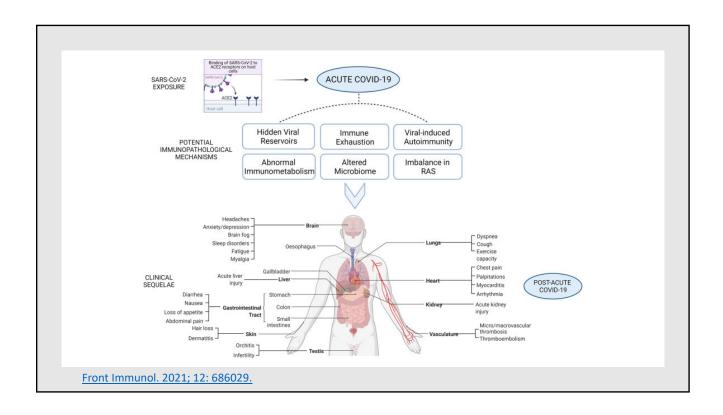


Objectives

- 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

Organs affected in COVID long haul similar to chronic fatigue syndrome

Organs affected in Covid long haul similar to chronic fatigue syndrome

Organs affected in Covid long haul similar to chronic fatigue syndrome

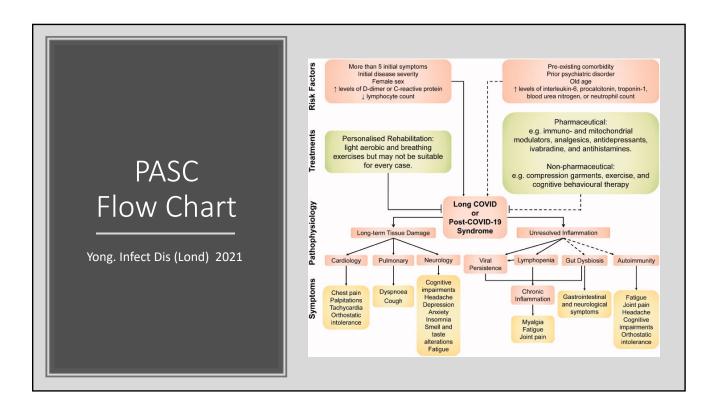
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Common Symptoms

- Myalgic encephalomyelitis/chronic fatigue
- Fibromyalgia
- Dysautonomia
- Anxiety/depression
- Sleep disturbances

Myalgic Encephalomyelitis / **Chronic Fatigue Syndrome** Post-Exertional Malaise (PEM) Sinus/Nasal Unrefreshing Problems, Swollen Glands, Tender Sleep & Other Lymph Nodes, Sore Sleep Problems Throat ME/CFS Abdominal Issues: Concentration Stomach Pain, & Cognition Bloating, Nausea Problems Pain: Muscle **Light Sensitivity** Pain, Headache, & Chills Joint Pain https://solvecfs.org/about-the-disease/



Other
Infections
that Cause
Similar
Symptoms

Lyme disease

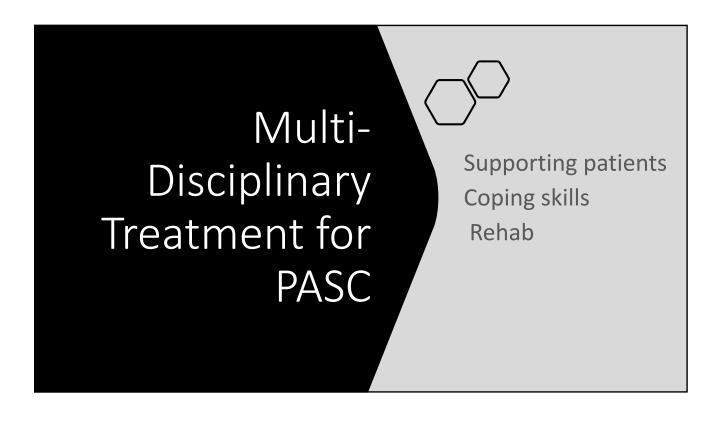
Epstein-bar virus (EBV)

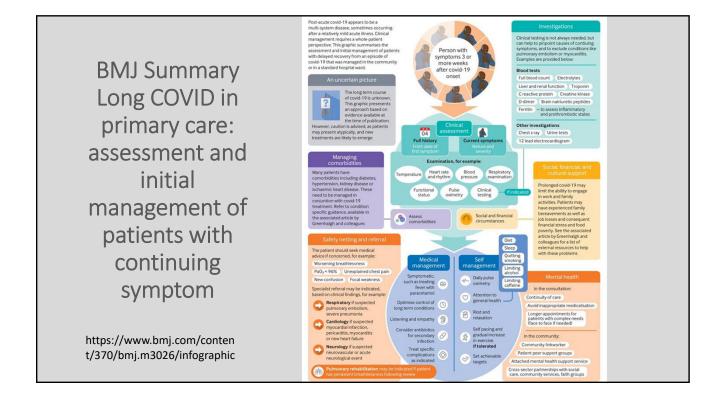
HIV

Cytomegally virus (CMV)

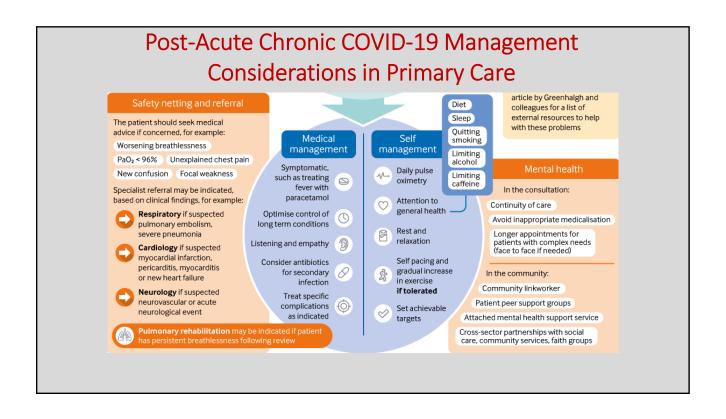
Severe acute respiratory syndrome (SARS)

Middle East respiratory syndrome (MERS)



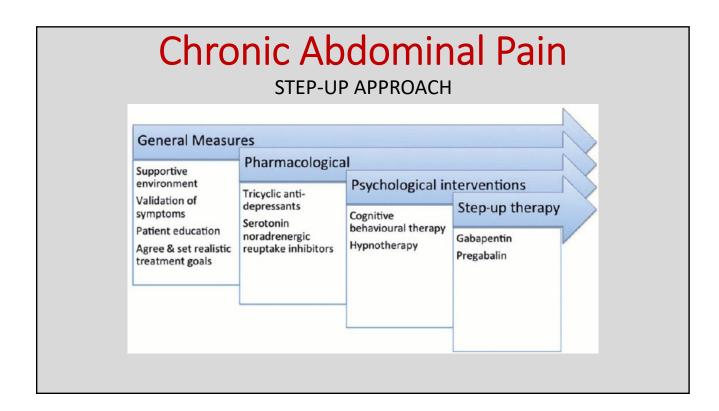


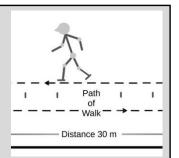
PASC Blood Tests Considerations in Primary Care Clinical testing is not always needed, but can help to pinpoint causes of contiuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below: **Blood tests** Full blood count Electrolytes Liver and renal function C reactive protein Creatine kinase D-dimer Brain natriuretic peptides Ferritin - to assess inflammatory and prothrombotic states Other investigations Chest x ray Urine tests 12 lead electrocardiogram

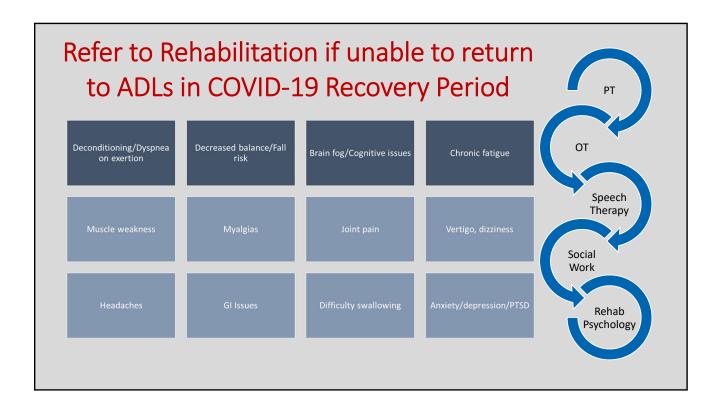


PASC-Dyspnea Treatments

- 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