

NICE National Institute for
Health and Care Excellence

**RC
GP** Royal College of
General Practitioners

**Healthcare
Improvement
Scotland** | **SIGN**



COVID-19 rapid guideline: managing the long-term effects of COVID-19

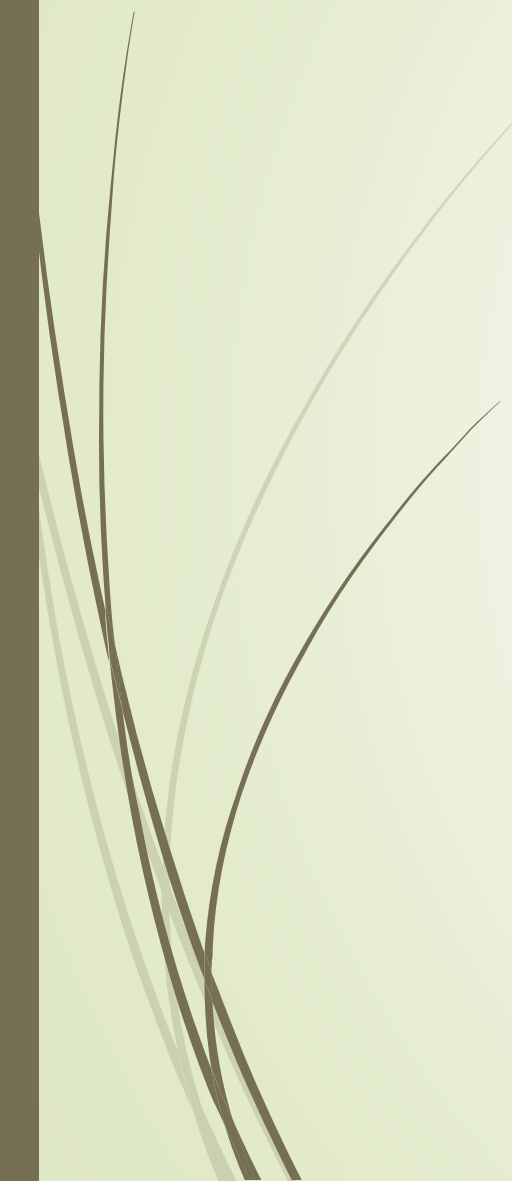
NICE guideline

Published: 18 December 2020

www.nice.org.uk/guidance/ng188



LONG COVID or Chronic COVID

- Identifying
 - Assessing
 - Managing
- 



Acute COVID-19 :

- Signs and symptoms of COVID-19 for up to 4 weeks.
- 

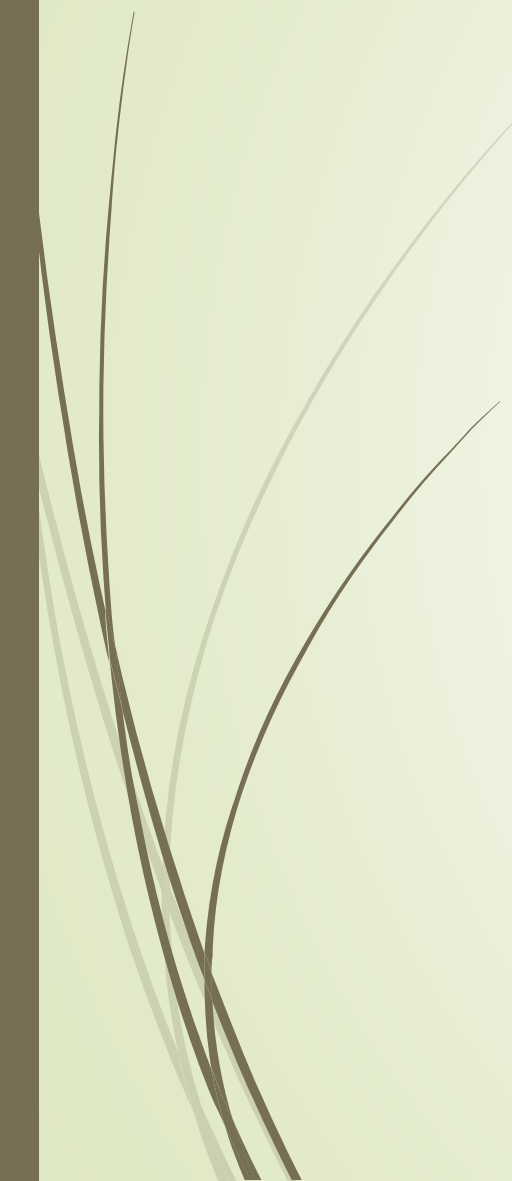


Ongoing symptomatic COVID-19 :

- Signs and symptoms of COVID-19 from 4 to 12 weeks.
- 

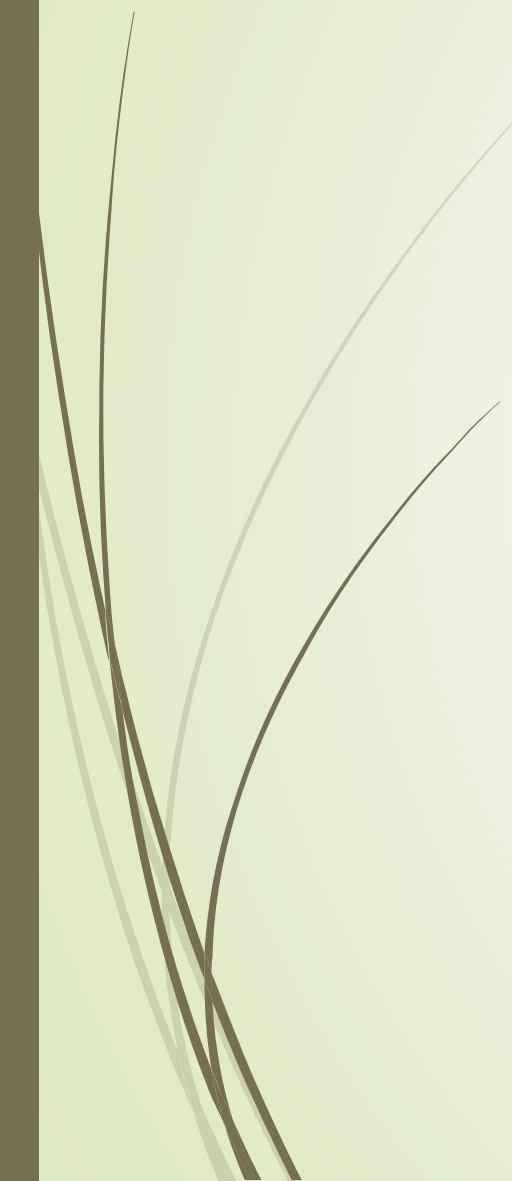



Post COVID-19 syndrome:

- Signs and symptoms developing during or after COVID-19 infection, continue for more than 12 weeks and are not explained by an alternative diagnosis.
- 

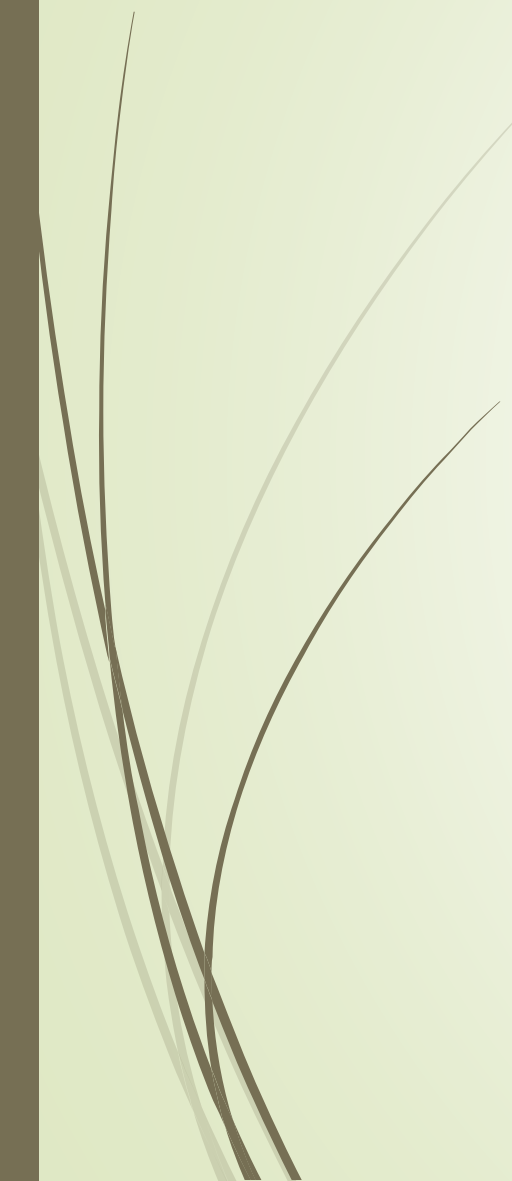


Long COVID :


- Signs and symptoms that continue or develop after acute COVID-19
 - Both ongoing symptomatic COVID-19 and post COVID-19 syndrome
- 



Identifying people with ongoing covid-19 or post-covid-19 syndrome

- Recovery time is different for every one
 - For many people will resolve by 12 weeks
 - Is not thought to be linked to the severity of the acute covid-19 episode.
 - And new or ongoing symptoms can change unpredictably and affect in different way and time
- 

- 
- 
- Do not predict whether a person is likely to develop post covid-19 syndrome based on severity and hospitalization



Common symptoms of ongoing symptomatic COVID-19 & post COVID-19 syndrome :

- Respiratory symptoms :

1. Cough
2. Breathlessness



➔ Cardiovascular symptoms :

1. Chest tightness
2. Chest pain
3. Palpitations



➔ Generalised symptoms :

1. Fatigue
2. Fever
3. Pain



➤ Neurological symptoms :

1. Cognitive impairment (loss of concentration or memory)
2. Headache
3. Sleep disturbance
4. Peripheral neuropathy (numbness ,pain , needles)
5. Dizziness
6. Delirium



➤ Gastrointestinal symptoms :

1. Abdominal pain
2. Nausea
3. Diarrhoea
4. Anorexia & reduce appetite



➤ Musculoskeletal symptoms :

1. Joint pain
2. Muscle pain



➔ Psychiatric symptoms :

1. Depression
2. Anxiety



➡ Ear , nose and throat symptoms :

1. Tinnitus
2. Earache
3. Sore throat
4. Dizziness
5. Loss of taste and/or smell



➔ Dermatological :

1. Skin rashes





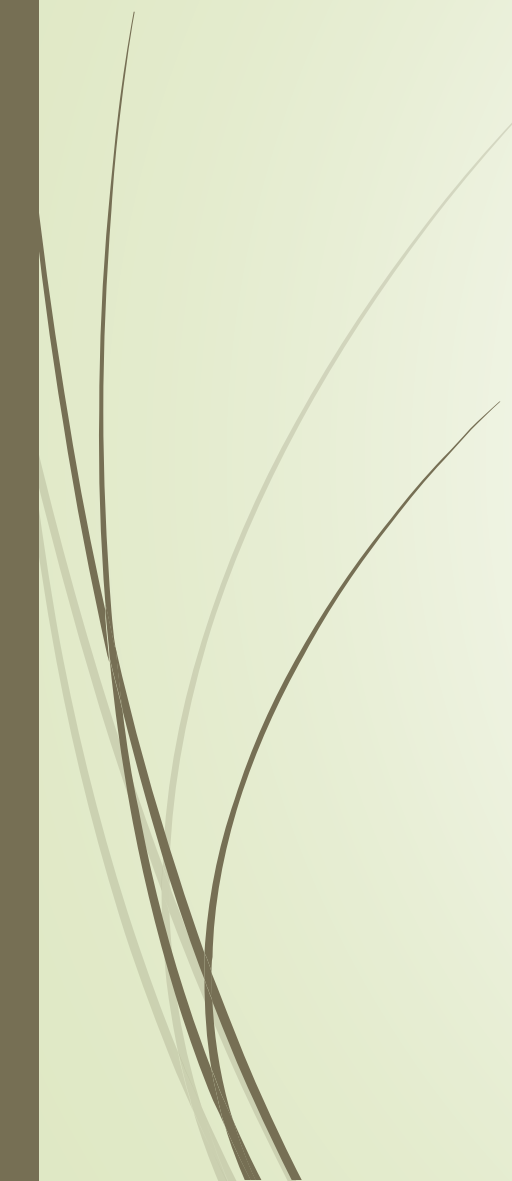
Neuropsychiatric sequelae of COVID-


19

- Depression
- Bipolar disorder
- Post traumatic stress disorder
- Psychosis
- Obsessive compulsive disorder
- Epilepsy
- Alzheimer Disease
- Insomnia




Neuropsychiatric sequelae in COVID-19

- Anxiety
 - Fatigue
 - Agitation
 - Impaired memory
 - Delirium
 - Altered consciousness
- 

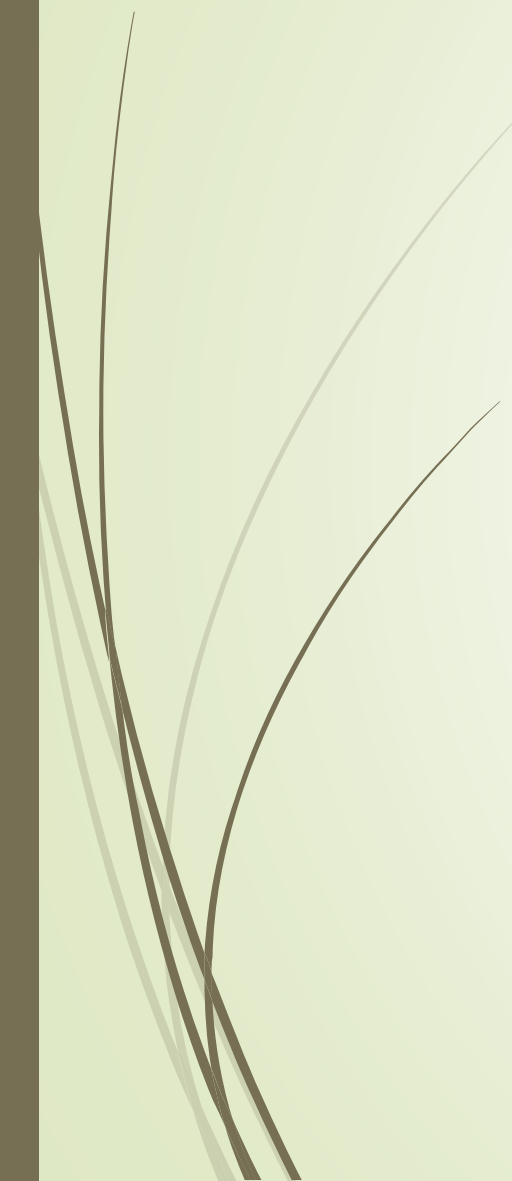


The most common psychiatric features in acute covid-19

- Insomnia 42%
- Anxiety 35.7%
- Impaired memory 34%
- Depressed mood 32.6%
- Confusion 28%

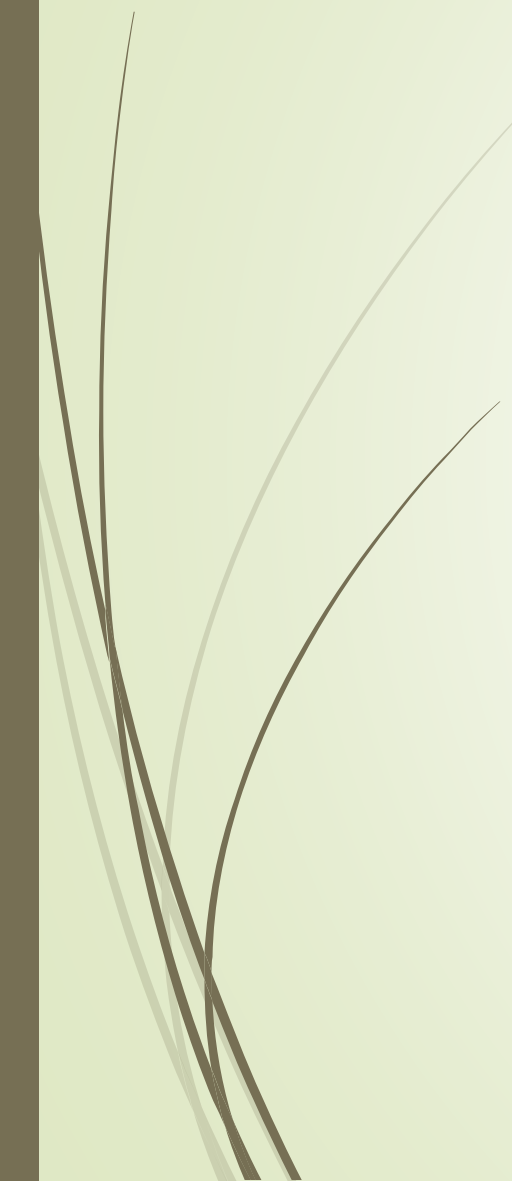


The most common psychiatric features in post covid-19 syndrome :

- Sleep disorders (subj) 100%
 - Fatigue 19.3%
 - Impaired memory 18.9%
 - Irritability 12.8%
 - Anxiety 12.3%
 - Insomnia 12.1%
 - Depression 10.5%
- 

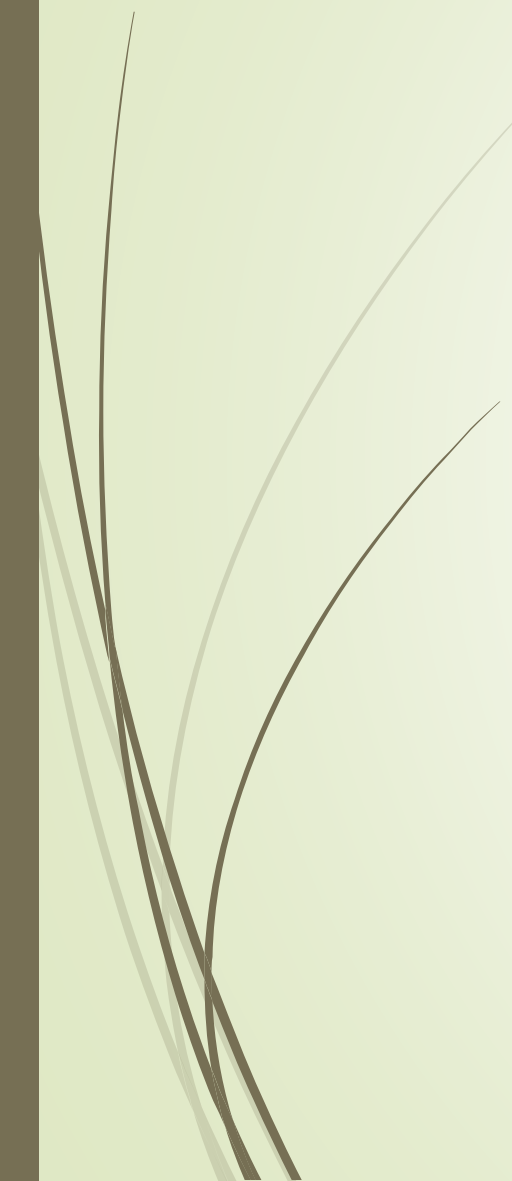


Pathophysiology :

- Systemic inflammation
 - Cytokine release and flu like syndrome
 - Long lasting hypoxia which affects the brain
- 



Flu-like syndrome induced in animal models

- Anhedonia
 - Anorexia
 - Fever
 - Fatigue
 - Sleep disturbances
 - Confusion
- 

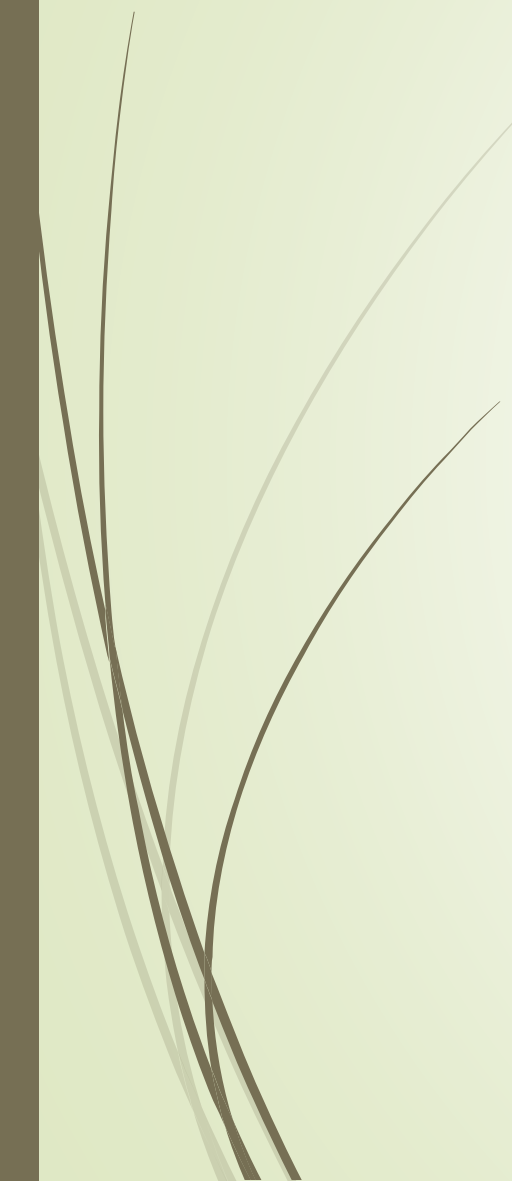


Sleep disorders :

- Self reported sleep disturbance is up to 100%
- Assessment tools : subjective questionnaires , polysomnography , actigraphy
- By questionnaire : 67% within 1 mo, 64% within 3 mo , 57% within 6 mo ,



Non- pharmacological management:

- Music at sleep
 - Reduction of ambient noise
 - Earplug
 - Reduction of ambient light
 - Scheduling of activities during day
 - Day time mobilization
- 




Pharmacological treatment :

- Lorazepam 1-2 mg oral or parenteral
PRN



If Contraindication for Benzodiazepin:

- Amitriptyline 25 mg/daily
- Zolpidem 2.5 -5 mg PRN
- Quetiapine 5 mg /daily
- Olanzapine 5 mg /daily
- Trazodone 50 mg/ daily
- Melatonin 3-10 mg

- 
- For regulation of sleep/wake cycle :
Mirtazapine 7.5 mg

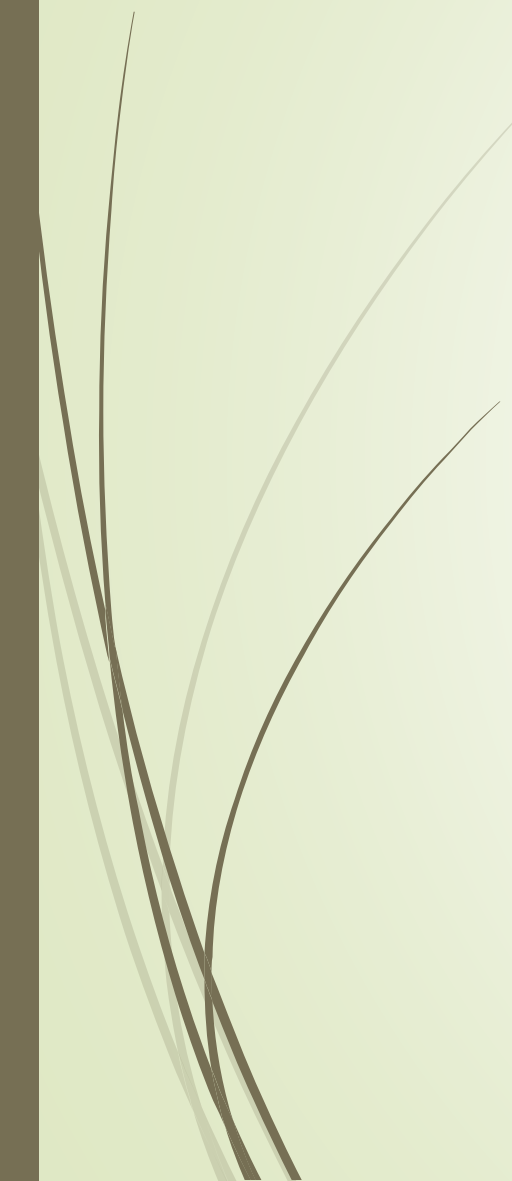


Depression in long COVID :

prevalence : 10.5 %



Management for depression in long COVID

- Escitalopram 10 – 20 mg daily
 - Serteralin 50_ 100 mg daily
- 



Anxiety in long COVID :

Prevalence : 12.3%



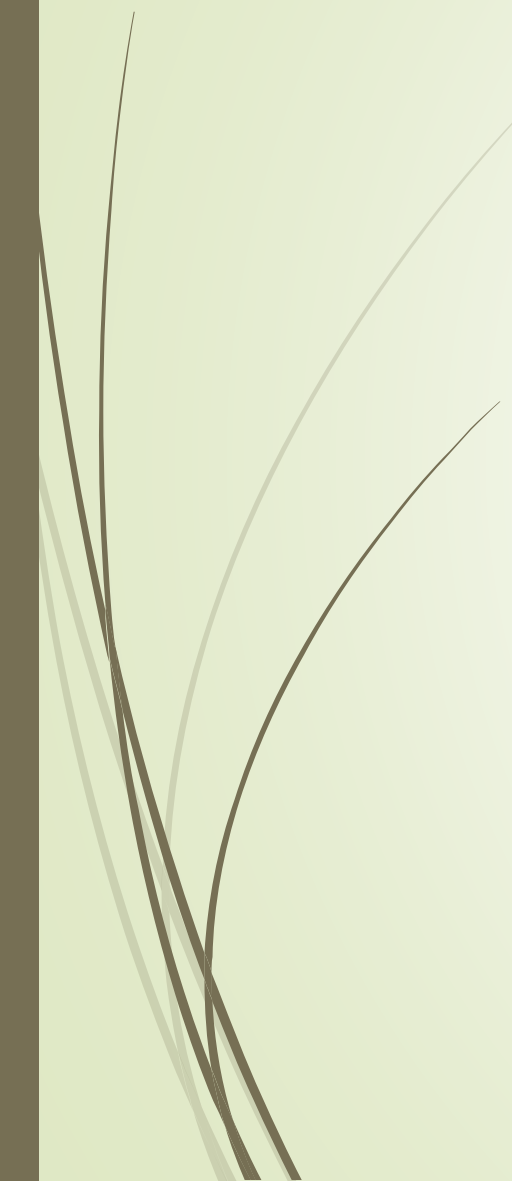


Management for anxiety in long COVID

- For acute attacks : Lorazepam 1-2 mg PRN
- For long term treatment : Escitalopram 10- 20 mg daily



For acute psychosis/mania :

- Risperidone 4-8 mg daily
 - Olanzapin 10-20 mg daily
- 



Delirium in COVID-19 :

- Prevalence : up to 75% in ICU patients



TWO KEY POINTES

➤ First :

Good general care :

1. Prevention : avoid deliriogenic medications
such


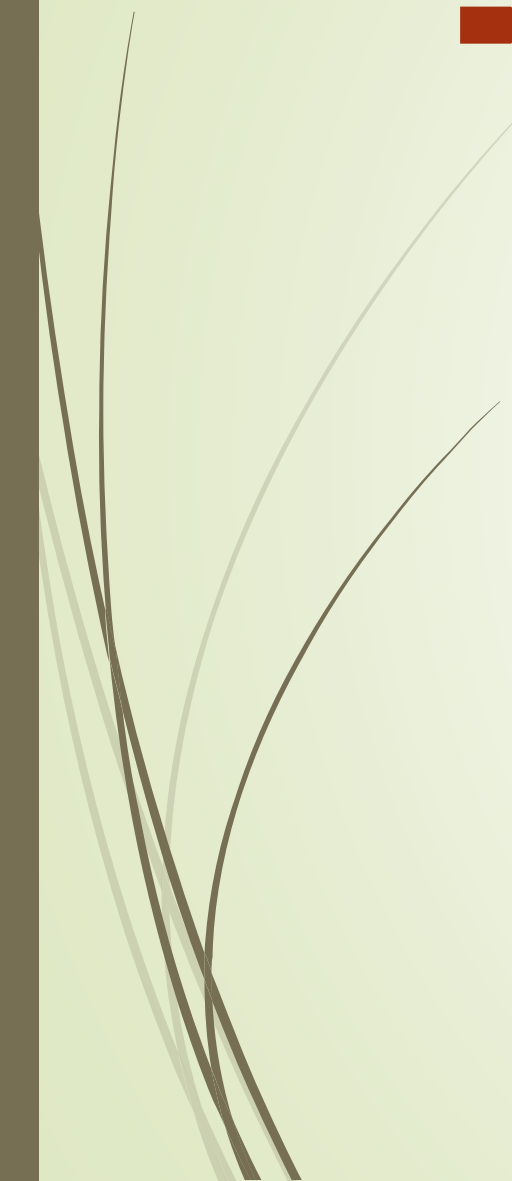
Anticholinergics

2. Early detection



➔ Second :

Earlier use of pharmacological
treatment

- 
- The risk of harm to others may exceed risk of harm to individual in delirium type patient
- 



Recommendations for reducing the risk of delirium :

- Regular orientation
- Treating pain
- Avoiding constipation
- Avoiding urinary retention
- Maintaining oxygenation



First line medications for delirium :

- Haloperidol : 1 to 20 mg in 24 hours
- Lorazepam ; up to 2 mg in 24 hours
- Flumazenil

- 
- Haloperidol is preferred because of respiratory depression
- 

- 
- If refractory : Olanzapine up to 30 mg in 24 hours



Psychiatric manifestations of Chloroquine:

- Disorientation
 - Agitation
 - Depression
 - Suicidal ideas
 - Hallucinations
 - Irritability
 - Rapid mood fluctuation
 - Insomnia
 - Personality change
- 



Thanks For Your Attention

