Primary Care Practical Guide for Patients with LONG COVID-19

With this document we intend to provide general practitioners with a set of basic diagnostic tools, which are considered to be useful for monitoring COVID-19 patients with persistent symptoms. It has been developed by the Spanish Society of General and Family Physicians (SEMG), in collaboration with the Spanish collective of Long Covid sufferers, LongCovid ACTS.

DEFINITION:

In the absence of both an established definition for this condition and its official recognition as a disease and/or syndrome, we define the term **LONG COVID-19** as **"the multiorgan symptom complex affecting patients who have suffered from Covid-19 (with or without a confirmed diagnosis) and who experience on-going, persistent symptoms after what is considered to be the acute phase of the disease is over".**

RECOMMENDED STUDIES

01 LABORATORY TESTS

02 IMAGING TESTS

03 FUNCTIONAL TESTS

04 EMOTIONAL STATUS ASSESSMENT

05 ASSOCIATED COMORBIDITIES ASSESSMENT

06 FUNCTIONAL AND SOCIAL SITUATION ASSESSMENT

07 CRITERIA FOR SHARED ASSISTANCE

SEMG
Sociedad Española de Médicos Generales y de Familia

LongCovidACTS
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1. Laboratory tests

·HEMOGRAM

·BIOCHEMISTRY

Glucose Ions
Urea, LDH, PCR, ESR
Fe metabolism (Fe, Ferritin, Transferrin. IS Transferrin)
TSH and thyroid hormones
Renal Profile
Hepatic Profile
Ca & P
Albumin
B 12 & Vit D & Folate
NT- Pro BNP.

·COAGULATION:

D-dimer coagulation parameters

· SEROLOGY

COVID-19 PCR for those who did not have a diagnostic COVID-19 PCR. Also in patients without an initial PCR, the ELISA test would be indicated

OPTIONAL: Flu and/or RSV serology depending on the epidemiological situation

Atypical Pneumonia serology in symptomatic patients

2. Imaging tests

CHEST RADIOLOGY
Recommended for patients over 50, especially male smokers, and in patients who persist with clinical symptoms of pneumonia 3 weeks after treatment. They should not be performed routinely, according to the Spanish Society of Radiology.

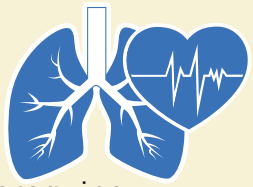
CHEST COMPUTED TOMOGRAPHY
In Long Covid patients with cardiorespiratory symptoms and/or altered functional tests. CT angiography for suspected PE and in patients with elevated D-dimer and symptoms.

CRANIAL CAT AND/OR MRI
For patients with neurological symptoms, including persistent headaches (very frequent symptom) either as “de novo” symptom resulting from COVID-19 or known headaches where the characteristics have changed or alarm symptoms are present.

CARDIAC ECHOGRAPHY
In patients with symptoms of CHF, arrhythmias or other cardiac symptoms.

Ultrasound evaluation, if symptoms are suitable for ultrasound study.

3. Functional tests



Electrocardiogram. Assess QT Interval Space
in treatments with Azithromycin, Chloroquine or Hydroxychloroquine

Spirometry
Maximum Inspiratory Pressure (MIP) and Maximum Expiratory Pressure (MEP) if an oral respiratory manometer is available.

Diffusing Capacity of the Lungs Test (DLCO)

6 Minute Walk Test (6MWT)

4. Emotional Status Assessment

Screening for:
-Depression
-Anxiety and Uncertainty Intolerance
-Illness Anxiety Disorder
-Adherence to medical recommendations
-Impaired sleep quality

5. Associated Comorbidities Assessment

Nutritional evaluation
Sarcopenia evaluation
Assessment of fragility in elderly patients
Vaccinations

6. Functional social situation analysis

Quality of life questionnaire:
https://euroqol.org/wp-content/uploads/2016/10/Sample_UK__English__EQ-5D-5L_Paper_Self_complete_v1.0__ID_24700.pdf

Health questionnaire:
https://clinmedjournals.org/articles/jmdt/jmdt-2-023-figure-1.pdf

Physical activity questionnaire:
http://www.sdp.univ.fvg.it/sites/default/files/IPAQ_English_self-admin_long.pdf

Psychosocial and socioeconomic aspects

7. Criteria for shared assistance

Shared assistance (SA) with other hospital specialties:
SA in Preventive activities
SA in Respiratory Muscle Rehabilitation
SA in Nutrition (diets and/or supplements)
SA in the presence of Alarm Symptoms

The new concept of **shared care/assistance** contemplates a broad spectrum of collaborations and consists of a structured system designed to integrate the actions of all professionals involved in any given health care process. This will primarily be between the general practitioner and hospital specialists, although Shared Care models often incorporate Primary and Hospital Care nurses, who can act as case managers, and also patients with decision-making capacity (and, by extension, their families and loved ones) as an active part of the therapeutic team and the shared management process.

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COVID PERSISTENTE Euskal Herria