

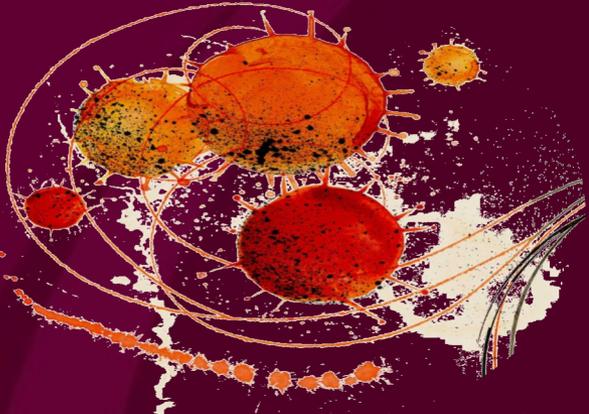
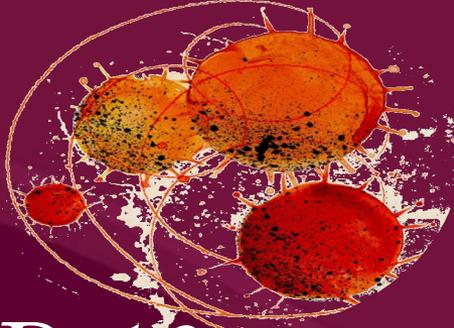
POMONA VALLEY HOSPITAL MEDICAL CENTER

*Management of
Post COVID-19 Recovery*

May 14, 2022



Expert care with a personal touch



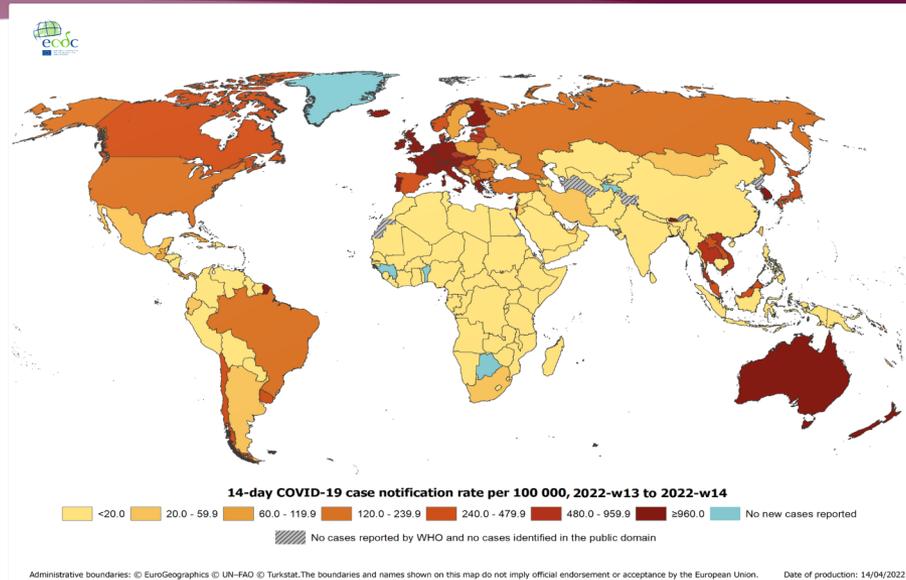
Introduction to Post COVID-19 Management

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I HAVE NO DISCLOSURES



COVID-19 (SARS-COV-2) Infection



Personal human loss and suffering have changed how we live and work. It has disrupted life worldwide by destroying economies. Over six million fatalities worldwide and sequelae innumerable from the disease have created “A World War” of its own.

- About 10-30% of Post-COVID-19 patients will experience sequelae. The sequelae can be 40% or more for those hospitalized.
- Individuals are presenting with decreased (QOL) quality of life.

Etiology of Post-COVID-19 Syndrome

- The virus stops replicating mostly after three to four weeks in tissues or earlier, depending on an individual's immunological make.
- Pathophysiology remains unclear.
- Post COVID Syndrome may depend on a delicate balance between (SIRS) Systemic Inflammatory Response Syndrome and (CARS) Compensatory Anti-Inflammatory Response Syndrome.
- This balance determines immediate clinical outcomes and often sequelae.

EPIDEMIOLOGY

- Patients with chronic conditions with a high risk of infection prevalence of Post-COVID could be higher but remains unclear.
- Female patients recovering from COVID-19 infection have a higher incidence of Post-COVID symptoms. E.g., Fatigue, Anxiety, Depression, even at six months.

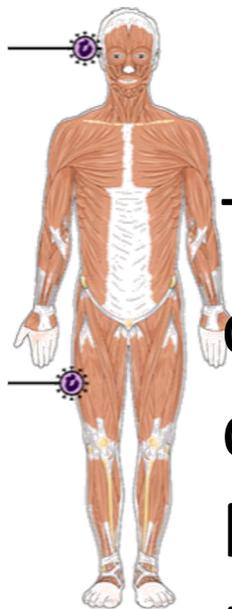
ETHNIC

African-American, Asians, and other minorities reported a higher incidence of Post-COVID syndrome, e.g., Dyspnea 42% compared to White 25%.

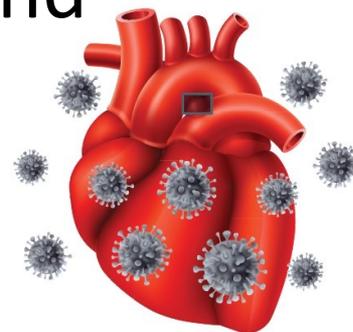
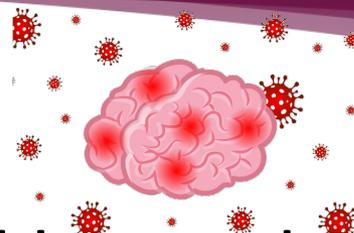
It remains unclear who will develop Post-COVID Syndrome and who will not.

Some Postulations:

- Viral RNA has been found to be embedded in tissues long-term (patients maybe asymptomatic).
- Factors with high risk
 1. High levels of viral RNA during acute infections
 2. Presence of certain auto-antibodies



Today's presentations will be on the most commonly affected organ systems, impairing quality of life Pulmonary, Cardiac, Neurological, Musculoskeletal, Mental Health, and Psycho-Physiological.



BIOCHEMICAL MARKERS FOR POST COVID-19

- Persistent symptoms
- No clear-cut markers
- It is primarily a clinical diagnosis
- Following labs are often checked
 - C-Reactive Protein
 - ESR
 - IL-6 (elevated in some chronic cases)
 - D-Dimer
 - Serum Ferritin (some levels are often elevated but often normal)



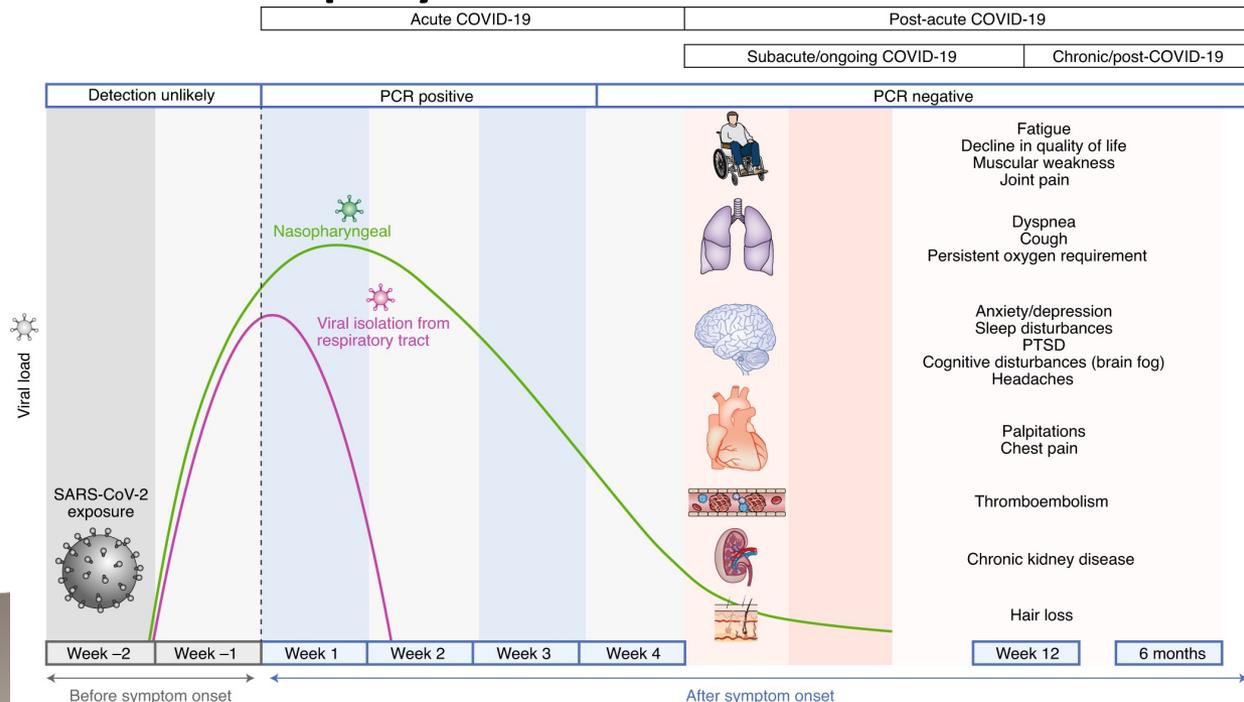
The correlation of symptoms with lab findings may be poor. The severity of acute illness will often lead to prolonged symptomatology post-acute recovery

Age is another factor with each increasing decade of life. Percentage of patients having symptoms rises.



Prolong COVID-19

Post-acute illness can happen to anyone. “It’s a range of symptoms that can last weeks and months,” affecting several organ systems, occurring in diverse physical and mental activity patterns.



Condition is perplexing. No one knows how long Post-COVID syndrome lasts; however, management strategies are discussed in the following presentations. Some interventions do make a difference and assist in recovery.



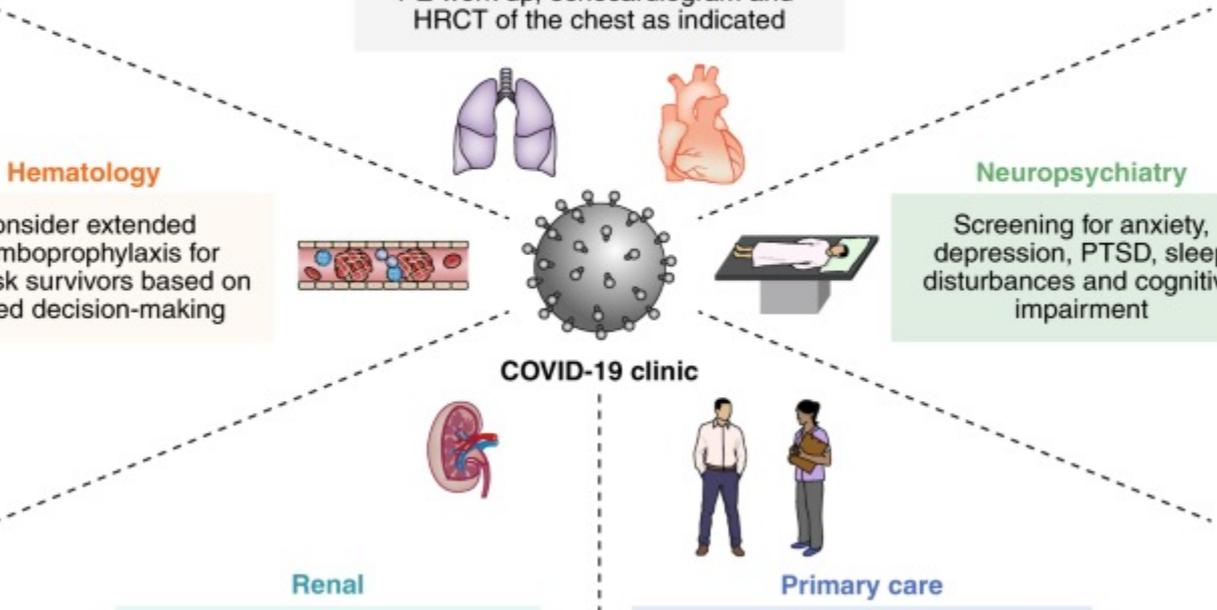
Pulmonary/cardiovascular

Symptom assessment through virtual/in-person follow-up at 4–6 weeks and at 12 weeks post-discharge



Dyspnea/persistent oxygen requirement

Consider 6MWT, PFT, chest X-ray, PE work up, echocardiogram and HRCT of the chest as indicated



Hematology

Consider extended thromboprophylaxis for high-risk survivors based on shared decision-making

Neuropsychiatry

Screening for anxiety, depression, PTSD, sleep disturbances and cognitive impairment

Renal

Early follow-up with nephrologists after discharge for patients with COVID-19 and AKI

Primary care

Consideration of early rehabilitation
Patient education
Consider enrollment in clinical research studies
Active engagement with patient advocacy groups

NIH is spending over a billion-dollar on Research and Therapy, Diagnosis, and pathophysiology of Post-COVID Syndrome



CASE REPORTS

Case Report #1

26 year male Peace Officer, Post-COVID one month. Had pulmonary infiltrates, fever, and body aches. Now all pathological findings are resolved. Dyspnea and body aches persist and with poor concentration. After one month of rehab, normal lung function, cardiac function, and muscle strength. Fatigue and intermittent brain fog continue after completion of rehab.

CASE REPORTS

Case Report #2

55 year old female Health Care Worker. She was presented with dyspnea five months Post-COVID and hospitalized with hypoxia respiratory failure. Currently, a CT scan showed the presence of pulmonary infiltrates. The patient started steroid therapy, and a low diffusion PFT. Rehab was initiated.

Recovery took six months. Some residual disease still persists.

- Observation
- Not to be dismissive about the patient's symptoms and complains
- Initiate rehab as soon as possible

QUESTIONS?
THANK YOU



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