

POST-COVID SYNDROME AND NEUROCOVID RESEARCH PROTOCOL

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CONFLICTS OF INTEREST

 I have received a grant from the Centre de Formation Médicale du Nouveau-Brunswick for a research protocol about the long term cognitive deficits after Covid-19 infection.

PROGRAM

- I. Definition
- 2. Incidence and risk factor
- 3. Symptoms
- 3. Hypothetic causes
- 5. Neurocovid-19 protocol
- 6. Take home messages

I. DEFINITION



TERMINOLOGY

- Also known as:
 - Post-acute sequelae of SARS-CoV-2 infection
 - Post-acute sequelae of COVID-19 (PASC)
 - Chronic COVID syndrome
 - Long-haul COVID
- Unprecise duration of symptoms is heterogeneous from 6 weeks to 6 months
- Usual duration is **12 weeks**

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE)

- Acute COVID-19: during the first 4 weeks
- New or ongoing symptoms 4 weeks or more after, which is divided into:
 - Ongoing symptomatic COVID-19 for effects from 4 to 12 weeks
 - Post-COVID-19 syndrome for effects that persist 12 or more weeks after onset

WIDE RANGE OF SYMPTOMS

- Including:
 - Fatigue
 - Headaches
 - Shortness of breath
 - Anosmia
 - Muscle weakness
 - Low fever
 - Cognitive dysfunction



INCIDENCE AND RISK FACTORS



INCIDENCE

- From 10 to 63 % depending of population and the duration definition
- Incidence declines over time
- Among the general population:
 - 20% and 33% experienced symptoms lasting longer than a month. Office of National Statistics UK. Dec 2020.
 - 10% experienced symptoms for longer than 12 weeks.

Morbidity and Mortality Weekly Report, July 2020 The Guardian. Retrieved 28 December 2020.

- Among the admitted population:
 - Up to 80% of those who were admitted to the hospital experienced long-term problems including fatigue and shortness of breath.
 ABC News. Oct 2020.
 - Bias because some could suffer from post-intensive care syndrome.
 - Among the 1733 patients followed six months after discharged, the most common symptoms were fatigue or muscle weakness (63%), sleep difficulties (26%), and anxiety or depression (23%).

6-month neurological and psychiatric outcomes in 236379 survivors of COVID-19: a retrospective cohort study using electronic health records

Maxime Taquet, John R Geddes, Masud Husain, Sierra Luciano, Paul J Harrison

- Primary cohort: COVID-19 diagnosis and 2 control matched cohorts: patients diagnosed with influenza and patients diagnosed with any respiratory tract infection
- Outcomes:
 - intracranial haemorrhage; ischaemic stroke; parkinsonism; Guillain-Barré syndrome; nerve, nerve root, and plexus disorders; myoneural junction and muscle disease; encephalitis; dementia; psychotic, mood, and anxiety disorders; substance use disorder; insomnia

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- Findings:
 - General population: incidence was 33% (12% for a first diagnosis)
 - 0.56% intracranial haemorrhage, 2.10% ischaemic stroke, 0.11% parkinsonism, 0.67% dementia, 17% for anxiety disorder, and 1.40% for psychotic disorder.
 - ICU patients: incidence was 46% (25% for a first diagnosis)
 - 2.66% for intracranial haemorrhage, 7% for ischaemic stroke, 0.26% for parkinsonism, 1.74% for dementia, 19% for anxiety disorder, and 2.77% for psychotic disorder.

RISK FACTOR

- Risk factors for long COVID may include:
 - Age (particularly over 50)
 - Excess weight
 - Asthma
 - Severe disease:
 - Reporting more than five symptoms in the first week of COVID-19 infection
 - Hospitalization
 - ICU admission
- Women are less likely to develop severe acute COVID but more likely to develop long COVID than men

MedRxiv, December 2020. Nature Medicine, Jan 2021

SYMPTOMS



NICE National Institute for Health and Care Excellence

Respiratory	Neurological	Gastrointestinal	Psychiatric
Breathlessness	Cognitive impairment (loss of	Abdominal pain	Depression
Cough	concentration or memory	Nausea	Anxiety
-	issues)	Diarrhoea	-
Cardiovascular	Headache	Anorexia (in older populations)	Ear, nose and throat
Chest tightness	Sleep disturbance		Tinnitus
Chest pain	Peripheral neuropathy symptoms	Musculoskeletal	Earache
Palpitations	(pins and needles and numbness)	Joint pain	Sore throat
	Dizziness	Muscle pain	Dizziness
Generalised	Delirium (in older populations)		Loss of taste and/or smell
Fatigue		Dermatological	
Fever		Skin rashes	
Pain			

Chaolin Huang^{*}, Lixue Huang^{*}, Yeming Wang^{*}, Xia Li^{*}, Lili Ren^{*}, Xiaoying Gu^{*}, Liang Kang^{*}, Li Guo^{*}, Min Liu^{*}, Xing Zhou, Jianfeng Luo, Zhenghui Huang, Shengjin Tu, Yue Zhao, Li Chen, Decui Xu, Yanping Li, Caihong Li, Lu Peng, Yong Li, Wuxiang Xie, Dan Cui, Lianhan Shang, Guohui Fan, Jiuyang Xu, Geng Wang, Ying Wang, Jingchuan Zhong, Chen Wang, Jianwei Wang[†], Dingyu Zhang[†], Bin Cao[†]

- At 6 months after acute infection, COVID-19 survivors were mainly troubled with:
 - fatigue or muscle weakness (63%),
 - sleep difficulties (26%),
 - anxiety or depression(23%).
- Patients who were more severely ill during their hospital stay had more severe impaired pulmonary diffusion capacities and abnormal chest imaging manifestations.

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REGULAR ARTICLE



Case report and systematic review suggest that children may experience similar long-term effects to adults after clinical COVID-19

- 5 children with potential long COVID (range 9–15 yo) and four were girls.
- They had symptoms for 6–8 months after their clinical diagnoses of COVID-19. None were hospitalized at diagnosis, but one was later admitted for peri-myocarditis.
- All 5 children had fatigue, dyspnea, heart palpitations or chest pain
- 4 had headaches, difficulties concentrating, muscle weakness, dizziness and sore throats.
- The systematic review identified 179 publications and none contained any information on long COVID in children.

HYPOTHETICAL CAUSES



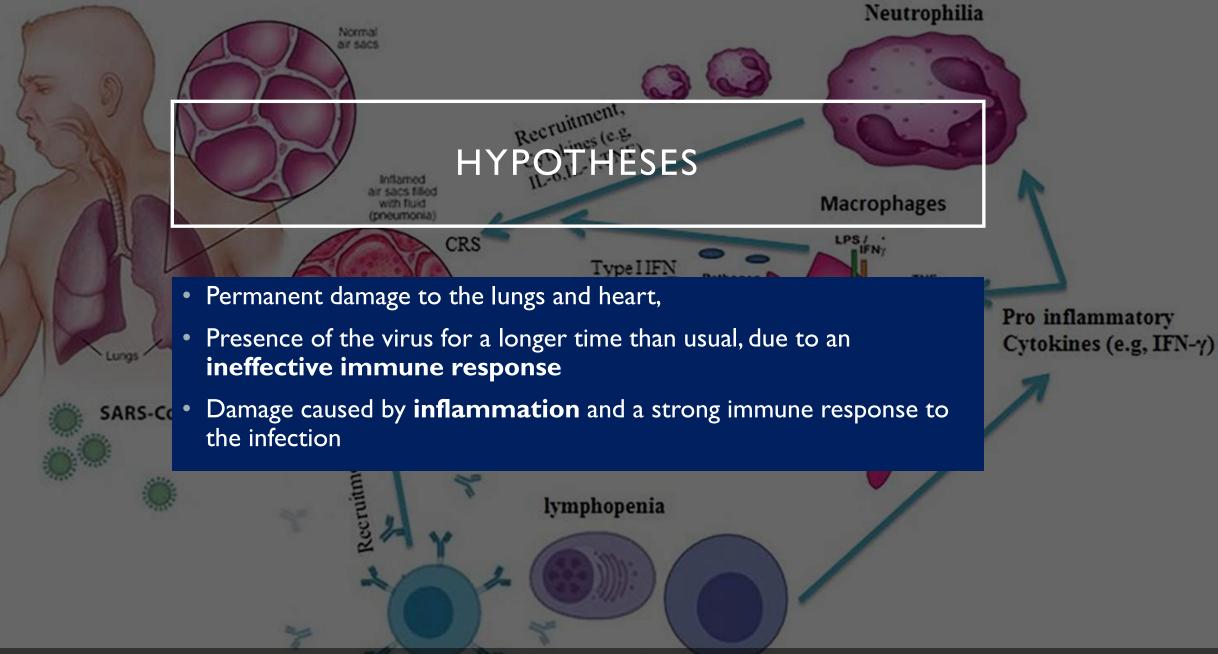
CONFOUNDING

• It is unknown why most people recover fully within two to three weeks while others develop post-Covid syndrome.

• Confounding factors:

- Post-intensive care syndrome,
- Post-viral fatigue,
- Reinfection (e.g., with another strain of the virus),
- Physical deconditioning due to a lack of exercise while ill,
- Post-traumatic stress.

National Institute for Health Research. October 2020 BMJ, aug 2020



"Management of post-acute covid-19 in primary care". BMJ. Aug 2020

B cells

NEUROCOVID-19 RESEARCH PROTOCOL



NEUROCOVID-19 RESEARCH PROTOCOL

- PI: L. Chamard-Witkowski and J. Jbilou, Co-PI: M-C. Losier, G. Girouard, E. Libert, Z. Beroual
- Research protocol in Dumont Hospital, granted by CFMNB
- **Demographic, health history, psychologic** and **cognitive** testing by phone 12 weeks or more after Covid-19 infection in NB
- 50 patients included for now
- Objective: describe cognitive dysfunction in post-Covid syndrome patients and find risk factors
- If your patient wants to attend:
 - Call 869 721 and leave a message along with contact information



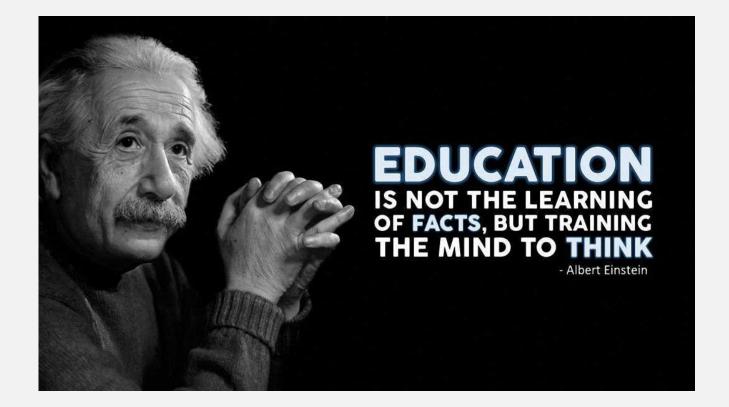
TAKE-HOME MESSAGES



TAKE-HOME MESSAGES



- Post-Covid syndrome is still unclear
- Admitted: ongoing symptoms still present 12 weeks after acute infection
- **Principal symptoms:**
 - Fatigue, shortness of breath, cognitive dysfunction, sleep disorders, intermittent fevers, gastrointestinal symptoms, anxiety and depression.
- **Neuropsychiatric third wave ?** Incidence of 33%...
- Risk factors:
 - Age, excess weight, asthma, severe acute infection



 Importance of planning intervention of long-term recovery for main target population

 Importance of vaccination