

Longcovid/ Postcovid

Aktuelle Evidenz

Selbsthilfetagung 2021

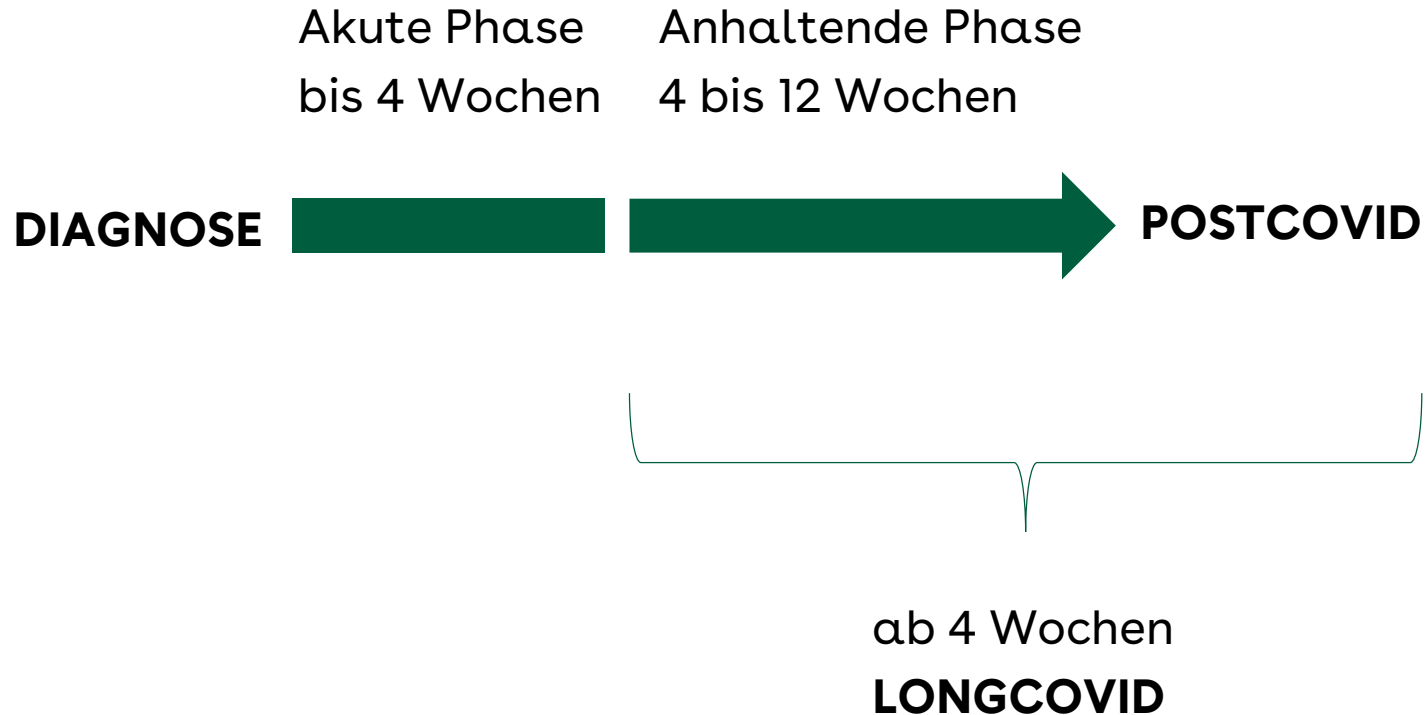
Dr. Martin Roesler

Facharzt für Anästhesie, Intensiv- und Notfallmedizin
Epidemiologe

Interessenkonflikte: Beratender Arzt beim AOK-Bundesverband

Definition

NICE National Institute for
Health and Care Excellence



Weltgesundheitsorganisation (WHO) Definition: Post Covid Condition

6. Oktober 2021

- nachgewiesene oder vermutete Covid-19 Infektion
- auftreten der Beschwerden innerhalb von 3 Monaten
- anhalten der Beschwerden für länger als 2 Monate

Symptome:

1. Fatigue (Erschöpfung)
2. Dyspnoe (Atemnot)
3. Kognitive Störungen (geistig-mentale Störungen)
4. weitere

Beschwerden können persistieren, fluktuieren oder sich mit der Zeit abschwächen



Gleichzeitig führt das Leben in der Pandemie mit Lockdown, Kontaktbeschränkungen und Erkrankungsangst zu einer zusätzlichen Belastung.

Lopez-Leon u. a., „More than 50 long-term effects of COVID-19“ 1) de.statista.com
2) www.aerzteblatt.de 3) www.akdae.de 4) www.springermedizin.de



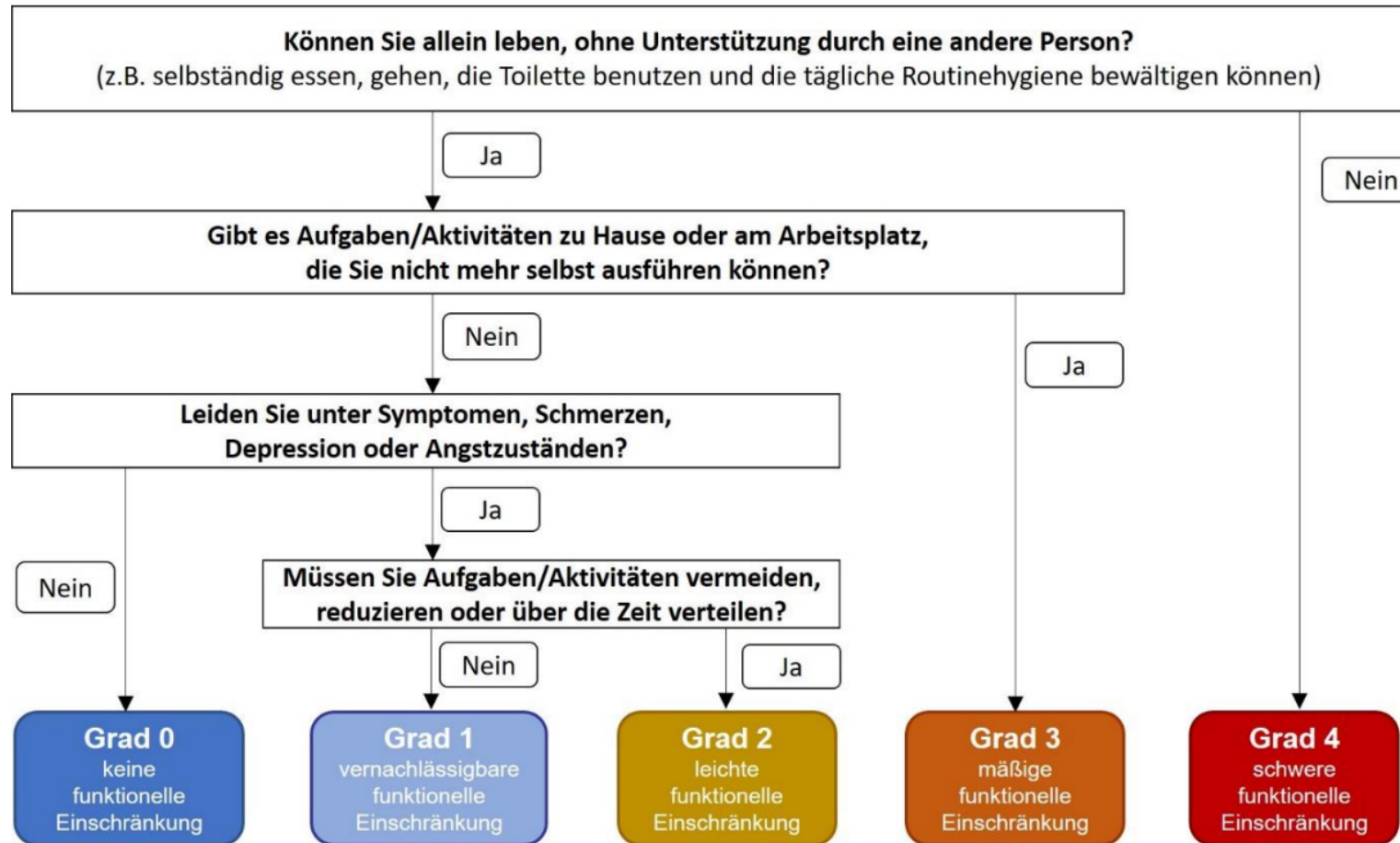
Spezifische Symptome

Rank	Name	IRR	95%-CI	IR COVID-19	IR Control
1	Dysgeusia	6.69**	[5.88-7.60]	12.42	1.86
2	Fever	3.33**	[3.01-3.68]	11.53	3.46
3	Dyspnea	2.88**	[2.74-3.02]	43.91	15.27
4	Cough	2.80**	[2.64-2.97]	29.95	10.71
5	Respiratory insufficiency	2.47**	[2.28-2.69]	13.76	5.56
6	Throat/chest pain	2.20**	[2.09-2.31]	34.57	15.74
7	Hair loss	2.02**	[1.88-2.18]	13.96	6.90
8	Malaise/fatigue/exhaustion	1.97**	[1.89-2.06]	42.91	21.74
9	Dysphagia	1.95**	[1.78-2.12]	10.55	5.42
10	Headache	1.74**	[1.67-1.82]	40.48	23.24

Note: Significance levels: *=5%, **=1%

Abrechnungsdaten (Fälle **n= 157.134**), ab 4 Wochen nach Covid-19 Diagnose, Deutschland

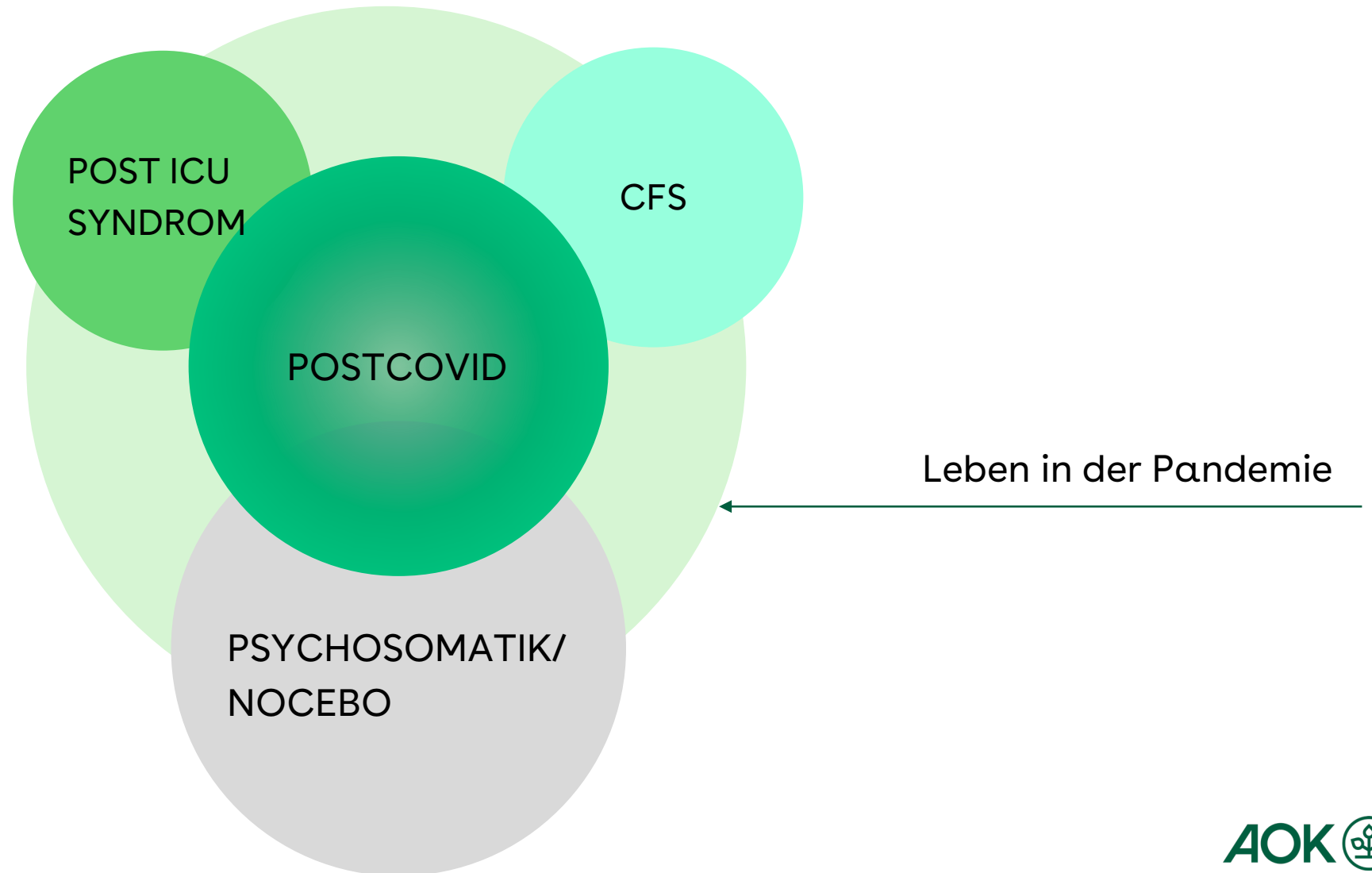
Einteilung Schweregrad



Risikofaktoren Postcovid

Risikofaktor:	Odds Ratio [95% KI]	Evidenzgrad:
Weibliches Geschlecht	1.51 [1.46 – 1.55]	niedrig
Asiatische Ethnie	0.8 [0.74 – 0.88]	niedrig
Übergewicht	1.16 [1.12 – 1.21]	niedrig
Adipositas	1.53 [1.47 – 1.59]	niedrig
Rauchen	1.35 [1.28 – 1.41]	niedrig
Vapen	1.26 [1.18 – 1.34]	niedrig
Hospitalisierung	3.46 [2.93 – 4.09]	niedrig

Postcovid entschlüsseln

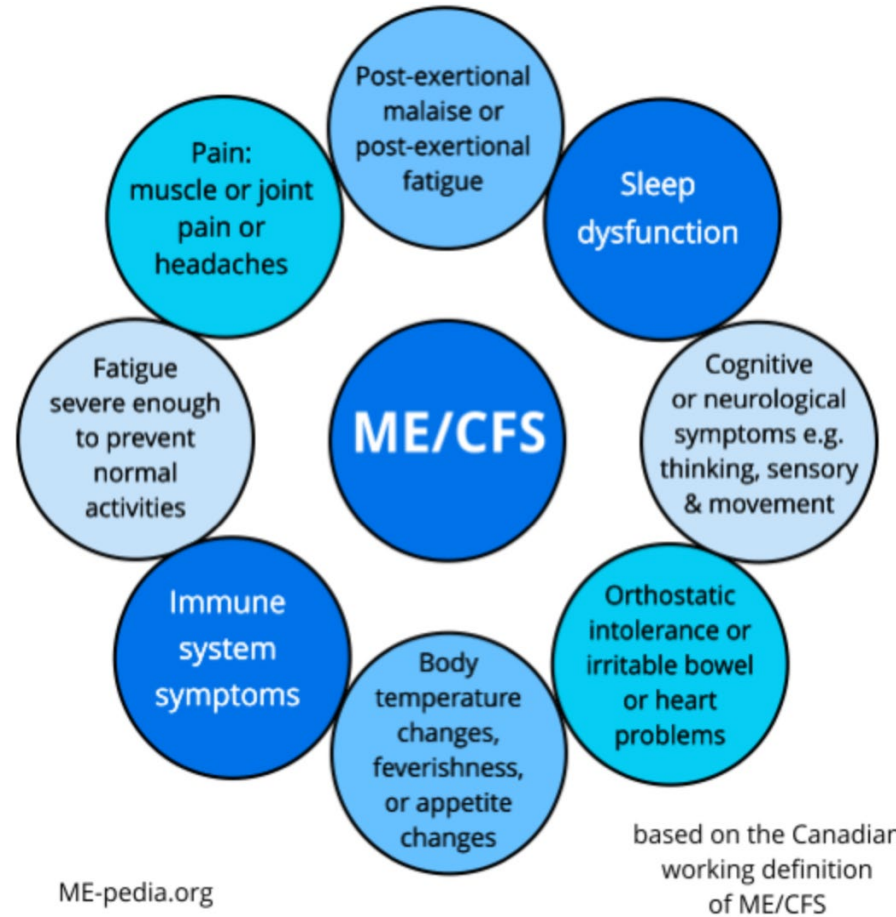


Post ICU Syndrom (PICS)

Beschwerden die bestehen bleiben nach kritischer Erkrankung mit Intensivbehandlung:

- Muskelschwäche (33% aller beatmeten, 50% alle über eine Woche Intensivaufenthalt)
- Kognitive Störungen (30 – 80%)
- Posttraumatische Belastungsstörung (PTBS)
- Angststörungen
- Schlafstörungen
- ca. 50% können nicht in ihren Beruf zurückkehren

Chronisches Fatiguesyndrom (CFS)/ Myalgische Enzephalitis (ME) nach Kanadischen Konsensuskriterien(CCC)



Häufiger Auslöser:
Virusinfektion
z. B. Epstein-Barr Virus

Psychosomatik/ Nocebo?

Table 2. Descriptive Statistics of Symptom Prevalence by Belief and Serology Test Result Status

Symptom	Total No.	No. (%) of participants				P value ^b
		Serology ^{−a}		Serology ⁺ a		
		Belief [−] (n = 25 271)	Belief ⁺ (n = 461)	Belief [−] (n = 638)	Belief ⁺ (n = 453)	
Sleep problems	2729	2580 (10.4)	49 (10.9)	55 (8.7)	45 (10.1)	.58
Joint pain	1894	1802 (7.3)	30 (6.7)	26 (4.2)	36 (8.2)	.02
Back pain	1630	1525 (6.2)	32 (7.1)	33 (5.2)	40 (9.1)	.048
Digestive tract problems ^c	909	838 (3.5)	33 (7.4)	20 (3.3)	18 (4.2)	<.001
Muscular pain, sore muscles	867	808 (3.2)	22 (4.8)	18 (2.9)	19 (4.3)	.16
Fatigue	766	625 (2.5)	57 (12.6)	22 (3.5)	62 (13.8)	<.001
Poor attention or concentration	644	555 (2.2)	34 (7.5)	17 (2.7)	38 (8.5)	<.001
Skin problems	632	598 (2.4)	17 (3.8)	6 (1.0)	11 (2.5)	.02
Other symptoms ^d	514	463 (2.0)	17 (3.8)	8 (1.3)	26 (6.0)	<.001
Sensory symptoms	492	463 (1.8)	16 (3.5)	8 (1.3)	5 (1.1)	.02
Hearing impairment	479	456 (1.8)	7 (1.5)	6 (1.0)	10 (2.2)	.33
Headache	360	323 (1.3)	13 (2.8)	8 (1.3)	16 (3.6)	<.001
Breathing difficulties	256	192 (0.8)	29 (6.4)	9 (1.4)	26 (5.8)	<.001
Palpitations	213	175 (0.7)	17 (3.7)	6 (1.0)	15 (3.4)	<.001
Dizziness	178	158 (0.6)	7 (1.5)	5 (0.8)	8 (1.8)	.002
Chest pain	174	138 (0.6)	14 (3.1)	2 (0.3)	20 (4.5)	<.001
Cough	167	144 (0.6)	10 (2.2)	2 (0.3)	11 (2.5)	<.001
Anosmia	146	75 (0.3)	20 (4.4)	7 (1.1)	44 (9.9)	<.001

Leben in der Pandemie

Studie COPSYP (COrona und PSYche)

Telefoninterviews:

- Seelische Gesundheit in der Pandemie
- Kinder und Jugendliche
- 1500 Eltern, >1000 Kinder
- Deutschland
- Universitätsklinikum Hamburg

Anteil der Kinder und Jugendlichen mit einer geminderten Lebensqualität



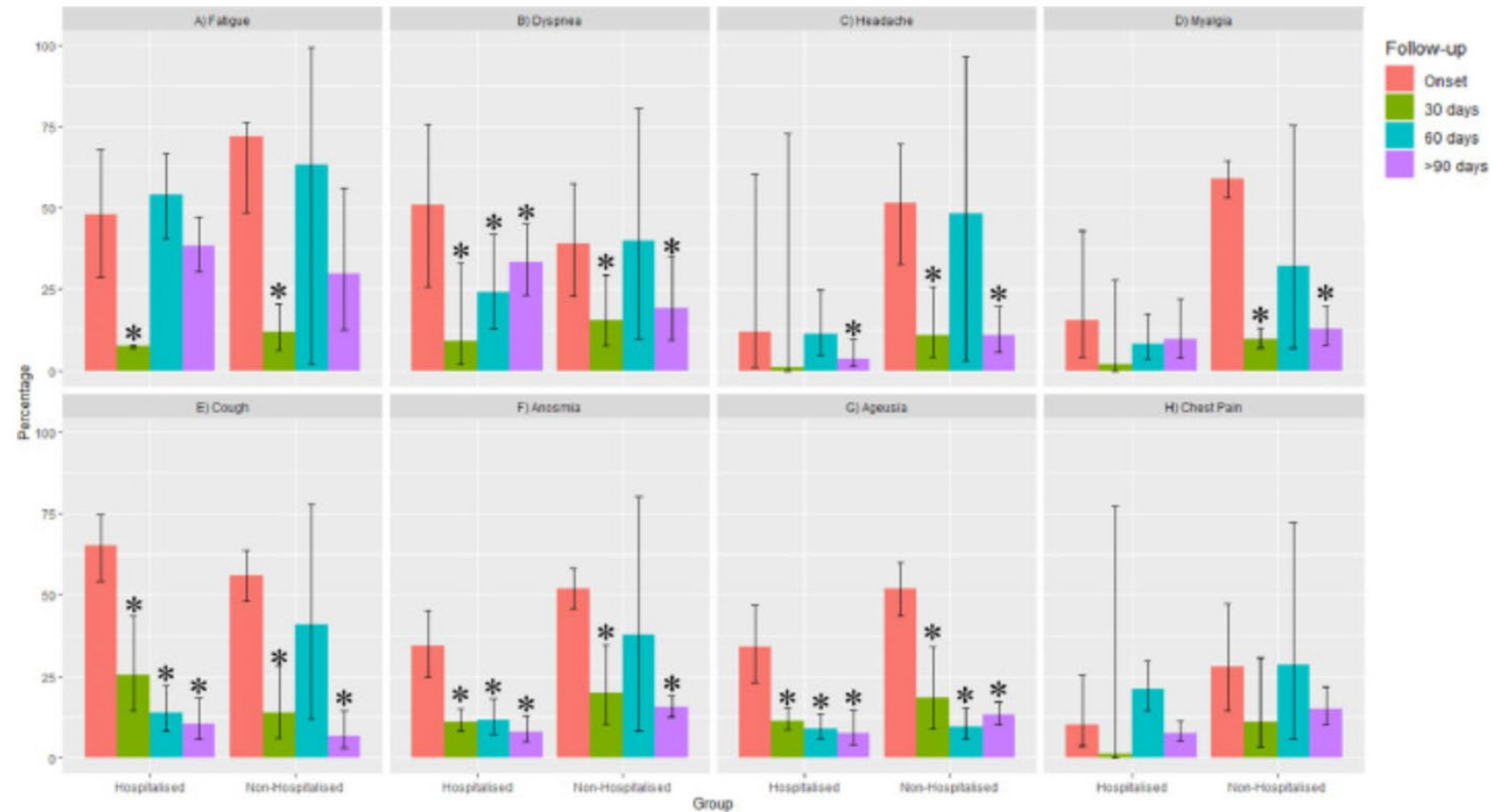
Risiko für psychische Auffälligkeiten bleibt stabil hoch



Verlauf

Metaanalyse:

- 33 Studien eingeschlossen
- 15.244 hospitalisierte
- 9.111 ambulante
- Heterogenität: 75%
- Nach 60/90 Tagen Fatigue und Dyspnoe am häufigsten



Managing The Effects

<https://www.yourcovidrecovery.nhs.uk/>

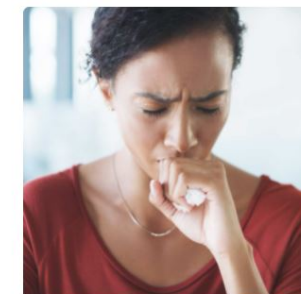
Effects On The Body



Breathlessness



Fatigue



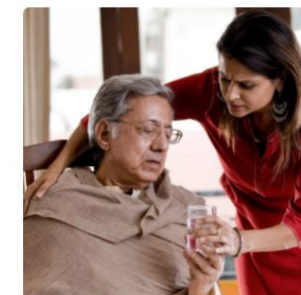
Cough



Managing Your Oxygen



Taste and Smell



Voice and Swallowing

Fatigue

What is fatigue?

We are all familiar with the feeling of fatigue after exercise or a long period of concentration. Sometimes, however, fatigue can be felt in a way that does not seem normal. Despite resting, and a good night's sleep, fatigue occurs after minimal effort, is prolonged and limits your usual activity. It can leave people feeling dull and finding it difficult to concentrate and recall memories.

Fatigue is very common after viral infections, such as COVID and normally it settles after 2 or 3 weeks. However, in some people it can linger for weeks or months.

What causes post-COVID fatigue?

There are many reasons why people feel fatigued after a COVID infection. These are:

- A continuing response to the COVID virus even though the infection has got better.
- The effect of a serious illness. Fatigue caused by pneumonia can take up to 6 months to resolve.

What makes post COVID fatigue last a long time?

In some people, different things contribute to the fatigue and make it last a long time. Low levels of physical activity, a disturbed daily routine, poor sleep patterns, demanding work, caring responsibilities, low mood, anxiety and stress can all make fatigue worse.

What can I do about fatigue?

- 1 Recognise that the fatigue is real** and be kind to yourself. Explain to your family, friends, and colleagues at work the impact the fatigue is having. Because fatigue is invisible, sometimes it is not properly understood. Until it is experienced it can be hard to understand the impact of fatigue and how debilitating it can be.
- 2 Get a good night's sleep.** Fatigue feels much worse if your sleep pattern is also disturbed. Try to improve your sleep pattern by reading the '[sleeping well](#)' section.
- 3 Try relaxation techniques.** These can help with fatigue as they promote a good sleep pattern, and can help reduce stress. Consider trying techniques such as mindful meditation, aromatherapy, yoga, tai chi, and other activities you find relaxing, such as reading or having a long shower or bath.
- 4 Plan, prioritise and delegate.**
 - **Plan.** Plan each day in advance so that you can do what you need, and consider what can be delegated to other people. Build a regular routine, and try to avoid 'boom and bust' behaviour, where you are very active on 'good' days and then feel exhausted the following day. An activity diary can help with this.
 - **Prioritise.** You can also decide which activities that you are doing are most important to you. If this is a task which is very important do it when you have the most energy. If they are not important, but 'have to be done' can you delegate them?
 - **Delegate.** Think about areas where you can save energy, for example, online shopping rather than a trip to the supermarket, or cooking at the weekend for the week ahead when you are busy. Finally, make sure you are doing some things which are enjoyable, such activities can be energising.

- 5 Keeping an activity diary.** For one or two weeks, keep a record of what you have done during the day and how you feel after each activity. Also note if you had a good day. Activities can be physical, social, cognitive (thinking), or emotional, and some can be more tiring than others. Diaries can help you spot unhelpful activity patterns, such as irregular sleep patterns and 'boom and bust' behaviours.
- 6 Keep active.** Energy levels are also helped by staying active. Being unfit makes you more tired. Once the amount of activity you are doing is stable, try to increase the amount you do slowly and gently. Look at the section on [getting moving again](#) to help with this.
- 7 Eat well.** A healthy diet can help. See the section on [eating well](#).

When should I talk to my doctor?

Talk to your GP so they can rule out any other condition that could be causing your tiredness if;

- Your fatigue is getting worse rather than better.
- After 4 weeks your fatigue is unchanged.
- You are worried or have other new symptoms.

Deutschsprachige Informationen für Betroffene

S1 Patientenleitlinie Longcovid/Postcovid:

https://www.awmf.org/uploads/tx_szleitlinien/020-027p_S1_Post_COVID_Long_COVID_2021-09_01.pdf

Empfehlungen zur Unterstützung einer selbstständigen Rehabilitation nach COVID-19- bedingter Erkrankung

<https://apps.who.int/iris/bitstream/handle/10665/345019/WHO-EURO-2021-855-40590-60116-ger.pdf?sequence=1&isAllowed=y>

	Warnsignale, die der dringenden Aufmerksamkeit von Gesundheitsfachkräften bedürfen	4
	Umgang mit Atemnot	5
	Bewegung und sportliche Betätigung	8
	Kraftesparendes Verhalten und Umgang mit andauernder Erschöpfung	14
	Umgang mit Stimmstörungen	16
	Umgang mit Schluckbeschwerden	18
	Ernährung, einschließlich Geruchs- und Geschmacksstörungen	19
	Aufmerksamkeits-, Gedächtnis- und Konzentrationsstörungen	21
	Umgang mit Stress, Angstzuständen, Depressionen und Schlafstörungen	23
	Umgang mit Schmerzen	25
	Rückkehr an den Arbeitsplatz	27
	Symptomtagebuch	28

Vielen Dank

Dr. Martin Roesler

Beratender Arzt
AOK Bundesverband
Rosenthaler Straße 31
10178 Berlin

P +4930346462442
E Martin.Roesler@bv.aok.de