

Persistence of typical COVID-19 symptoms in ICU survivors one month after hospital discharge

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Background

Physical and mental sequelae of COVID-19 ICU survivors are still unknown. Studies on similar coronavirus, like Severe Acute Respiratory Syndrome and Middle East Respiratory Syndrome, showed that physical sequelae as impaired diffusing capacity for carbon monoxide and reduced exercise capacity, and mental sequelae like post-traumatic stress disorder (PTSD) are frequent [1,2].

Aims and objectives

To determine prevalence and distribution of symptoms in COVID-19 ICU survivors

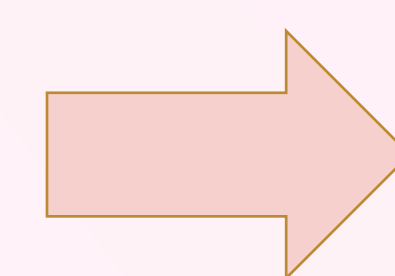
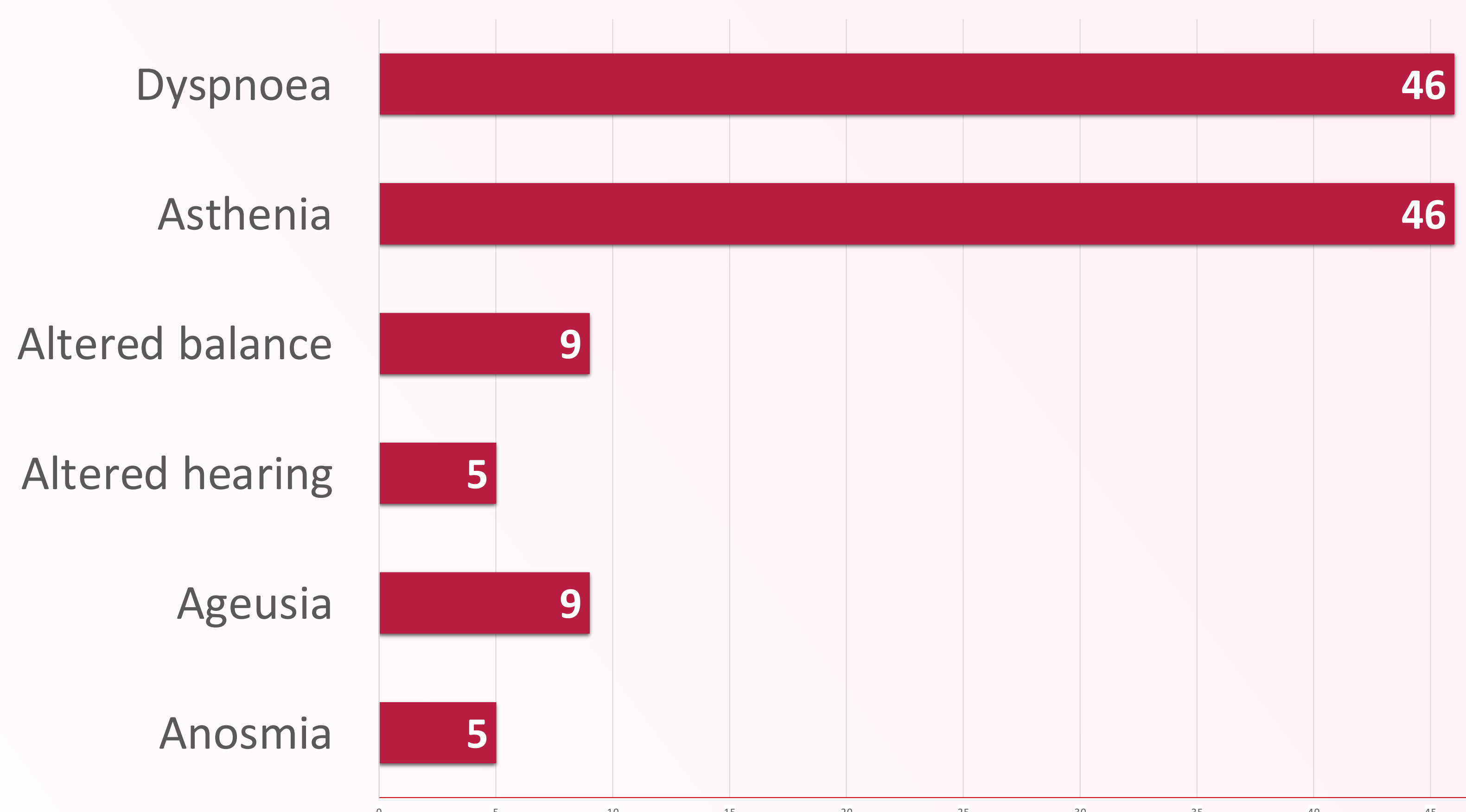
Methods

Patients discharged home from ICU and from the hospital from March 1st to July 30th, 2020 were invited to attend a post-COVID outpatient control. Patients were asked to answer questions on physical status on typical COVID-19 symptoms: ageusia, anosmia, altered balance, altered hearing, asthenia, dyspnoea. Clinical data as length of stay in hospital and ICU, length and setting of non-invasive ventilation prior to admission to ICU, gas exchanges at admission to ICU were collected from clinical records.



Results

Patients were still affected by **anosmia** in 5 cases (10.6%), **ageusia** in 9 cases (19.2%), **altered hearing** in 5 cases (10.6%) and **altered balance** in 9 cases (19.2%). 46 patients (97.8%) reported **asthenia**, with a median score of 2.0 [1.0-3.0]. 4 patients (8.5%) complained **dyspnoea** at rest, of which 2 (4.3%) requiring home oxygen therapy. Patients complaining dyspnoea for mild, moderate and severe efforts were 13 (27.7%), 46 (97.8%) and 46 (97.8%) respectively. The number of patients complaining dyspnoea in each of these classes didn't differ significantly among PTSD and non-PTSD patients. However, the score of dyspnoea was significantly higher in PTSD patients for moderate and severe efforts.



Type of dyspnoea	Percentage
At rest	8,5 %
Mild efforts	27,7 %
Moderate efforts	97,8 %
Severe efforts	97,8 %

Conclusion

Physical and mental sequelae after ICU discharge are relevant, and potentially deeply affecting quality of life.



Group for Research in Intensive care in Pavia

<http://www.the-grip.org/>

References

1.Ahmed H. Journal of Rehabilitation medicine 2020 jrm00063. 2.Ferrando C. Intensive Care Med. 2020;29;1-12