

An Overview of Post-Acute Sequelae of COVID-19

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PERSPECTIVE

A pandemic of coronavirus disease has been produced by the novel virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (COVID-19). A proportion of individuals who contract SARS-CoV-2 infection experience a variety of long-term symptoms that do not go away after many months. Long COVID or COVID-19 Post-Acute Sequelae are the diagnosis given to these patients (PASC). Individual PASC patients are likely to have a variety of underlying biological causes driving their symptoms, none of which are mutually exclusive. This research explains how RNA viruses other than SARS-CoV-2 have been linked to long-term health. It also discusses potential possibilities for PASC symptom development by reviewing data on acute COVID-19 and other virus-initiated chronic syndromes such as post-Ebola syndrome or Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS).

Acute SARS-CoV-2 injury to one or more organs, persistent SARS-CoV-2 reservoirs in certain tissues, reactivation of neurotrophic pathogens such as herpesviruses under conditions of COVID-19 immune dysregulation, SARS-CoV-2 interactions with host microbiome/virome communities, clotting/coagulation issues, and dysfunctional brains are all potential contributors to PASC symptoms. Because PASC symptoms are so individualised, it's possible that multiple therapy techniques will be required to appropriately manage care for certain patients with the diagnosis. The global population of people infected with SARS-CoV-2 is quickly growing, needing a better understanding of COVID-19's wide range of potential consequences.

The multi-systemic elements of acute COVID-19 have gotten a lot of attention, but the long-term consequences are still a mystery. Emerging evidence from the lay press, social media, commentary, and new scientific papers suggests that some COVID-19 survivors have organ dysfunction and/or debilitating chronic symptoms, which can be unpredictable and have a negative influence on their quality of life. Corona virus disease 2019 (COVID-19) has been looming large for more than a year, with few treatment options available. To make matters worse, a large number of patients who have recovered from an acute COVID-19 infection have reported persistent symptoms, resulting in considerable disability and impairment of everyday activities. These people are thought to have "chronic" or "long" COVID-19, or a kind of COVID-19 post-acute sequelae, and patients with this syndrome are known as COVID-19 long-haulers.

Despite recovery from infection, atypical persistent symptoms such as excessive fatigue, shortness of breath, joint pains, brain fogs, anxiety, and depression that can last month's indicate an underlying disease pathology that persists beyond the initial presentation of the disease. Rather of the virus's direct impacts, the immune response to Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is thought to play a major role in the development of these long-term symptoms, presumably by encouraging a continuing inflammatory process. We present the multi-organ long-term symptoms of COVID-19 and postulate probable immunological mechanisms driving these persistent and extended effects in this review. An estimated 10% of COVID-19 survivors continue to have symptoms weeks or months after their initial symptoms manifest, a syndrome known as Post-Acute Sequelae of SARS-CoV-2 infection (PASC).

The most prevalent symptoms reported by these patients, often known as "long-haulers," are fatigue, cough, dyspnea, chest tightness, difficulty concentrating, arthralgia, olfactory impairment, and headache. Young and previously healthy persons with modest COVID-19 are also at risk. Age, concomitant medical disorders, and COVID-19 severity are all risk factors. Medical management is built on the foundations of recognising symptoms, evaluating them, providing supportive therapy, and paying attention to medical comorbidities. Despite the fact that most people have no or minor symptoms, COVID-19 spreads quickly and can cause ARDS in a small percentage of persons. Gas exchange and reducing the detrimental consequences of bed rest and immobility are priorities in extremely ill patients admitted to the Intensive Care Unit (ICU), according to the data.

However, in recent years, research has focused on individuals with ARDS who have poor long-term functional outcomes, which are frequently linked to ICU-acquired weakness, deconditioning, and myopathies and neuropathies. In addition to physical therapists providing respiratory support in the ICU, the literature unequivocally supports the notion that early intervention for ICU management of patients with ARDS secondary to COVID-19 should focus on reducing contributors to impaired long-term function, with special attention paid to preventing or managing ICU-acquired weakness,

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