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CHRONIC PULMONARY DISEASES AND LONG COVID-19

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Objective:

COVID-19 is an infectious disease emerged in 2019 in Wuhan, China. The novel coronavirus, SARS-CoV-2 had been identified as a causative agent. During the acute phase of COVID-19, most people experience mild to moderate respiratory disease, but older people and those suffering from conditions such as cancer, chronic respiratory illness or diabetes have greater chances of developing a more serious disease. People recovering from COVID-19 may still experience symptoms such as dyspnoea, chest pain, weakness, dry cough, and psychological problems well after their acute phase. NICE guidelines have differentiated acute phase of the disease, ongoing symptomatic COVID-19 and post-COVID-19 syndrome, lasting <4, 4-12 and >12 weeks, respectively. Research on the effect of acute and long COVID-19 on people with chronic lung disease is scarce, but it is evident that people with chronic obstructive lung disease are more at risk of being mechanically ventilated and dying than those with asthma.

Since December 2020 more than 180 patients have been referred to our Post-COVID-19 referral Centre either by their general practitioners or from other hospitals. The patients were given a



questionnaire about their acute disease, long COVID-19 symptoms and their other underlying conditions. We used the Post-COVID Functional Status Scale (PCFS) to assess the functional recovery of the patients. Median age of the referred patients was 55, 56.15% of them were male and the median day of the referral after the onset of COVID-19 was 70. The most common complaints during examination were tiredness (63.64%), shortness of breath (47.06%), dry cough (33.69%), and muscle weakness (29.95%). In the long-COVID-19 period, most of the people with higher PCFS scores were people that also had chronic lung disease: 51 out of 188 had a chronic lung disease; mostly asthma and COPD; 20 and 8 people, respectively. Among people with scores 0, 1 and 2, only 25.00%, 25.39% and 23.91%, respectively, had some chronic lung condition. Among the reported PCFS scores of 3 and 4, 34.38% and 75.00% had chronic lung disease.

In conclusion, people with chronic lung disease experience more severe symptoms after the period of acute COVID-19. This may be explained by the exacerbation of the underlying disease caused by COVID-19, additional damage to diseased lung tissue or some other mechanism. More research is mandated to see the long-term effect of COVID-19 on these patients.