



Some Clinical Epidemiological Variables in Patients with Post Covid 19 Syndrome

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Abstract

Introduction: Post-COVID syndrome is a new and unique phenomenon. Its symptoms, particularly extreme fatigue, can have secondary effects on a person's quality of life.

Objective: To describe some clinical and epidemiological characteristics of patients with post-COVID syndrome.

Methods: Retrospective descriptive study of 135 patients who attended the convalescent clinic for patients with COVID-19 between January and June 2021 at the Captain "Roberto Rodriguez Fernandez" Provincial General Teaching Hospital.

Results: Male sex prevailed with 51.8% and the age group between 50 and 64 years (44.4%). Arterial hypertension, diabetes mellitus and bronchial asthma were the co morbidities with the highest incidence for 44.4%, 11.1% and 11.1% respectively. Fatigue, headache and palpitations were the most frequent symptoms 88.9%, 55.5% and 55.5%, respectively.

Conclusions: Among the patients followed in the COVID-19 convalescent clinic, arterial hypertension was the most frequent comorbidity and fatigue was the main clinical symptom reported.

Keywords: Pandemic, COVID-19, SARS-CoV-2, Post-COVID syndrome

Introduction

In late 2019, the health system in Wuhan, China, provided reports of patients with severe pneumonia of unknown etiology. Chinese researchers subsequently obtained the classification of a new coronavirus and made public the sequence of the gene causing the disease. This led the World Health Organization (WHO) to officially designate the name of the new disease as "Coronavirus disease 2019 (COVID-19)".^{1,2}

A study published by Goertz and others³ showed that after three months of coronavirus infection more than 90% of patients continued to report symptoms, with fatigue and dyspnea being the most reported. Similarly, some recent reports indicated that, after 2 months of the symptomatic onset of the clinical picture, 87.4%

persist with at least one symptom and 55% with at least three, where fatigue (53.1%), dyspnea (43.4%), joint pain (27.3%) and chest pain (21.7%) prevail.⁴ All this poses great challenges for the follow-up and rehabilitation of people who manage to overcome the disease.⁵

COVID-19 is not just a two-week respiratory illness, but can persist for months. So-called long COVID already has a code in the International Classification of Diseases and has been designated as post-COVID syndrome.⁶ Symptoms such as fever, cough, fatigue, and shortness of breath can last for several months after a COVID-19 patient recovers from the acute phase of the disease. These symptoms mainly affect the lungs, heart, liver and brain, although they can also affect other organs and systems.⁶

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The National Institute of Statistics of the United Kingdom has estimated that 1 in 5 people with COVID-19 have symptoms beyond 5 weeks and 1 in 10 beyond 12 weeks.³

The signs reported by people suffering from this disease are numerous and varied, which adds complexity to the syndrome in terms of its diagnosis and its requirement for multidisciplinary health care.⁷

In Cuba, a study carried out in a health area concludes that among patients followed in the COVID-19 convalescent clinic, the proportion of comorbidities is higher and fatigue is the most frequent symptom.⁸

The importance of knowing about this syndrome lies in the fact that it is an entity that affects a large number of people in the post-pandemic period and that, therefore, a high number of patients come to our care units with this entity, making it necessary to maintain clinical-epidemiological surveillance of this syndrome

Methods

A retrospective descriptive study was carried out in the consultation of convalescent patients with COVID-19 at the Captain "Roberto Rodríguez Fernández" Provincial General Teaching Hospital in the period between January and June 2021.

The universe consisted of 135 patients who met the following inclusion criteria: patients with a diagnosis of coronavirus disease by symptoms and polymerase chain reaction (PCR) test who came to the consultation; the existence of symptoms after the acute phase of the disease and negative PCR. The exclusion criteria were patients without symptoms or signs of coronavirus disease and with positive PCR.

The sources used were the statistical records of the convalescent consultation and review of the individual medical history of each of the patients studied. This activity was carried out by the researchers themselves, which allowed uniformity in its collection and therefore, a decrease in observer bias.

The variables described were: age, sex, presence of comorbidity and prolonged symptoms. The collected information was processed using the Windows 10 operating system on an ASUS computer.

The calculations of the different parameters, as well as their analysis, were carried out using the Excel program or Microsoft Office tabulator. The percentage was used as a summary measure.

The study was approved by the hospital's ethics committee, and data confidentiality was maintained by coding the variables. The information was not used for any other purposes outside the framework of the research and has only been used in accordance with these purposes.

Results

The age group 50-64 years (44.4%) and male sex (51.8%) predominated Table 1.

Table 1: Distribution of patients according to age groups and sex

Age groups in years	Female	Male	Total
	No %	No %	No %
19-33	5 3.7	5 3.7	10 7.4
34-49	20 14.8	25 18.5	45 33.3
50-64	35 25.9	25 18.5	60 44.4
65 and over	5 3.7	15 11.1	20 14.1
Total	65 48.1	70 51.8	135 100

Arterial hypertension (HT), diabetes mellitus and bronchial asthma were the most frequent comorbidities, 44.4%, 11.1% and 11.1% respectively Table 2.

Table 2: Distribution of patients according to associated comorbidities

Comorbidities	No	%
High blood pressure	60	44
Diabetes Mellitus	15	11
Bronchial asthma	15	11
Obesity	5	3.7
Ischemic heart disease	4	3
2 or more comorbidities	12	8.9

Fatigue, headache and palpitations were the most significant symptoms, 88.9%, 55.5% and 55.5%, respectively. 25.2% presented other clinical manifestations Table 3.

Table 3: Distribution of patients according to prolonged symptoms in the patients studied

Symptoms	no	%
Fatigue	120	88,9
Headache	75	55,5
Palpitations	75	55,5
Cough	45	33
Tinnitus	30	22,2
Anorexia	10	7,4
others	34	25,2

Conclusion

When analyzing the age groups, patients aged 50-64 years predominated, which coincides with those found by Herrera,⁹ where the average age was 50.5 years and the male sex predominated. These results differ from those found by Pérez¹⁰ who found a predominance of the disease in patients under 50 years of age and a prevalence of the female sex. Comorbidities such as advanced age, diabetes, smoking, malnutrition, obesity, immunosuppression and hypertension, present a close relationship with the disease.¹¹ In the study by Pérez¹⁰ in addition to hypertension and diabetes mellitus, obesity, bronchial asthma and smoking stood out as comorbidities of greater significance. Our results confirm what was described by these authors. Regarding the symptoms reported in the post-Covid 19 period, fatigue is one of the most frequent symptoms found in the literature when referred to in other research.¹¹⁻¹³ In a research carried out in Cuba in a health area, Hirrezuelo found

fatigue, headache, and psychological disorders as the most frequent symptoms.¹³ Palpitations were one of the most prevalent symptoms in the research, however, it was not a symptom frequently reported by other researchers.¹⁴ Covid 19 is a new disease and multiple and more in-depth research is still required to be able to understand the symptoms, sequelae, and medium- and long-term complications derived from it. It is concluded that among the patients followed up in the COVID-19 convalescent consultation, arterial hypertension was the most frequent comorbidity and fatigue was the main clinical symptom reported.

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Conflicts of Interest

Regarding the publication of this article, the author declares that he has no conflict of interest.

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