

Follow-up of convalescent Covid-19 patients by the general practitioner

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Patients with Covid-19, whose clinical condition does not warrant hospitalization, present polymorphic patterns with a variable association of respiratory signs, flu-like manifestations and more or less suggestive associated symptoms (anosmia, ageusia, pseudo-frostbites, digestive disorders, neurological damage. Monitoring of these patients requires the early detection of signs of severity, especially cardiorespiratory signs, requiring hospitalization and sometimes management in the intensive care unit.

In outpatients, most of these symptoms disappear within a few weeks with recovery. However, several patients report the persistence or resurgence of some symptoms, including anosmia, feelings of respiratory discomfort, dysesthesia of the extremities and intense tiredness. Psychological disorders, similar to post-traumatic stress disorder with anguish of death, related to isolation and containment, are often associated. The follow-up of convalescent patients requires special attention to these resurgent manifestations so as not to overlook other acute conditions not related to Covid-19 (myocardial infarction, thromboembolic disease, etc.), especially in the presence of comorbidities.

In patients back home after hospitalization, especially if they were admitted to intensive care, trophic disorders are often observed, with weight loss, undernutrition and myalgia, requiring protein supplementation, motor and respiratory physiotherapy. Psychological disturbances that can affect concentration and memory have been reported, as well as thromboembolic accidents and renal insufficiency. In addition, lung scanner images raise fears of secondary pulmonary fibrosis, as after SARS and MERS. The management of these unstable convalescences requires an increased cooperation with the various organ specialists.

With regard to convalescent Covid-19 patients, the National Academy of Medicine recommends:

- an increased vigilance of the physicians who ensure their follow-up and an adapted management of the persistent or resurgent clinical manifestations of the disease or of the hospitalization aftermaths, without ignoring any acute affection unrelated to Covid-19;

- the prescription of diagnostic tests (RT-PCR) in convalescents who are still symptomatic, particularly in non-hospitalized patients who were not tested during the initial episode, and serological tests (IgM + IgG or total Ig) to assess their immune status;
- the appropriate use of nutritional supplementation, physical rehabilitation and psychological management;
- the maintenance of barrier gestures with the mask wearing in the public sphere and prohibition of close contact with people at risk of severe forms of the disease for seven days following the lifting of the containment [1].

[1] Ministry of Solidarity and Health. Care by city doctors of patients with Covid-19 in the deconfinement phase. <https://solidarites-sante.gouv.fr/IMG/pdf/prise-en-charge-medecine-ville-covid-19.pdf>