## **Update on PASC**

Kelly Gebo, MD, MPH Professor of Medicine June 2, 2022





Research funding:

NIH

Department of Defense Bloomberg Philanthropies

Consulting:

Teach for America, Aspen Institute, Uptodate, Medicolegal work



## **Objectives**

- Understand different definitions of Post Acute Sequelae of COVID-19 (PASC)
- Appreciate risk factors for PASC
- Work up of PASC
- Treatment options
- JHU PACT Clinic
- Important Future Research Questions



## What is PASC?

### Depends on who you ask!

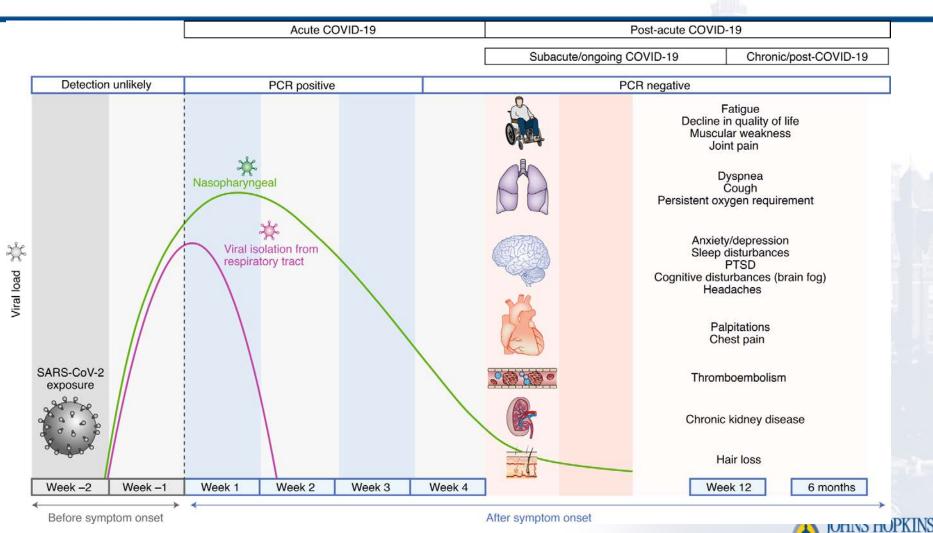
Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others (see Table 3 and Annex 2) which generally have an impact on everyday functioning. Symptoms may be new onset, following initial recovery from an acute COVID-19 episode, or persist from the initial illness. Symptoms may also fluctuate or relapse over time. A separate definition may be applicable for children. Oct. 6 2021

### **Post-COVID Conditions**

We use **post-COVID conditions** as an umbrella term for the wide range of health consequences that are present **four or more weeks** after infection with SARS-CoV-2. The time frame of four or more weeks provides a rough approximation of effects that occur beyond the acute period, but the timeframe might change as we learn more.

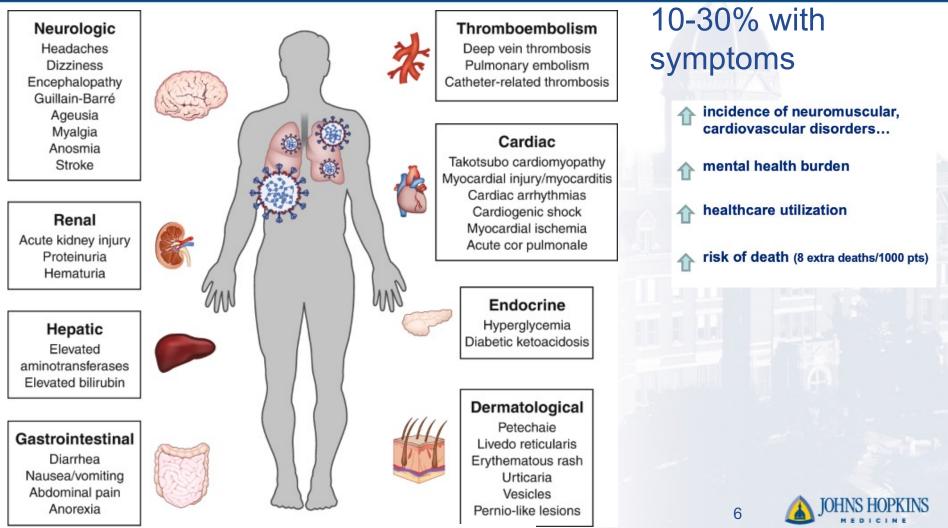


## Post-Acute Sequelae SARS-CoV-2 (PASC)



Nalbandian & Sehgal Nature Medicine. 2021. 27:601–615

## **Post-Acute Sequelae of SARS-CoV-2**



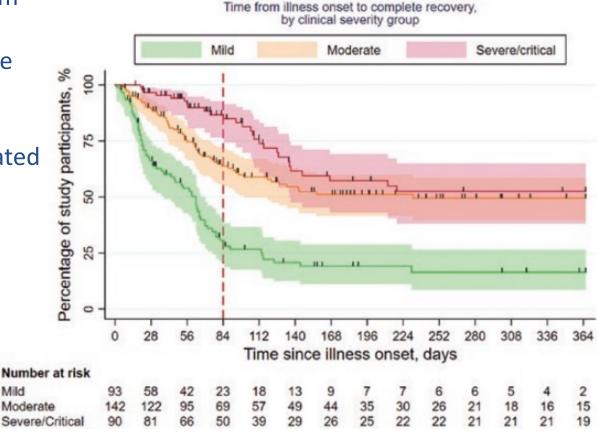
Nature Medicine 26, 1017-1032(2020)

## **Risk Factors for PASC**

- Severity of COVID-19
- Baseline health status
- Age
- Female sex
- Increased BMI
- Unvaccinated

# Severity

- 342 Dutch people followed from diagnosis through 1 year with monthly surveys. Assessed time from illness onset to complete recovery.
- Female sex and obesity associated with slow recovery



Wyneberg CID 2021 ( JOHNS HOPP

## Female sex, obesity

#### Multivariable Cox proportional hazard model

	Determinants at illness onset	aHR (95%CI) P-value
	Age, years	0.200
	Age (per 10 year increase)	0.92 (0.82-1.04)
	Sex	0.013
	Male	Ref.
	Female +	0.65 (0.47-0.92)
	BMI, kg/m2	0.057
	Normal weight	Ref.
	Overweight -	0.71 (0.49-1.03)
	Obese -	0.62 (0.39-0.97)
	Number of comorbidities	0.454
	None	Ref.
	1 🗕	0.78 (0.50-1.21)
	2	0.67 (0.37-1.23)
June 14, 2022	3 or more	0.72 (0.36-1.42)

Wyneberg CID 2021



# Predictors of PASC: OP vs. IP

	Qualitying non-hospitalised patients		Qualitying hospitali	Qualitying hospitalised patients		All qualitying patients	
	Importance	Odds ratio (95% CI)	Importance	Odds ratio (95% CI)	Importance	Odds ratio (95% CI)	
Post-COVID outpatient utilisation	77-58	4.58 (3.75-5.57)	744-99	4.88 (4.2-5.68)	1250-9	5.59 (4.98-6.28)	
Difficulty breathing (dx)	25.95	10.65 (7.23-15.7)	41.49	3.73 (2.82-4.93)	113.86	6.73 (5.38-8.42)	
Age	18-26		159-54		353-85	*	
Dyspnoea (dx)	14.01	10.65 (7.23-15.7)	51.04	3.73 (2.82-4.93)	139-28	6-73 (5-38-8-42)	
Male sex	11-26	0.59 (0.38-0.91)	18.78	1.12 (0.86-1.46)	115.59	1.08 (0.87-1.34)	
COVID vaccine (med)	9.72	0.49 (0.27-0.89)	54.84	0.44 (0.26-0.75)	144-05	0.37 (0.25-0.54)	
Post-COVID inpatient utilisation	2-27	3-18 (1-14-6-11)	161-05	1.56 (1.17-1.99)	254-54	2.59 (2.02-3.28)	
-			-		X / Y MALLY		

### Pfaff 2022Lancet Digital Health



# **PASC Evaluation Guidelines**

- Cardiopulmonary
- Neurologic
- Hypercoagulable
- Olfactory/gustatory
- Fatigue/poor energy

- Vitals (pulse ox)
  orthostatics
- Assess for fibrosis/pleural effusion
- 6M Walk test

PM R. 2021 Sep;13(9):1027-1043..



## **PASC Treatment Guidelines**

- Fatigue:
  - titrated return to activity,
  - energy conservation strategies,
  - healthy diet and hydration,
  - treat any underlying comorbid conditions including pain/insomnia

### PM R. 2021 Sep;13(9):1027-1043..



## **PASC Treatment**

- Cough:
  - OTC cough suppressant as needed
- Dyspnea:
  - Optimize pharmacotherapy for underlying dz
  - Mild symptoms: breathing exercise and breathless management
  - Moderate/Severe: refer to pulmonary, consider pulmonary rehab



## **PASC Treatment**

- Neuro:
  - Consider EMG for weakness
  - Brain Fog: follow with Montreal Cognitive Assessment (MOCA) consider neuropsych eval
- Orthostasis:
  - Mild: hydration, compression stockings, PT
  - POTS: consider medications



## 1 year outcomes among survivors in China

- N=1276 with 1 year FU (54 admitted to ICU)
- 49% with  $\geq$ 1 symptom (Fatigue 20%)
- Dyspnea 30%
- Anxiety or Depression 26%
- Compared to matched controls a greater proportion of COVID-19 survivors had decreased mobility, pain, anxiety/Depression or SOB

1-year outcomes in hospital survivors with COVID-19: a longitudinal cohort study

Lancet 2021; 398:747-58



## JH PACT

- Established April 7, 2020
- Post-Intensive Care Syndrome (PICS) framework
- Multi-D: PCCM, PM&R, JH Homecare
- Telemed/In-person Hybrid
- JH PACT-ICU: Severe initial COVID-19 (ICU LOS > 48hrs)
- JH PACT-Base: Mild to moderate initial COVID-19



Ann M. Parker, MD, PhD Alba Azola, MD PCCM PM&R





# JH PACT

THE AMERICAN JOURNAL of MEDICINE. Official Journal of the Alliance for Academic Internal Medic

**Respiratory Medicine** 

THE LANCET

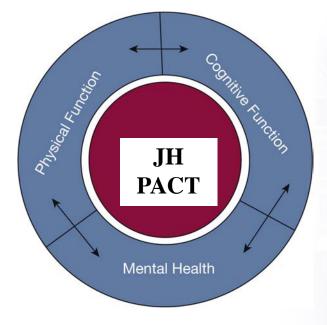
### Rapid Design and Implementation of Post-COVID-19 Clinics **≋CHEST**

Lekshmi Santhosh, MD, MAEd; Brian Block, MD; Soo Yeon Kim, MD; Sarath Raju, MD, MPH; Rupal J. Shah, MD; Neeta Thakur, MD, MPH; Emily Pfeil Brigham, MD, MHS; and Ann Marie Parker, MD, PhD

#### Core Team:

OHNS HOPKINS

- 1. Pulmonary-Critical Care
- 2. Physical Medicine & Rehabilitation
- 3. Homecare PT/OT/SLP



#### Partnerships:

- Primary Care
- Psychiatry
- Psychology
- Neurology
- Cardiology
- Hematology
- Infectious Disease
- Nephrology
- Dermatology
- Hepatology
- Otolaryngology



# JH PACT:



#### Pulmonary & Rehabilitation Medicine including:

- Interstitial lung disease
- Postural orthostatic tachycardia syndrome (POTS)



#### Homecare

- Rehabilitation services
- Nursing



### **On-Campus Rehabilitation**

- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Rehab Psychology

JH PACT 30% reduction in readmissions (16% to 11%)





https://www.hopkinsmedicine.org/coronavirus/pact/

## **Research Opportunities**







### https://recovercovid.org/



## **Future?**

- What are the phenotypes?
- Does early treatment impact PASC?
- What are the best treatments for PASC? What are the best mechanisms to prevent PASC?
- What will be the long term outcomes of those with PASC?
  - Will it vary by phenotype?



# Thank you!

 Patients and research participants who graciously shared their stories and samples





## **Questions?**

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# WHO Definition PASC, October 2021

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others\* and generally have an impact on everyday functioning. Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness. Symptoms may also fluctuate or relapse over time.

https://apps.who.int/iris/bitstream/handle/10665/345824/WHO-2019-nCoV-Post-COVID-19-condition-Clinical-case-definition-2021.1-eng.pdf

