

Internal Medicine Faces a New Challenge as SARS-CoV-2 Infection Becomes Chronic

Helen Morgan*

Editorial Office, Journal of Internal Medicine, Belgium

Corresponding Author*

Helen Morgan

Editorial Office, Journal of Internal Medicine,
Belgium E-mail: Hmorg787870@gmail.com

Copyright: ©2023 Morgan H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 06-Feb-2023, Manuscript No. IJCRIMPH-23-93488; **Editor assigned:** 07-Feb-2023, Pre QC No. IJCRIMPH-23-93488 (PQ); **Reviewed:** 12-Feb-2023, QC No. IJCRIMPH-23-93488 (Q); **Revised:** 16-Feb-2023, Manuscript No IJCRIMPH-23-93488 (R); **Published:** 22-Feb-2023, doi: 10.35248/1840-4529.23.15(2).1

Abstract

With a very high death toll globally, the new SARS-CoV-2 coronavirus infection has assumed pandemic proportions. Despite the scientific community's tireless efforts to treat this illness in its acute phase and to prevent it by quickly developing vaccines, there is still much work to be done in terms of comprehending and managing symptoms that persist after the acute phase, also known as the protracted COVID-19 syndrome or persistent COVID. These lingering symptoms can affect various organs and systems and may be caused by both the virus's pathogenic mechanisms and the patient's pathophysiological response. There is an urgent need to address this issue using a comprehensive strategy one year after the pandemic started.

Keywords: Internal medicine • SARS-CoV-2 • Infection • Chronic infection

Introduction

With over 155 million confirmed cases and more than 3 million fatalities worldwide, the new coronavirus SARS-CoV-2 infections have epidemic proportions. In response, the scientific community has been analysing this new virus, learning about its biological traits, and diagnosing, treating, and preventing COVID-19 at an unprecedented rate. Limited research has been done on the follow-up and long-term effects of SARS-CoV-2 infection, despite the fact that there is growing evidence to support the idea that many SARS-CoV-2 patients, even those with mild symptoms or those who are asymptomatic, develop either long-term symptoms that negatively impact their quality of life or sequelae that may be fatal or crucial to their survival [1].

The definition of uniform criteria to describe such a polymorphous and heterogeneous clinical presentation beyond the severe infection phase is the first issue we must address in order to approach this reality in an adequate way. A guideline outlining the stages of COVID-19 disease was published by the National Institute for Health and Care Excellence on December 18, 2020. 3. According to the guidelines, the acute phase of an infection lasts from the time it first manifests itself until four weeks have passed. Instances of "ongoing symptomatic COVID-19" are those in which disease symptoms last for 4 to 12 weeks, and "post-COVID-19 syndrome" is when symptoms that first appeared during or after an infection compatible with COVID-19 last longer than 12 weeks and are unresponsive to treatment. The term "long COVID," which encompasses both post-COVID-19 syndrome and ongoing symptomatic COVID-19, is also used in the guideline to refer to signs and symptoms that persist or worsen after acute COVID-19. In a similar vein, the Spanish Society for General Medicine (SEMG, to give it the Spanish

acronym) published data from its survey of individuals with "long COVID," a term the society uses to refer to the collection of symptoms affecting multiple organs in individuals with COVID-19 (with or without a confirmed diagnosis) who continue to experience symptoms after what is thought to be the acute phase of the disease has ended. 1,834 of the 2,120 patients who took part in the survey had symptoms consistent with long COVID. In the survey, people of all ages were represented. The average age of the respondents was 43 years, and 79% of them were female. A total of 200 varying symptoms were recorded, with 36 symptoms on average per person. An intriguing finding from this survey was the significant impact on quality of life brought on by these persistent symptoms, with significant inability to carry out daily tasks like personal hygiene, employment outside the home, family responsibilities, etc [2].

To date, a "living" systematic review has been developed (the term refers to a system that is continually updated with fresh data as it is produced), and a meta-analysis of COVID-19 symptoms after the acute phase of the disease has also been conducted. Studies up until September 2020 are covered by the ongoing systematic review. 28 studies are analyzed in total, including 2 case series, 16 cohort studies, and 10 cross-sectional studies. 9,442 adults with COVID-19 from 13 different countries were included in the analysis. The average follow-up period was 111 days after hospital discharge, which was the longest. There are numerous systemic, cardiopulmonary, gastrointestinal, neurological, and psychosocial symptoms listed, with dyspnea, altered taste and smell, presence of fatigue, and anxiety ranking among the most prevalent. Both patients who were admitted and those who received outpatient care both described having persistent symptoms. However, the studies that made up this review's evidence had poor quality, high bias risks, and significant disease prevalence heterogeneity [3,4].

Conclusion

Internal Medicine is in a strategic position to take on the challenge of creating and coordinating multidisciplinary units to care for patients with persistent symptoms following SARS-CoV-2 infection because of its comprehensive vision and holistic training of its specialists, which have enabled them to adapt and respond to the wide-ranging challenges and crises that have arisen in recent years. On the other hand, beyond the physical and psychological or psychiatric sequelae that patients who have recovered from severe COVID-19 may present and that are currently still unknown to us, we cannot forget about the symptomatology of long COVID. The effects that SARS-CoV-2 infection may have on the development of prevalent chronic diseases like ischaemic heart disease, COPD, or diabetes mellitus must also be taken into consideration. In this case, internal medicine's contribution to the post-COVID-19 era is fundamental once more.

References

1. Ritchie, Hannah, et al. "Coronavirus pandemic (COVID-19)." Our world in data (2020).
2. Herridge, Margaret S., et al. "One-year outcomes in survivors of the acute respiratory distress syndrome." *New England Journal of Medicine* 348.8 (2003): 683-693.
3. Gaebler, Christian, et al. "Evolution of antibody immunity to SARS-CoV-2." *Nature* 591.7851 (2021): 639-644.
4. Martín-Garrido, I., and F. J. Medrano-Ortega. "Más allá de la infección aguda por SARS-CoV-2: un nuevo desafío para la Medicina Interna." *Revista Clínica Española* 222.3 (2022): 176-179.

Cite this article: Morgan H. Internal Medicine Faces a New Challenge as SARS-CoV-2 Infection Becomes Chronic. *Int. J. Collab. Res. Intern. Med. Public Health.* 2023, 15 (2), 1