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helen.salisbury@phc.ox.ac.uk Follow Helen on Twitter: @HelenRSalisbury Cite this as: *BMJ* 2020;369:m2490 http://dx.doi.org/10.1136/bmj.m2490 Published: 23 June 2020

PRIMARY COLOUR

Helen Salisbury: When will we be well again?

Helen Salisbury GP

In the heat of the pandemic, news reports focused on patients who were severely ill, in hospital and on ventilators. Fortunately, this was a minority of patients, and most people with covid-19 remained at home—some of them horribly unwell but not in need of respiratory support. Another cohort were at risk of admission and required daily phone calls and regular oxygen saturation monitoring.

Now that the first wave is receding, the patients who need our attention are the estimated one in 10 with prolonged symptoms. Many of these people were previously fit and well and, although they may have been very ill back in March, they did not go to hospital. As they were encouraged to self-care, in many cases they did not even contact the health service about their breathlessness, cough, and fever. While the general expectation is that coronavirus symptoms resolve in two or three weeks, a significant number of patients are not getting better. Referred to in the press as "long haulers," many people are still suffering with symptoms three months into the illness. ¹⁻³ These patients mostly have some combination of ongoing fever, exhaustion, headache, breathlessness, and cough.

The ones I am treating have normal investigations, with nothing to see on a plain chest x ray and no signs of infection, inflammation, or blood clots in their laboratory tests. But many of them are very worried, and understandably so. If you previously ran 5k three times a week and now feel breathless after a single flight of stairs, or if you cough incessantly and are too exhausted to return to work, then the fear that you may never regain your previous health is very real.

With other illnesses I can map out the territory ahead and discuss the usual course of events I would expect to see in patients with similar conditions. Although timescales may be imprecise, we have some experience and textbooks to guide us. With covid-19 our predictions are pure guesswork, and our patients know it. In the face of a symptomatic patient with normal investigations, doctors tend to look for psychological explanations for the patient's experience. Although fear about the future may be making symptoms harder to bear with this new illness, it's clear that patients' anxiety stems from the symptoms rather than being an explanation for them.

In the face of this uncertainty, we need access to dedicated respiratory clinics where patients with persistent symptoms can have further investigations if necessary and can receive the most expert advice available. Patients also need our empathy. If we feel uncomfortable ourselves about having no explanation for their symptoms, how do you think they feel?

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

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