Long COVID Research: Findings & Recommendations

Hannah Davis Patient-Led Research

Who we are

- Long COVID patients, all onset in March 2020, all still symptomatic
- Met in Body Politic Support Group's data channel
- Previously researchers:
 - Survey design & participatory design
 - Qualitative research
 - Public policy
 - Research engineering
 - Data science & machine learning
 - Psychiatry (NY Presbyterian/Weill Cornell Medicine)
 - Neuroscience (University College London)
- IRB from University College London

Survey

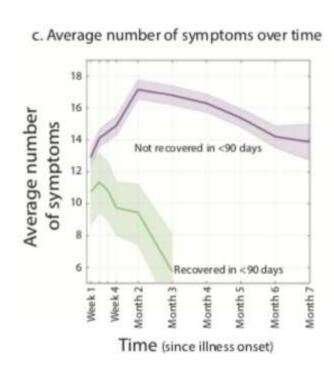
- First report on Long COVID May 2020
- Second survey (more comprehensive)
- 205 symptoms in total over 7 months
- Impact on work/life, antibody testing, diagnostics, medical support, coping
- 250+ questions, average time 70 minutes
- Translated into 9 languages:
 - English, French, Spanish, Arabic, Russian,
 Indonesian, Portuguese, Italian, Dutch
- Survey questions are open sourced, translations are available for use

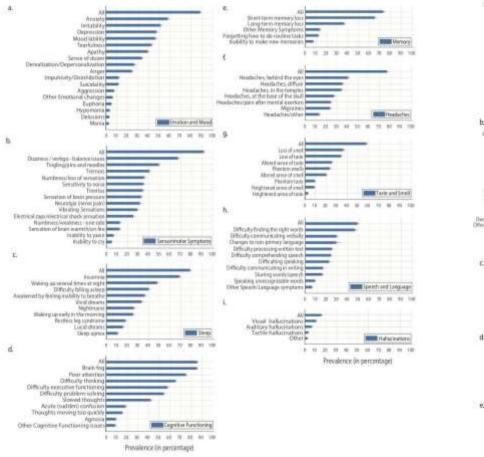
Demographics

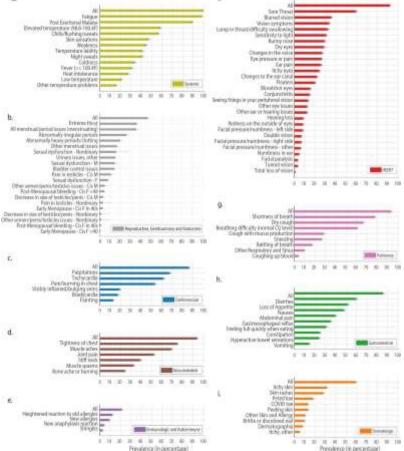
- 6,100 respondents from 85 countries
- First paper: 3,762 respondents (include only those with onset between December-May) from 56 countries
- Symptoms > 28 days
- 68% with onset in March 2020
- 31.5% age **18-39**, 31% age **40-49**, 37.7% age **50**+
- 8.4% hospitalized, 91.6% not hospitalized
- 18% healthcare workers
- 6.8% recovered
- 93.2% still having symptoms

Recovery

- Recovered: average 91 days of symptoms
- Unrecovered: average 144 days at time of survey
- Recovered <90 days: symptoms peaked in week 2 (11 symptoms)
- Not recovered <90 days: symptoms peaked in month 2 (17 symptoms)
- Not recovered by month 7 experienced 14 symptoms on average in month 7
- 21%: severe or very severe after month 6

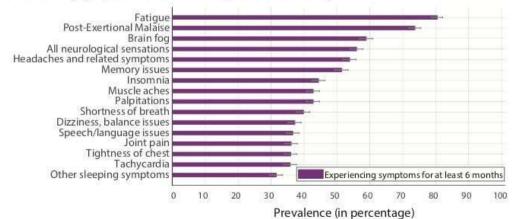




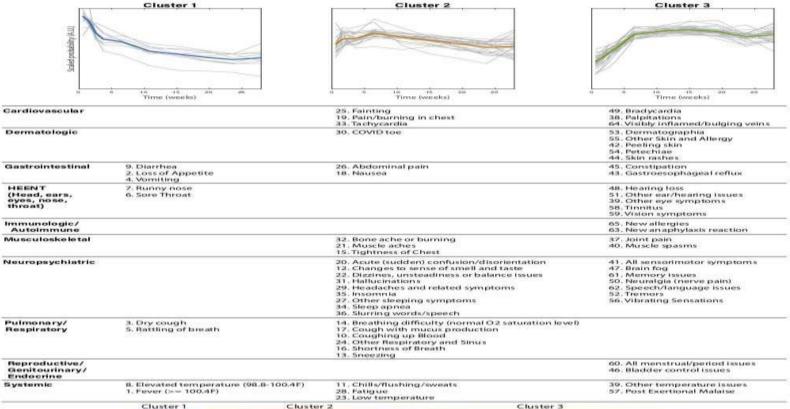


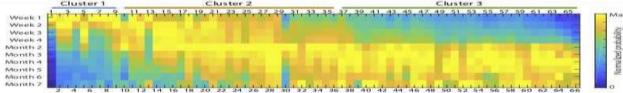
*	EVMPTOM	56.0	DATEGORY
1	Falgar	16.3	Systemic
2	Post-Exertanal Malalas	89.1	Bysteries
1	Cognitive Dysfunction ("Brain fug")	86.1	Neuropsychiatric - Cognitive Dysfunction
	Shortness of Breath	77.4	Pulmorary
5	Poor attention or concentration	T4.8	Neuropsychiatric - Cognitive Dystanction
	Tehines of Drest	74.8	Macdoskaletel
7	Waste acres	59.1	Muscylmiostatid
	FRONTÉN	66,6	Neuropsychiatric - Sleap
9	Heart publishme	67.4	Cardiovesoular
90	Districts / vertigs / unsteadness or balance issues	107.0	Neuropsychiatric - Sensormotor
Ħ	Dry cough	05.2	Pulmonary
ů.	Disply thing	65	Neuropsychiatric - Cognitive Dyefunction
13	Short-term memory loss (memory that leats -30 seconds, i.e. remembering a phone number before writing it down, or forgetting you've in the middle of a task)	64.0	Neuropsychiatric - Moreory
W	Techycardia	81.4	Cardiovascular
15	Episodes of breathing difficulty/gasping for air with normal oxygen suburation	60,4	Pulmonaty
15	Dartes	50.7	Gestrointestinal
17	Sone Throat	59.5	HEENT (Head, Ear, Eyes, Nove, Threat
18	Elevated temporature (98.8-100.4 F)	56.2	Bystomis
19	Accordy	67.9	Neuropsychiatric - Brieflon and Mood
20	Difficulty with executive functioning (planning, organizing, figuring out the sequence of actions, obstracting):	57.6	Neuropsychiatric - Cognitive Dysfunction
25	Diffetating/wests	58.5	Systemic
22	Difficulty problem-asking or decision-making	54.1	Neuropsychiatric - Cognitive Dysfunction
23	Painthurring in chest	58.5	Cardiovesoular
24	Joint pain	52.2	Musculoskelelal
25	Loss of Appette	51.6	Gastrointendinal

a. Remaining symptoms after month 6 (prevalence > 30%)

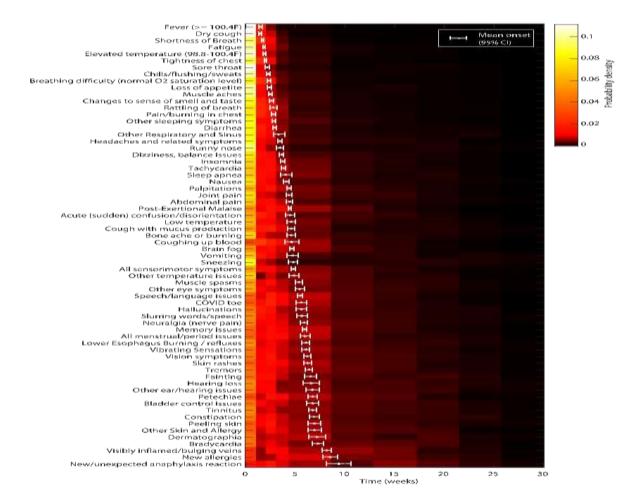


Top symptoms (after month 6



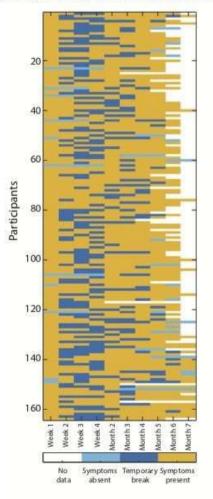


Symptom onset (mean)

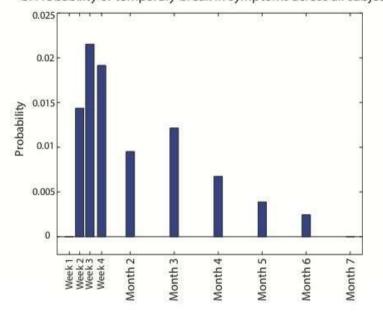


a. 164 participants experienced break in their symptom timecourse

Symptom Breaks



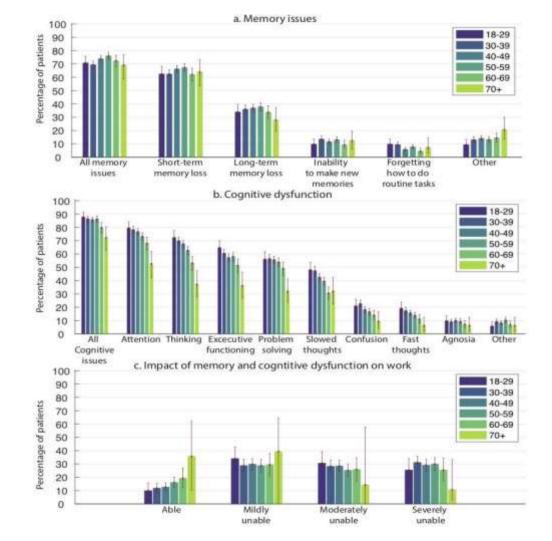
b. Probability of temporary break in symptoms across all subjects



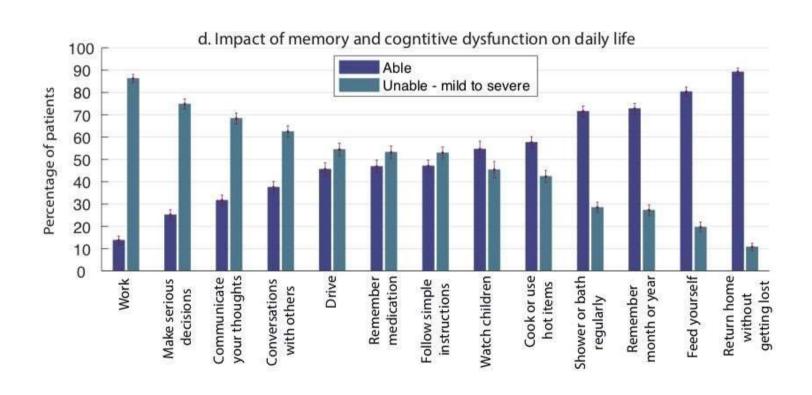
Time (since illness onset)

Cognitive Dysfunction & Memory

- No difference in memory by age
- No difference in cognitive dysfunction by age
- No difference in impact on life by age



Cognitive Dysfunction & Memory



*mother has started to help me take the medications I'm on because I can't remember if I've

Cognitive Dysfunction and Memory Loss

taken them immediately after having the bottle in my hand"

"was trying to fill out a mortgage application form and couldn't remember our rent. I put £3750 a month. My partner said, no it's £1375. So I put £13750. My partner said no, so I tried several more times - I was just guessing numbers"

"sitting on the toilet to pee and had to stop for a second to think if I was really there and not about to pee myself or the bed"

"don't remember what I did in March or April up until the last week of April. I had almost

"don't remember what I did in March or April up until the last week of April. I had almost nothing on my schedule. I don't know what I did"

"out food on the gas stove and walked away for over an hour only noticing when they were

"put food on the gas stove and walked away for over an hour, only noticing when they were smoking/burning"

"forget how to do normal routines like running a meeting at work"

"felt lost driving and had to stop and find my position in a GPS to be able to drive back home. It's a route I have done hundreds of times"

"have trouble comprehending new ideas"

"can't hold multiple trains of thought [...] If I tell myself I have to water my plants, I must do

it before another thought comes into my mind because otherwise I will forget"

"can't follow plots in movies or tv shows, have to write everything down, have to

remember to look at notes"

"had to terminate many phone calls because I could no longer comprehend the speakers nor communicate clearly with them"

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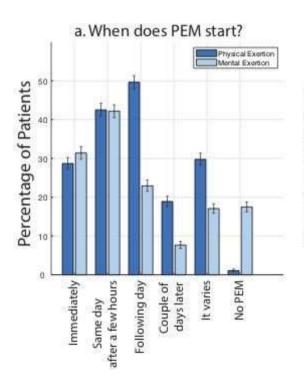
"used to do the New York Times crossword puzzle every single day and I can't even manage

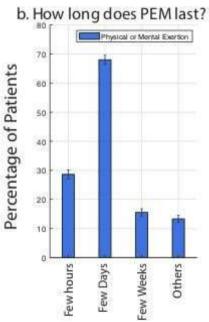
the mini ones now"

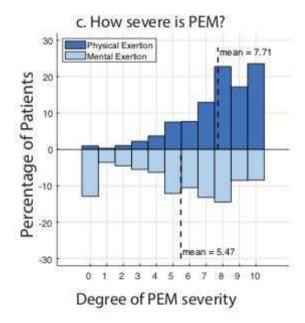
"can't focus on reading complex texts, and it makes me feel very tired to do that"

"Found that I had become dyslexic - and knew it was happening at the time, could not remember how to spell words - also found I was missing words from sentences and sometimes writing things that did not make sense"

Post-Exrtional Malaise







Immunologic/Allergies

- 20%: change in sensitivity (in both directions) to medications
- 12.1%: heightened reaction to old allergies
- 9.3%: new allergies
- 4%: new/unexpected anaphylaxis reactions
- Disappearing allergies (shellfish, medications, seasonal allergies)
- Post-COVID Reactivations of EBV, CMV, Shingles, and Lyme reported in <10%

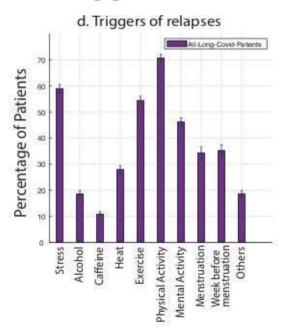
Other serious symptoms

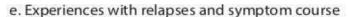
- 1% vision loss
- 9% hearing loss
- 3% facial paralysis
- 12% suicidality

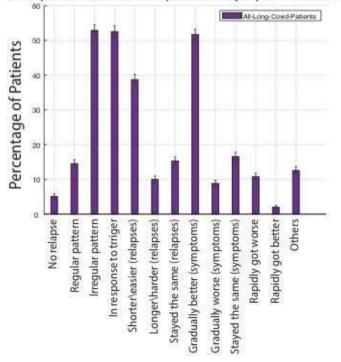
Reproductive Health

- 15% of men, 8% of women: sexual dysfunction
- 11% of cis men: pain in testicles
- 3% of cis men: decrease in genital size
- Post-menopausal bleeding/spotting: 4.5% of cis women over age 49
- Early menopause: 3% of cis women in their 40s
- Abnormal periods: 26%

Relapses, Triggers, Recovery



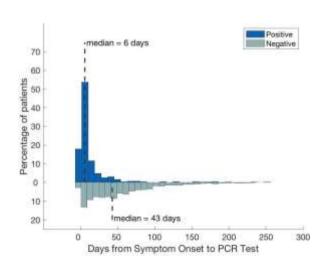


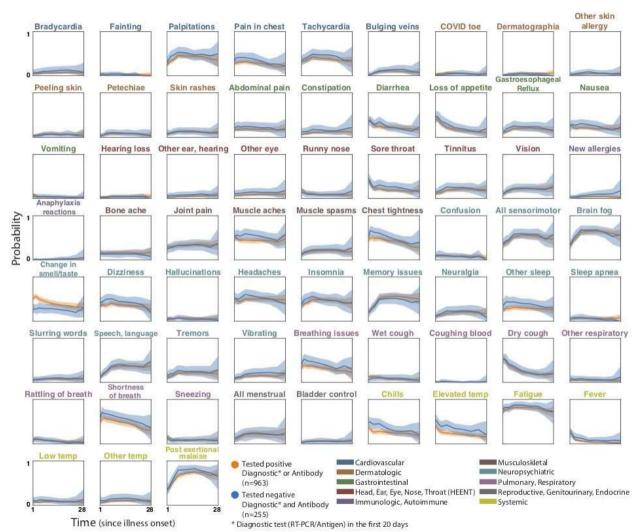


Impact on work

- 67.5% required reduced work schedule or were no longer working due to their illness
 - 45.2% required a reduced work schedule
 - 22.3% were not working at all
 - Remaining respondents were retired, volunteers, or did not provide enough information about their working status.
- Of those with brain fog, 86.2% are mildly to severely unable to work because of brain fog specifically.

Comparing Positive& Negative Cohorts





Priority Research Questions and Methods

- Need comprehensive selection of patients:
 - Many/most LC patients were not hospitalized
 - Many didn't experience respiratory symptoms
 - Many were not PCR positive/antibody positive (must include clinical diagnosis subset)
 - Many had mild acute cases
 - Many never had low oxygen levels
- Ask about right symptoms!
 - Often missing neurological, especially cognitive, and post-exertional malaise
 - Often missing questions on relapses
- Particularly when using machine learning!
 - Algorithms will be biased without representative patient and symptom dataset

Long COVID-specific research:

1. F-FDG brain PET hypometabolism in patients with long COVID, Guedj et al

- a. MRIs are normal, but hypometabolism found in PET scans w' 100% classification between patients & controls
- b. Symptom severity correlates w' metabolic PET severity
- c. Results: decrease in brain activity in olfactory bulb, limbic regions (memory/emotion regulation), brainstem (autonomic functions, breathing/sleeping), cerebellum (motor skills/balance)

2. Early immune pathology and persistent dysregulation characterise severe COVID-19, Bergamaschi et al

a. Immunometabolic inflammatory changes & unresolved immune cell defects may contribute to Long COVID

3. Neurologic manifestations of nonhospitalized patients with COVID-19 in Wuhan, China, Ding et al

- a. Non-hospitalized patients more likely to have neurological symptoms
- b. Non-hospitalized patients more likely to test negative on antibody tests
- c. Non-hospitalized patients have symptoms for longer

4. CDC study "Decline in SARS-CoV-2 Antibodies"

- a. 28% seroreverted by 60 days
- b. 2 % of PCR-positive patients seroreverted compared to 27% of PCR-negative
- c. 65% of patients with low antibody levels seroreverted (low levels more likely in women)
- d. Seroreversion more likely in 1) younger patients, 2) patients with underlying conditions
- e. Non-Hispanic Black patients and Hispanic patients less likely to serorevert

Priority Research Questions and Methods

- Validate & further investigate past post-viral research, interdisciplinarily:
 - Brain inflammation, brainstem inflammation, appropriate neuroimaging techniques (Dr.Jarred Younger, Dr. Michael VanElzakker, Dr. David Systrom, Harvard)
 - Metabolic profiling (Dr. Oystein Fluge, Dr. Ron Davis, Dr. Jarred Younger)
 - Impaired endothelial function in POTS (Dr. Alfred Gamboa, Vanderbilt)
 - Mitochondrial fragmentation, antiviral & metabolic phenotypes in ME (Dr. Bhupesh Prustry)
 - Hypoperfusion/cerebral blood flow (Dr. Peter Rowe, Johns Hopkins)
 - **Two-day exercise testing & other PEM research** (Workwell foundation, Dr. Leonard Jason)
 - Nanoneedle diagnostic test (Dr. Ron Davis, Stanford)
 - Overlaps with connective tissue disorders, including Ehlers-Danlos Syndrome (PolyBio Research, Dr. Peter Rowe, Johns Hopkins, Dr. Bjorn Bragee, Karolinska Institutet)
 - Autoimmunity, autoantibodies (Dr. Franziska Sotzny)
 - Viral/microbial persistence (Dr. Amy Proal, Dr. Bhupesh Prusty)
 - Intracranial hypertension, hypermobility, craniocervical obstructions (Karolinska Institutet, Dr. Bjorn Bragee, Dr. Nicolas Higgins)
 - Altered T cells and B cells, Metabolomics and Proteomics (Dr. Maureen Hanson, Cornell University)
 - Elevated blood lactate (Dr. Alaa Ghali)

Research questions

- 1. Are those with Long COVID more likely to serorevert, serorevert earlier, or never seroconvert?
- Is there viral persistence in places like the gut or elsewhere in Long COVID patients?
- 3. How is the immune response in non-hospitalized Long COVID patients different than those with mild cases and those who are hospitalized?
- 4. What causes the hypometabolism found in the brains of Long COVID patients?
- 5. What causes post-exertional malaise?
- 6. What is the mechanism behind relapses?
- 7. What imaging or diagnostic tools can identify persisting neurological symptoms, particularly in patients with normal MRIs?

@patientled PatientResearchCovid19.com

Resources for Long COVID researchers: https://patientresearchcovid19.com/resources-for-long-covid-researchers/

Thank you!