Post-Covid-19 Syndrome: A Dedicated Cardiology Clinic

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Emerging Leaders Programme
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INTRODUCTION

Approximately 10% of people experience prolonged illness after Covid-19.[1] When signs and symptoms continue for >12 weeks and are not explained by an alternative diagnosis, this is referred to as 'Post-Covid Syndrome'.[1+2] These symptoms are wide ranging and multisystem. Specific cardiac symptoms include palpitations, chest pain, breathlessness (not explained by respiratory investigations) and dizziness/pre-syncope.

PROJECT AIMS

1. To provide a dedicated clinic for patients experiencing cardiac symptoms and/or abnormal cardiac investigations post Covid-19 infection.
2. To collaborate with other Cardiologists looking after this cohort of patients

SCOPING WORK

1. Initial liaison with our local respiratory physicians identified a cohort of patients requiring a specialist cardiology opinion.
2. Collaboration with other interested cardiologists around London resulted in a weekly teleconference meeting to share experience and ideas.
3. A Referral Pathway was developed to guide local GPs as to which patients may benefit from a Cardiology Specialist opinion (Figure 1). A patient information leaflet developed 'Post Covid Syndrome and the Heart' (Figure 2).
4. Cardiology presence at weekly multi-disciplinary COVID team meeting to understand local strategy and resources.

INITIAL EXPERIENCE

To date, 22 patients have been reviewed in the Guy's and St Thomas' dedicated clinic. Mean age 45 (range 25-70), and 46% female.

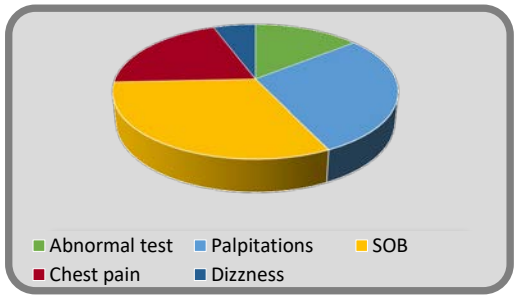

Table 1: Symptoms of patients seen in Post-Covid Cardiology clinic

OUTCOMES

Of the 18 patients who have completed their investigations 5 (28%) had evidence of myocarditis, 9 (50%) had no cardiac pathology and were reassured, 3 (17%) had coronary artery disease managed medically and 1 had an incidental diagnosis of hypertrophic cardiomyopathy.

CONCLUSION

1. Half of patients had no significant cardiac pathology and simply needed reassurance and lifestyle advice. At follow-up these patients slowly improved.
2. Collaboration with colleagues involved in this cohort of patients was essential to pool knowledge and seek a collaborative opinion.
3. Anecdotally, those with palpitations and inappropriate sinus tachycardia responded very well to b-blockers. Evidence is urgently needed to guide optimal management in this cohort.

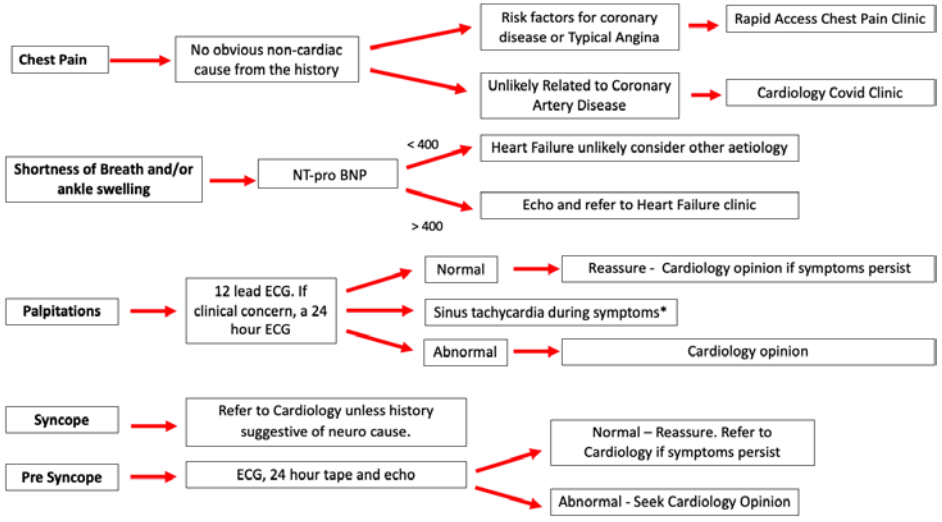

Figure 1: Proposed pathway for General Practitioners. * Reassure/encourage fluid and salt intake. Consider asking patient to stop home monitoring. Seek Cardiology opinion if symptoms persist.

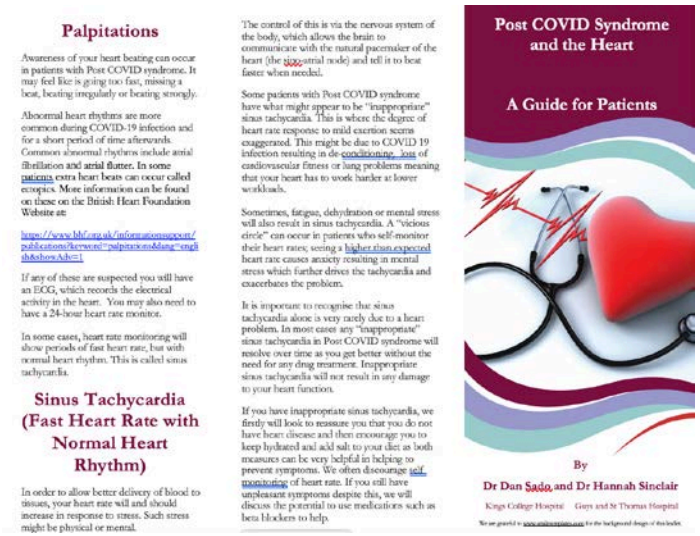

Figure 2: 'Post-Covid Syndrome and the Heart' Patient information leaflet.

REFERENCES

1. Greenhalgh et al. Management of post-acute covid-19 in primary care. BMJ. 2020;370.

2. NICE COVID-19 rapid guideline : managing the l/t effects of C-19. NICE 2020;(18 Dec 2020):1–35.

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