



Long COVID and Recovery Following Hospitalisation



More than 500 million cases of COVID-19 have been reported worldwide. Patients infected with COVID-19 are at a higher risk of persisting health impairments six months after hospital discharge associated with reduced physical function and health and quality of life. It is thus important to understand the long-term trajectory of recovery from COVID-19.

There is very limited information about the long-term sequelae of covid-19. In addition, there are no effective pharmacological or non-pharmacological interventions for patients with long COVID. The Post-hospitalisation COVID-19 study (PHOSP-COVID) was conducted to describe patient recovery one year after hospital discharge for COVID-19. The researchers identified factors associated with patient-perceived recovery and potential therapeutic targets. This was done by describing the underlying inflammatory profiles five months after hospital discharge.

PHOSP-COVID is a prospective, longitudinal cohort study that included patients 18 years or older who were discharged from the hospital with COVID-19. Patient recovery was assessed using patient-reported outcomes, physical performance, and organ function five months and one year after hospital discharge. Two thousand three hundred twenty study participants were assessed five months after discharge, and 807 patients were assessed at their five-month and one-year visits.

As per the study findings, the proportion of patients reporting full recovery was 25.5% and 28.9% between 5 months and one year, respectively. Patients less likely to report full recovery were mostly female, obese, and those who went through invasive mechanical ventilation.

Four clusters were reported based on the physical health, mental health, and cognitive impairment parameters: very severe, severe, moderate with cognitive impairment and mild. At five months after discharge, findings show increased inflammatory mediators of tissue damage and repair in both the very severe and the moderate with cognitive impairment clusters compared with the mild cluster.

Overall, these findings show that the sequelae of hospital admission with COVID-19 were substantial one year after discharge across a range of health domains, with only a minority of patients feeling fully recovered. In addition, patient-perceived health-related quality of life was reduced at one year compared with before hospital admission. These findings suggest that systematic inflammation and obesity are potentially treatable traits that warrant further investigation in clinical trials.

Source: [The Lancet Respiratory Medicine](#)

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