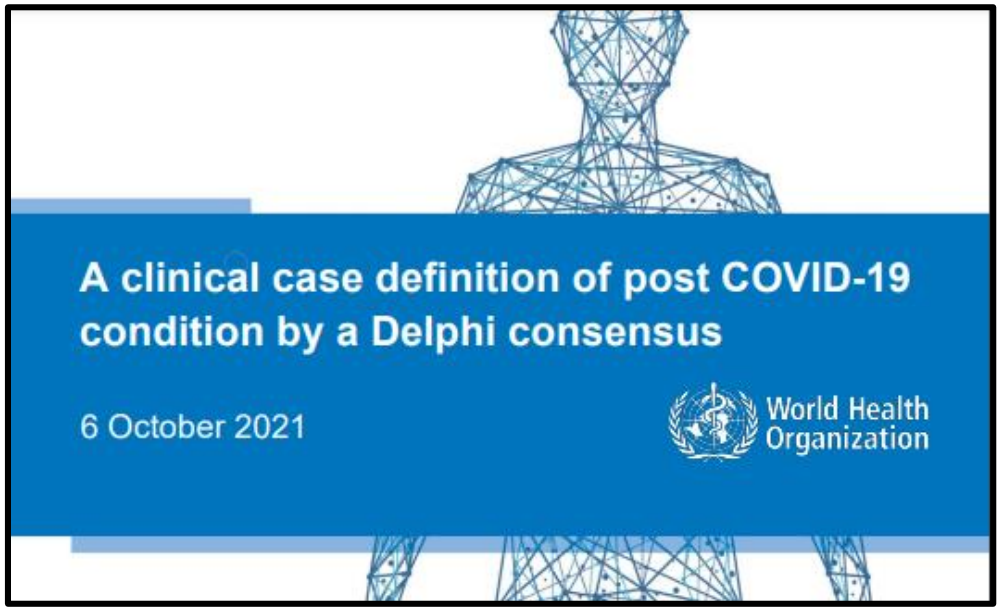
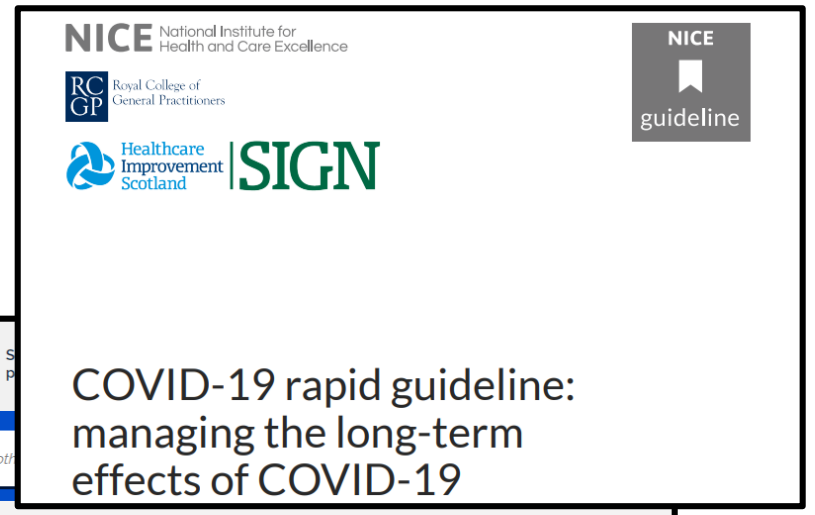
LONG COVID-19
¿HAY EVIDENCIAS?

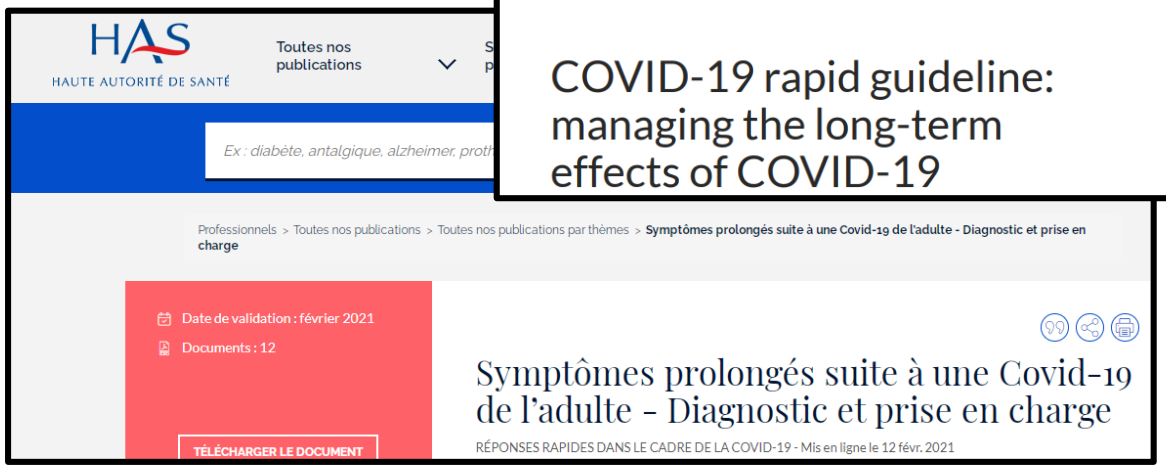
Esther Del Corral Beamonte

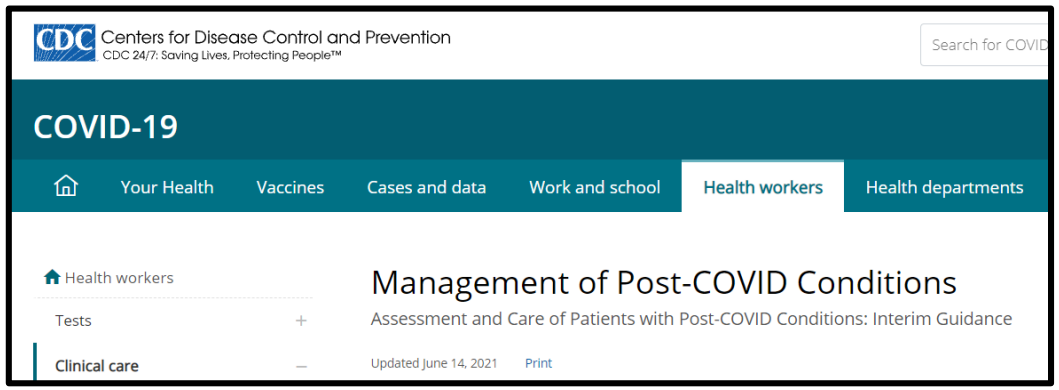
Médico Interna. Hospital Royo Villanova

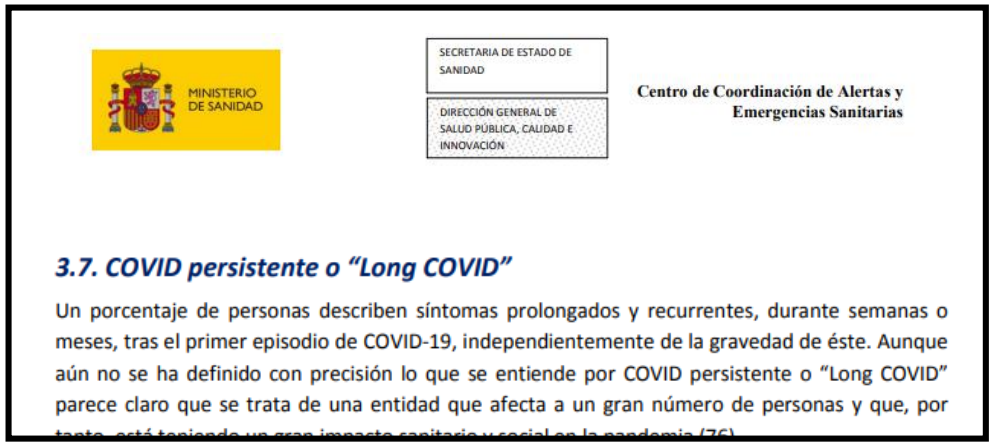
¿CÓMO LO LLAMAMOS?



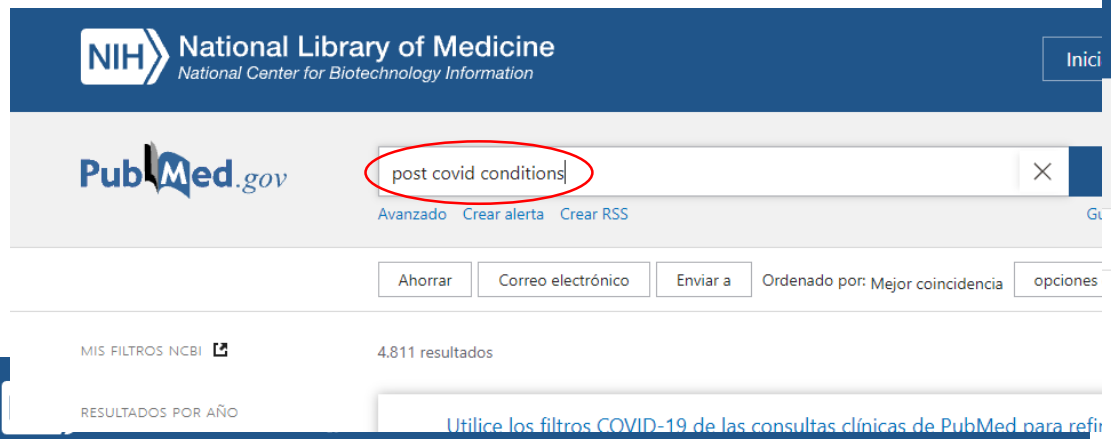


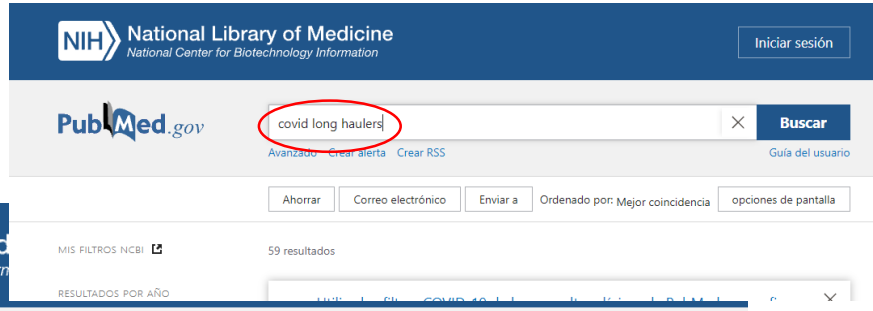


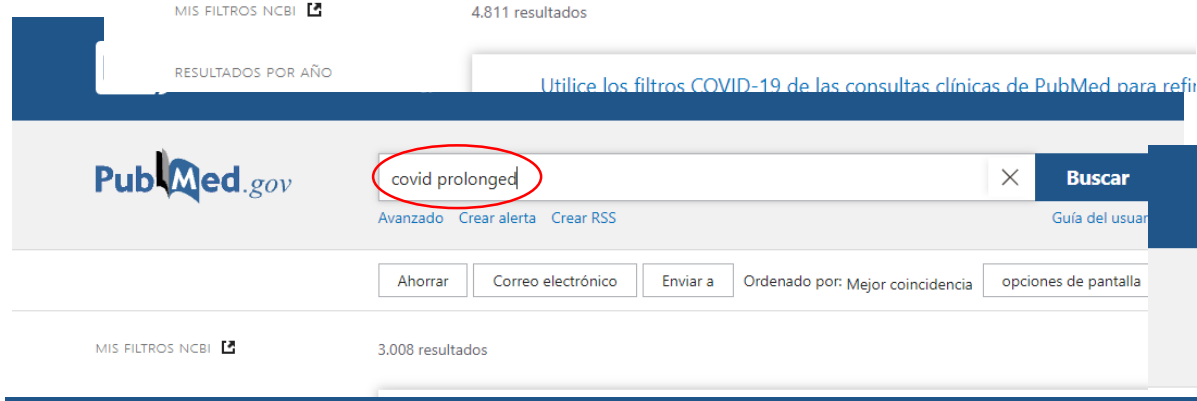


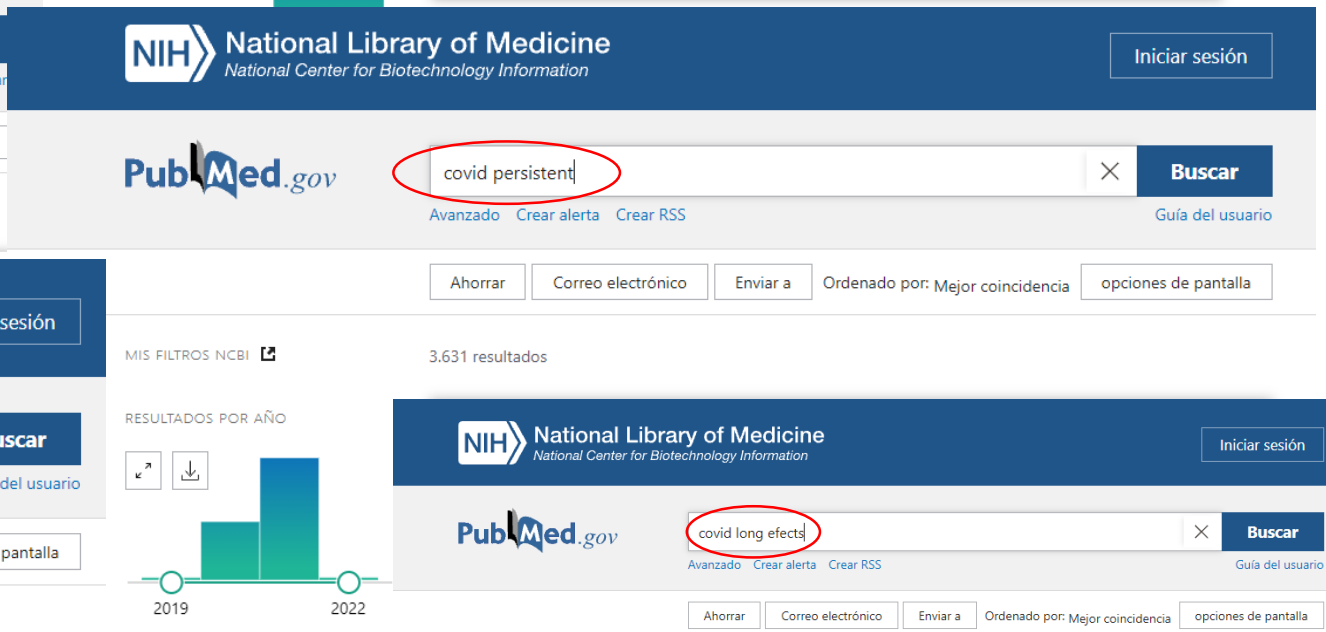


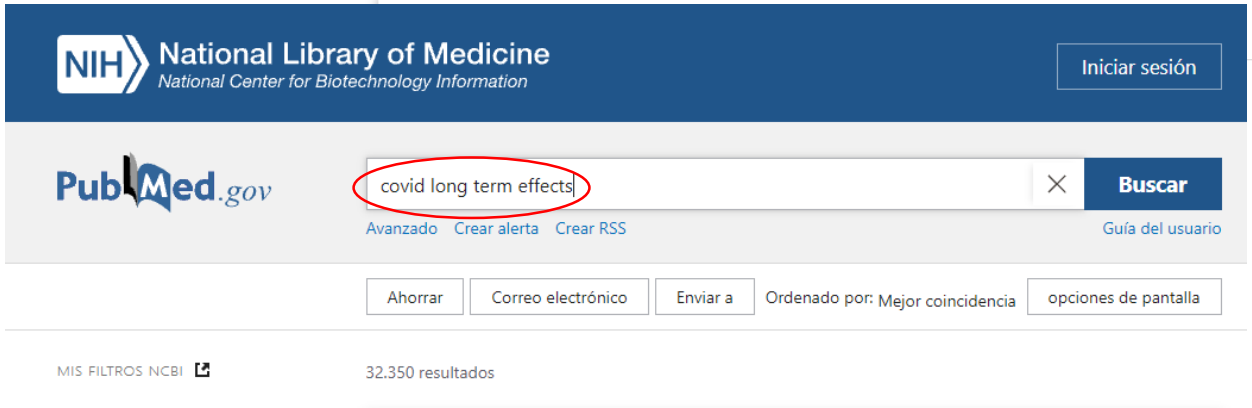
¿CÓMO LO LLAMAMOS?

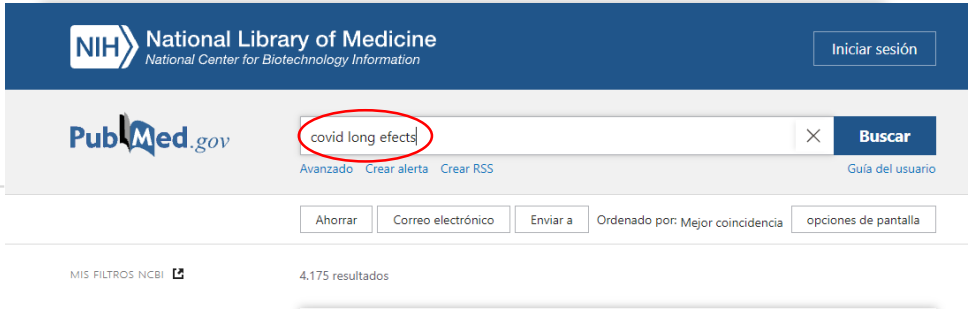












¿CÓMO LO DEFINIMOS?

- Historia probable o confirmada de infección por SARS CoV 2
- ¿Tiempo?
- ¿Síntomas obligatorios? ¿Número de síntomas?...
- ¿Impacto en funcionalidad-actividades de vida diaria?
- ¿Curso de la enfermedad?

Wellcome	Symptoms persisting beyond 4 weeks after symptom onset suggestive of COVID-19 *(33)*.
Lancet	Multiorgan symptoms after COVID-19 are being reported by increasing numbers of patients. They range from cough and shortness of breath, to fatigue, headache, palpitations, chest pain, joint pain, physical limitations, depression, and insomnia, and affect people of varying ages. At the Lancet–Chinese Academy of Medical Sciences conference on 23 November 2020, Bin Cao presented data (in press at the Lancet) on the long-term consequences of COVID-19 for patients in Wuhan, and warned that dysfunctions and complications could persist in some discharged patients for at least 6 months. So-called long COVID is a burgeoning health concern and action is needed now to address it *(34)*.
NICE	Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis *(35)*.
Scientific American	Individuals whose symptoms persist or develop outside the initial viral infection, but the duration and pathogenesis are unknown *(36)*.
Royal Society	The onset of persistent or recurrent episodes of one or more of the following symptoms, within x* weeks of infection with SARS-CoV-2 and continuing for y* weeks or more: severe fatigue, reduced exercise capacity, chest pain or heaviness, fever, palpitations, cogintive impairment, anosomia or ageusia, vertigo and tinnitus, headache, peripheral neuropathy, metallic or bitter taste, skin rash joint pain or swelling *(3)*. * Maximum period between acquisition of the infection (if known) and the onset of symptoms, and the minimum duration of symptoms, should be specified in the definition.
Haute Autorité de santé, France	Three criteria: Having presented with a symptomatic form of COVID-19; presenting with one or more initial symptoms 4 weeks after the start of the disease; and none of these symptoms can be explained by another diagnosis *(37)*.
CDC	Long COVID: While most persons with COVID-19 recover and return to normal health, some patients can have symptoms that can last for weeks or even months after recovery from acute illness. Even people who are not hospitalized and who have mild illness can experience persistent or late symptoms *(38)*.
Wikipedia	Condition characterized by long-term sequelae – persisting after the typical convalescence period – of coronavirus disease 2019 (COVID-19) *(39)*.
Nature	Post-acute COVID-19 as persistent symptoms and/or delayed or long-term complications of SARS-CoV-2 infection beyond 4 weeks from the onset of symptoms *(40)*.

¿CÓMO LO DEFINIMOS?

- Historia probable o confirmada de infección por SARS CoV 2
- ¿Tiempo?
- ¿Síntomas obligatorios? ¿Número de síntomas?...
- ¿Impacto en funcionalidad-actividades de vida diaria?
- ¿Curso de la enfermedad?

A clinical case definition of post COVID-19 condition by a Delphi consensus

6 October 2021

World Health Organization

Post COVID-19 condition occurs in individuals with **a history of probable or confirmed SARS-CoV-2** infection, **usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.** Common symptoms include **fatigue, shortness of breath, cognitive dysfunction** but also others* and generally have an **impact on everyday functioning.** Symptoms may be **new onset** following initial recovery from an acute COVID-19 episode or **persist** from the initial illness. Symptoms may also **fluctuate** or **relapse** over time.

A separate definition may be applicable for children.

Notes:
There is no minimal number of symptoms required for the diagnosis; though symptoms involving different organs systems and clusters have been described.
*A full list of described symptoms included in the surveys can be found in Annexes 2 .

Definitions:
Fluctuate – a change from time to time in quantity or quality.
Relapse – return of disease manifestations after period of improvement.
Cluster – two or more symptoms that are related to each other and that occur together. They are composed of stable groups of symptoms, are relatively independent of other clusters, and may reveal specific underlying dimensions of symptoms *(32)*.

EPIDEMIOLOGÍA:

Tabla III. Ejemplos de estudios descriptivos sobre el síndrome post-COVID-19.

	n	Gravedad	Metodología	Tiempo (días)	Prevalencia	Síntomas más comunes relatados
Halpin et al	100	30%, UCI	Teléfono	48	60-72%	Fatiga (72%), disnea (65%), estrés (47%)
Garrigues et al	120	Hospital	Telefono	110	55%	Fatiga (55%), disnea (42%), problemas de memoria (34%)
Tenforde et al	292	Leve	Teléfono	14-21	94%	Tos (43%), fatiga (35%), disnea (29%)
Carvalho-Schneider et al	150	Leve	Teléfono	30-60	66%	Astenia (40%), disnea (30%), anosmia (23%)
Carfi et al	143	Hospital	Clínica	60	87%	Fatiga (53%), disnea (43%), artralgia (22%)
D'Cruz et al	110	Neumonía	Clínica	60	89%	Fatiga (68%), sueño (57%), disnea (44%)
Townsend et al	153	Hospital	Clínica	75	62%	Fatiga (48%)
Moreno-Pérez et al	272	Hospital	Clínica	77	51%	Fatiga y disnea (35%), anosmia (21%), artralgias (20%)
Venturelli et al	767	Hospital	Clínica	81	51,4%	Fatiga y disnea (51%), estrés postraumático (30,5%)

n: número de pacientes estudiados; gravedad: leve frente a ingreso hospitalario, neumonía o ingreso en la unidad de cuidados intensivos (UCI); metodología: encuesta telefónica frente a evaluación clínica; tiempo: evaluación promedio en días tras padecer COVID-19; prevalencia: porcentaje de pacientes con síndrome post-COVID; síntomas más comunes relatados: principales síntomas ordenados por frecuencia.

Office for National Statistics

English

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Search for a keyword(s) or time series ID

Home > Media > Statements and letters > The prevalence of long COVID symptoms and COVID-19 complications

The prevalence of long COVID symptoms and COVID-19 complications

Last updated: 16 December 2020

The Office for National Statistics (ONS) has announced plans for estimating the prevalence of, and risk factors for, "long COVID" health complications following coronavirus (COVID-19) infection. An initial set of early experimental results has also been releas

ANGUSTIA PSÍQUICA
PERSISTENCIA RESERVORIO VIRAL
"DESENMASCARAMIENTO COMORBILIDADES" INADVERTIDAS
AUTOINMUNIDAD INDUCIDA POR VIRUS
FISIOPATOLOGÍA
SECUELAS ORGÁNICAS MODERADAS
DISFUNCIÓN INMUNOLÓGICA
DISFUNCIÓN MITOCONDRIAL
PERSISTENCIA INFLAMACIÓN DE BAJO GRADO
ALTERACIÓN MICROBIOTA
DISAUTONOMÍA

The NEW ENGLAND JOURNAL of MEDICINE

Multiorgan and Renal Tropism of SARS-CoV-2

TO THE EDITOR: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) preferentially infects cells in the respiratory tract,[1,2] but its direct affinity for organs other than the lungs CoV-2 tropism for the kidneys (Table S2), even in patients without a history of chronic kidney disease (Table S3). The highest levels of SARS-CoV-2 copies per cell were detected in the respi-

CIA

VIRAL

Cell Research

www.nature.com/cr
www.cell-research.com

LETTER TO THE EDITOR OPEN

Pathological evidence for residual SARS-CoV-2 in pulmonary tissues of a ready-for-discharge patient

Article

Evolution of antibody immunity to SARS-CoV-2

https://doi.org/10.1038/s41586-021-03207-w
Received: 3 November 2020

Christian Gae
Minami Toku
Thiago Y. Oli

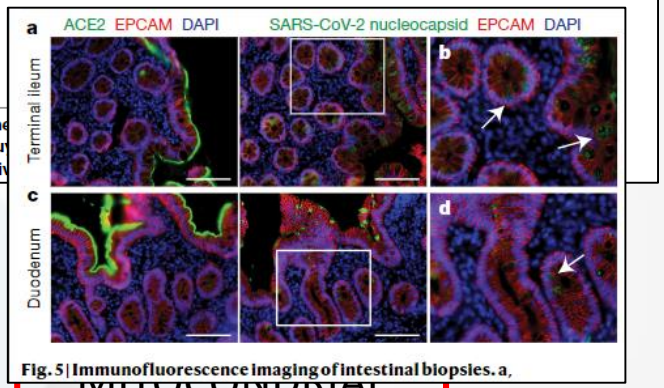


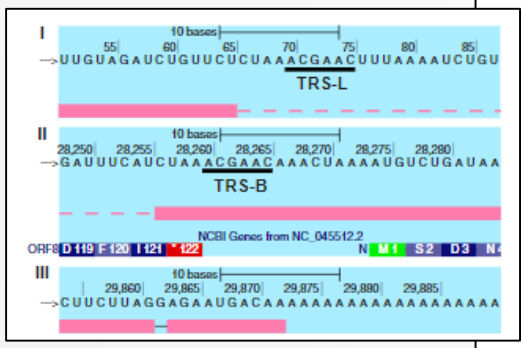
Fig. 5 | Immunofluorescence imaging of intestinal biopsies. a,

DISPATCHES

Prolonged Persistence of SARS-CoV-2 RNA in Body Fluids

Jiufeng Sun,[1] Jianpeng Xiao,[1] Ruilin Sun,[1] Xi Tang,[1] Chumin Liang, Huifang Lin, Lilian Zeng, Jianxiong Hu, Runyu Yuan, Pingping Zhou, Jinju Peng, Qianlin Xiong,

MITOCONDRIAL

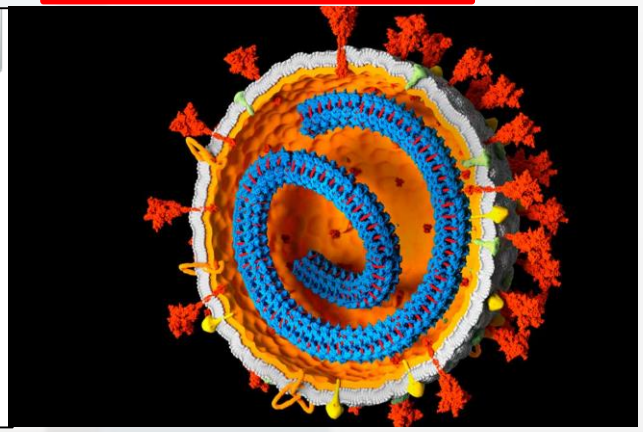


Check for updates

Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues

Liguo Zhang[a], Alexsia Richards[a], M. Inmaculada Barrasa[a], Stephen H. Hughes[b], Richard A. Young[a,c], and Rudolf Jaenisch[a,c,1]

[a]Whitehead Institute for Biomedical Research, Cambridge, MA 02142; [b]HIV Dynamics and Replication Program, Center for Cancer Research, National Cancer Institute, Frederick, MD 21702; and [c]Department of Biology, Massachusetts Institute of Technology, Cambridge, MA 02142



ANGUSTIA PSÍQUICA

PERSISTENCIA RESERVORIO VIRAL

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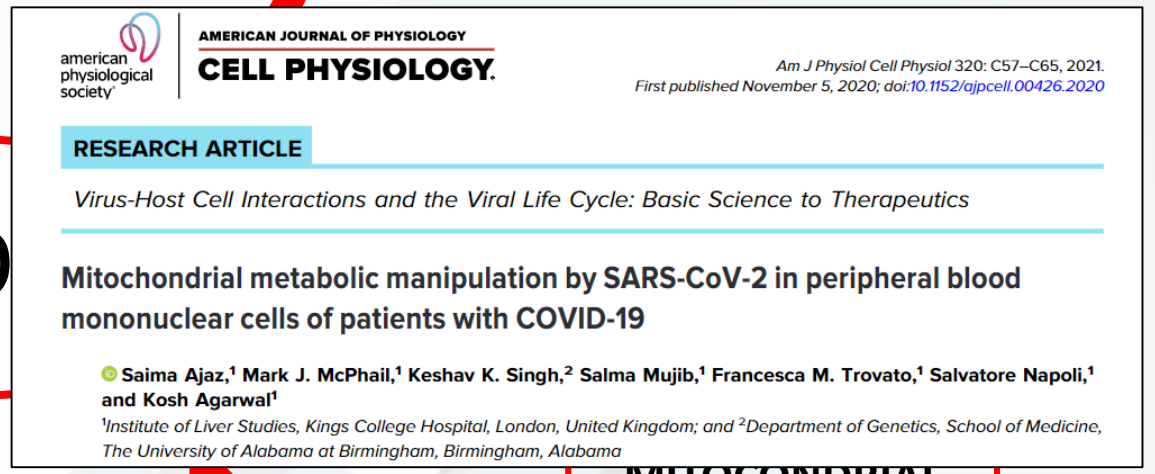
FISIOPATO

INMUNOSENESCENCIA

PERSISTENCIA INFLAMACIÓN DE BAJO GRADO

ALTERACIÓ MICROBIOT



american physiological society

AMERICAN JOURNAL OF PHYSIOLOGY

CELL PHYSIOLOGY.

Am J Physiol Cell Physiol 320: C57–C65, 2021.
First published November 5, 2020; doi:10.1152/ajpcell.00426.2020

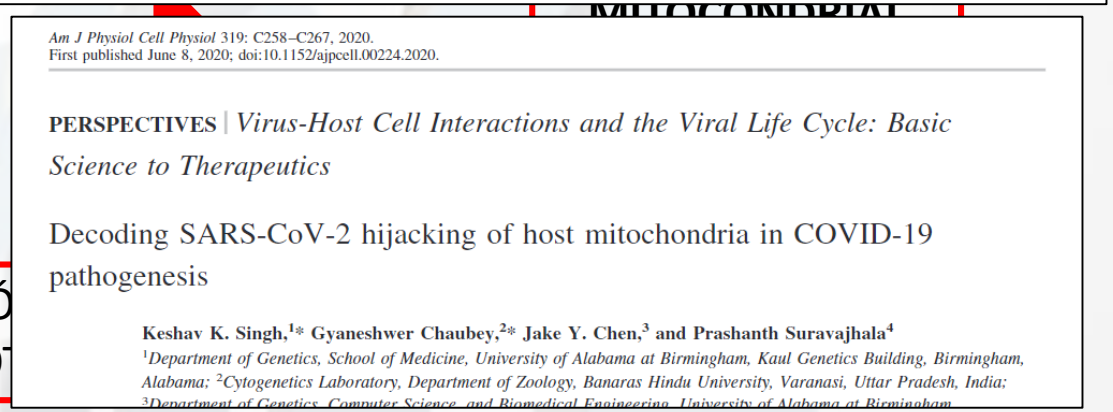
RESEARCH ARTICLE

Virus-Host Cell Interactions and the Viral Life Cycle: Basic Science to Therapeutics

Mitochondrial metabolic manipulation by SARS-CoV-2 in peripheral blood mononuclear cells of patients with COVID-19

Saima Ajaz,[1] Mark J. McPhail,[1] Keshav K. Singh,[2] Salma Mujib,[1] Francesca M. Trovato,[1] Salvatore Napoli,[1] and Kosh Agarwal[1]

[1]Institute of Liver Studies, Kings College Hospital, London, United Kingdom; and [2]Department of Genetics, School of Medicine, The University of Alabama at Birmingham, Birmingham, Alabama



Am J Physiol Cell Physiol 319: C258–C267, 2020.
First published June 8, 2020; doi:10.1152/ajpcell.00224.2020.

PERSPECTIVES | *Virus-Host Cell Interactions and the Viral Life Cycle: Basic Science to Therapeutics*

Decoding SARS-CoV-2 hijacking of host mitochondria in COVID-19 pathogenesis

Keshav K. Singh,[1]* Gyaneshwer Chaubey,[2]* Jake Y. Chen,[3] and Prashanth Suravajhala[4]

[1]Department of Genetics, School of Medicine, University of Alabama at Birmingham, Kaul Genetics Building, Birmingham, Alabama; [2]Cytogenetics Laboratory, Department of Zoology, Banaras Hindu University, Varanasi, Uttar Pradesh, India; [3]Department of Genetics, Computer Science, and Biomedical Engineering, University of Alabama at Birmingham

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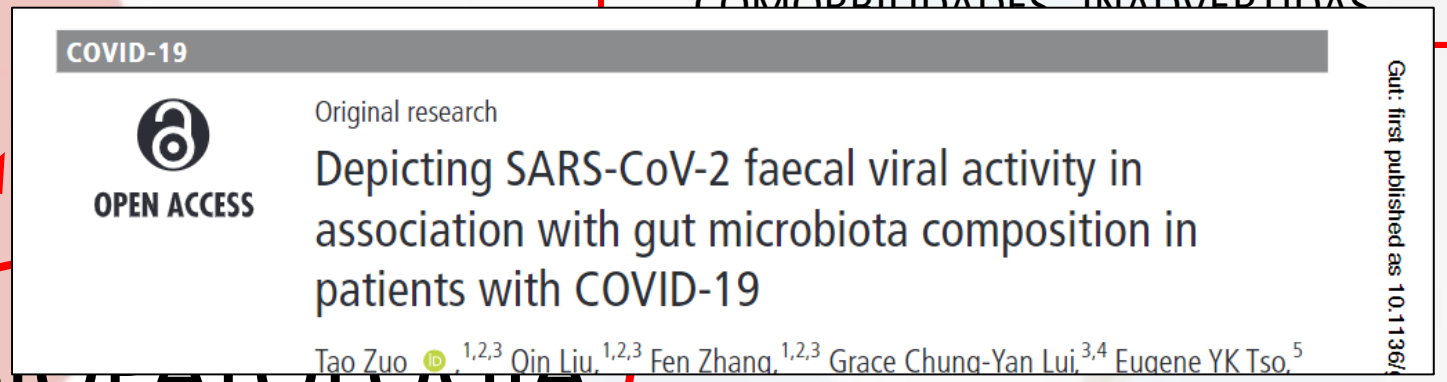
FISIOPATOLOGÍA

DISFUNCIÓN INMUNOLÓGICA

PERSISTENCIA INFLAMACIÓN DE BAJO GRADO



COVID-19

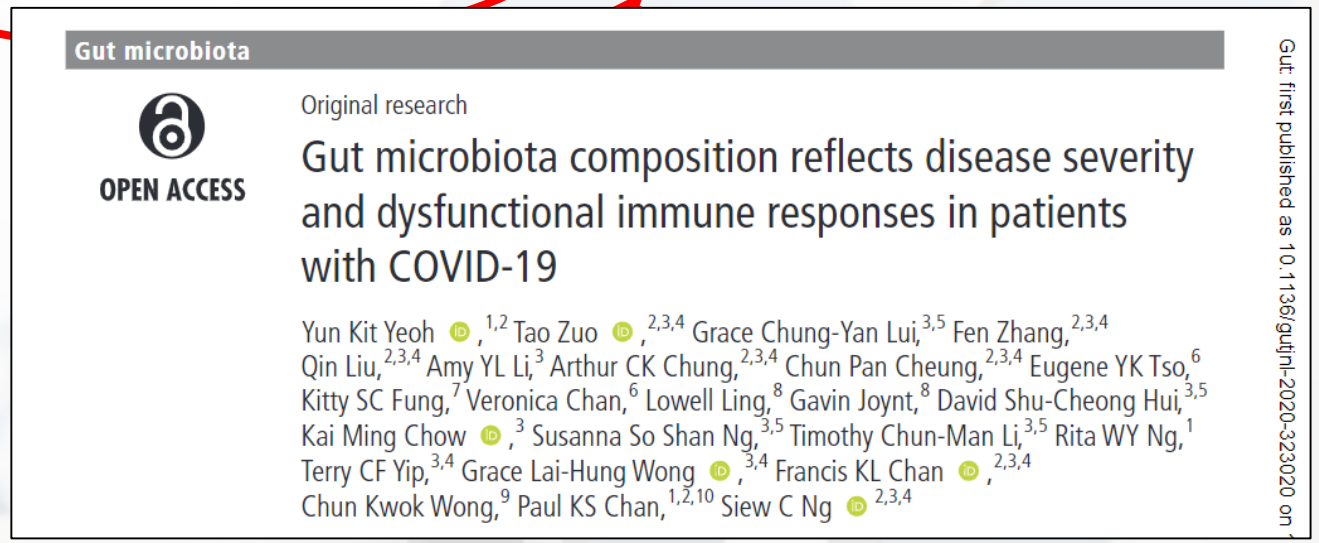
OPEN ACCESS

Original research

Depicting SARS-CoV-2 faecal viral activity in association with gut microbiota composition in patients with COVID-19

Tao Zuo [1,2,3] Qin Liu [1,2,3] Fen Zhang [1,2,3] Grace Chung-Yan Lui [3,4] Eugene YK Tso [5]

Gut: first published as 10.1136/



Gut microbiota

OPEN ACCESS

Original research

Gut microbiota composition reflects disease severity and dysfunctional immune responses in patients with COVID-19

Yun Kit Yeoh [1,2] Tao Zuo [2,3,4] Grace Chung-Yan Lui [3,5] Fen Zhang [2,3,4] Qin Liu [2,3,4] Amy YL Li [3] Arthur CK Chung [2,3,4] Chun Pan Cheung [2,3,4] Eugene YK Tso [6] Kitty SC Fung [7] Veronica Chan [6] Lowell Ling [8] Gavin Joynt [8] David Shu-Cheong Hui [3,5] Kai Ming Chow [3] Susanna So Shan Ng [3,5] Timothy Chun-Man Li [3,5] Rita WY Ng [1] Terry CF Yip [3,4] Grace Lai-Hung Wong [3,4] Francis KL Chan [2,3,4] Chun Kwok Wong [9] Paul KS Chan [1,2,10] Siew C Ng [2,3,4]

Gut: first published as 10.1136/gutjnl-2020-323020 on

Cellular & Molecular Immunology

www.nature.co

CORRESPONDENCE OPEN

Functional exhaustion of antiviral lymphocytes in COVID-19 patients

Meijuan Zheng[1], Yong Gao[2], Gang Wang[1], Guobin Song[1], Siyu Liu[1], Dandan Sun[1], Yuanhong Xu[1] and Zhigang Tian[3,4]

Cellular & Molecular Immunology (2020) 17:533–535; https://doi.org/10.1038/s41423-020-0402-2

AUTOINMUNIDAD

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www.nature.com/cmi

CORRESPONDENCE

Elevated exhaustion levels and reduced functional diversity of T cells in peripheral blood may predict severe progression in C

Hong

Cellu

Superantigenic character of an insert unique to SARS-CoV-2 spike supported by skewed TCR repertoire in patients with hyperinflammation

Mary Hongying Cheng[a], She Zhang[a], Rebecca A. Porritt[b,c], Magali Noval Rivas[b,c], Lisa Paschold[d], Edith Willscher[d],

frontiers in Immunology

REVIEW

published: 07 August 2020
doi: 10.3389/fimmu.2020.01748

Remodeling of the Immune Response With Aging: Immunosenescence and Its Potential Impact on COVID-19 Immune Response

MITOCONDRIAL

frontiers in Immunology

REVIEW

published: 09 November 2018
doi: 10.3389/fimmu.2018.02569

T-Cell Exhaustion in Chronic Infections: Reversing the State of Exhaustion and Reinvigorating Optimal Protective Immune Responses

Alireza Saeidi[1,2], Keivan Zandi[3], Yi Ying Cheok[1], Hamidreza Saeidi[4], Won Fen Wong[1],

ÓN

DTA

frontiers in Immunology

REVIEW

published: 10 January 2018
doi: 10.3389/fimmu.2017.01960

Immunosenescence and Inflamm-Aging As Two Sides of the Same Coin: Friends or Foes?

SEMI FEMI GEAS

Brain, Behavior, and Immunity 93 (2021) 415–419

Contents lists available at ScienceDirect

Brain Behavior and Immunity

journal homepage: www.elsevier.com/locate/ybrbi

Short Communication

High frequency of cerebrospinal fluid autoantibodies in COVID-19 patients with neurological symptoms

Christiana Franke [a,*], Caroline Ferse [c], Jakob Kreye [a,b,f], S. Momsen Reincke [a,b,k]

AUTOINMUNIDAD

SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

CORONAVIRUS

Prothrombotic autoantibodies in serum from patients hospitalized with COVID-19

Yu Zuo[1], Shanea K. Estes[1], Ramadan A. Ali[1], Alex A. Gandhi[1], Srilakshmi Yalavarthi[1], Hui Shi[1,2], Gautam Sule[1], Kelsey Gockman[1], Jacqueline A. Madison[1], Melanie Zuo[3], Vinita Yadav[4], Jintao Wang[5], Wrenn Woodard[6], Sean P. Lezak[6], Njira L. Lugogo[7], Stephanie A. Smith[8], James H. Morrissey[8], Yogendra Kanthi[4,5]*, Jason S. Knight[1]*

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Patients with COVID-19 are at high risk for thrombotic arterial and venous occlusions. Lung histopathology often reveals fibrin-based blockages in the small blood vessels of patients who succumb to the disease. Antiphospholipid syndrome is an acquired and potentially life-threatening thrombophilia in which patients develop pathogenic

Article

Diverse functional autoantibodies in patients with COVID-19

https://doi.org/10.1038/s41586-021-03631-y

Received: 4 December 2020

Accepted: 11 May 2021

Published online: 19 May 2021

Check for updates

Eric Y. Wang[1,16], Tianyang Mao[1,16], Jon Klein[1,16], Yile Dai[1,16], John D. Huck[1], Jillian R. Jaycox[1], Feimei Liu[1], Ting Zhou[1], Benjamin Israelow[1], Patrick Wong[1], Andreas Coppi[2], Carolina Lucas[1], Julio Silva[1], Ji Eun Oh[1], Eric Song[1], Emily S. Perotti[1], Neil S. Zheng[1], Suzanne Fischer[1], Melissa Campbell[3], John B. Fournier[3], Anne L. Wyllie[4], Chantal B. F. Vogels[4], Isabel M. Ott[4], Chaney C. Kalinich[4], Mary E. Petrone[4], Anne E. Watkins[4], Yale IMPACT Team*, Charles Dela Cruz[5], Shelli F. Farhadian[3], Wade L. Schulz[2,6], Shuangge Ma[7], Nathan D. Grubaugh[4], Albert I. Ko[3,4], Akiko Iwasaki[1,4,8]✉ & Aaron M. Ring[1,9]✉

IA
IRAL

"DESENMASCARAMIENTO
COMORBILIDADES" INADVERTIDAS

PostScript

LETTER

COVID-19–associated acute necrotising encephalopathy successfully treated with steroids and polyvalent immunoglobulin with unusual IgG targeting the cerebral fibre network

possibly mediated by antibodies. Patient's representative consent has been obtained in agreement with the journal's policy.

A 51-year-old man without personal or family history of neurological disease was hospitalised after 10 days of fever and cough. COVID-19 was diagnosed by reverse-transcriptase PCR on nasal swab and bilateral ground-glass opacities on thoracic CT scan. At day 12, he was admitted in intensive care unit (ICU) for non-invasive ventilation. The

diffusion-weighted imaging (DWI) and MR angiogram, ruled out vertebrobasilar ischaemic stroke; gradient echo T2*-weighted images excluded haemorrhage and thrombus in the venous system. It revealed only subtle hyperintensities in bilateral thalami on FLAIR sequence (figure 1). Consciousness impairment required tracheal intubation. He was hyperthermic (39°C) without shock. Blood and cerebrospinal fluid (CSF) samples revealed thrombopenia

J Neurol Neurosurg Psychiatry: first publi

ARTICLES

https://doi.org/10.1038/s41590-020-00814-z

nature immunology

Check for updates

Extrafollicular B cell responses correlate with neutralizing antibodies and morbidity in COVID-19

Matthew C. Woodruff[1,2,13], Richard P. Ramonell[3,13], Doan C. Nguyen[3], Kevin S. Cashman[1], Ankur Singh Saini[1], Natalie S. Haddad[3,4], Ariel M. Ley[3], Shuya Kyu[3], J. Christina Howell[5],

ACION
BIOTA

SEMI FEMI GEAS

Criterios	Síndrome de fatiga crónica (SFC) Fukuda, 1994	Encefalomielitis miálgica (EM) Carruthers, 2011	Enfermedad de intolerancia al esfuerzo (SEID) Wright, 2015
Mayores	Fatiga crónica (6 meses o más): idiopática, inicio definido, no desaparece con el reposo, reduce sustancialmente las actividades	Marcada y rápida fatigabilidad, física y cognitiva, en respuesta al esfuerzo, que puede ser mínimo	Fatiga crónica (6 meses o más): idiopática, de inicio definido, no desaparece con el reposo, reduce sustancialmente las actividades
		Malestar postesfuerzo con agravamiento de la sintomatología, y lenta recuperación, superior a 24 h	Malestar postesfuerzo con agravamiento de los síntomas, con una lenta recuperación, superior a 24 h
Menores	Sueño no reparador	*1. Síntomas neurológicos (4 categorías)*	Alteraciones neurocognitivas
		Trastornos neurocognitivos	Intolerancia ortostática
		Dolor	
		Alteraciones del sueño	
		Alteraciones neurosensoriales	
		2. Síntomas inmunológicos, gastrointestinales y genitourinarios (5 categorías)	
		Síntomas similares a la gripe	
	Malestar postesfuerzo de duración superior a 24 h	Susceptibilidad a infecciones virales, con periodos de recuperación prolongados	
	Alteración de la concentración o la memoria reciente	Gastrointestinal: náuseas, dolor abdominal, hinchazón, síndrome del colon irritable	
	Odinofagia	Genitourinario: urgencia o frecuencia urinaria, nicturia	
	Adenopatías cervicales o axilares dolorosas	Sensibilidad alimenticia, medicamentos, olores o productos químicos	
	Mialgias	*3. Alteraciones en el metabolismo energético (4 categorías)*	
	Poliartralgias, sin signos de hinchazón o enrojecimiento	Cardiovascular: intolerancia ortostática, hipotensión neural, taquicardia postural ortostática, palpitaciones sin arritmias cardiacas, mareos, aturdimiento	
	Cefalea de nuevo tipo, patrón o severidad (características diferentes a la habitual)	Respiratorio: ahogo, dificultades respiratorias, fatiga de los músculos respiratorios	
		Pérdida de la estabilidad termostática	
		Intolerancia a cambios de temperatura	
Diagnóstico	Criterio mayor y al menos 4 de 8 síntomas de los criterios menores	Típica: criterio mayor +	Criterio mayor y al menos uno de los 2 criterios menores
		Resto de criterios (3 categorías + 3 categorías + 1 categoría)	
		Atípica: criterio mayor. Resto de criterios, variable	
		No es necesario esperar 6 meses	
	Necesario esperar 6 meses		Necesario esperar 6 meses

ARTITIS CRÓNICA TRAS INFECCIÓN CHIKINGUYA

FISIOPATOLOGÍA

¿SÍNDROME POSTINFECCIOSO FUNCIONAL?

SIMILITUDES:

- FATIGA CRÓNICA
- ENCEFALOMIELITIS MIÁLGICA
- ENFERMEDAD DE INTOLERANCIA AL ESFUERZO

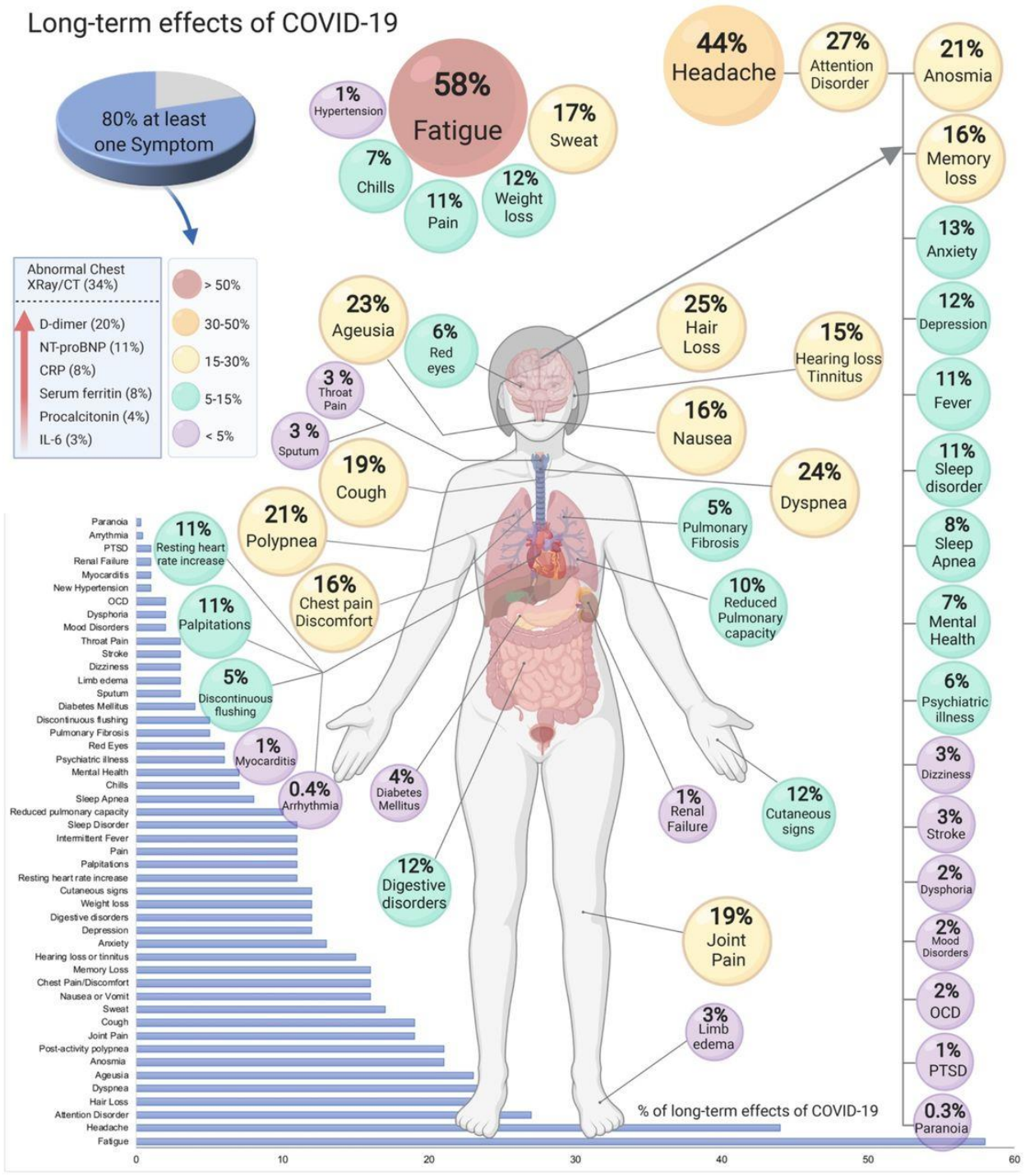
FATIGA CRÓNICA TRAS INFECCIÓN POR VEB, FIEBRE Q, BORRELIA, LYME, MERS, DENGUE, CHIKINGUYA…

UVEITIS TRAS INFECCIÓN VIRUS ÉBOLA

ARTITIS CRÓNICA TRAS INFECCIÓN CHIKINGUYA

SÍNTOMAS

ASTENIA (FATIGA)
DISNEA
CEFALEA
ALTERACIONES COGNITIVAS



DIAGNÓSTICO

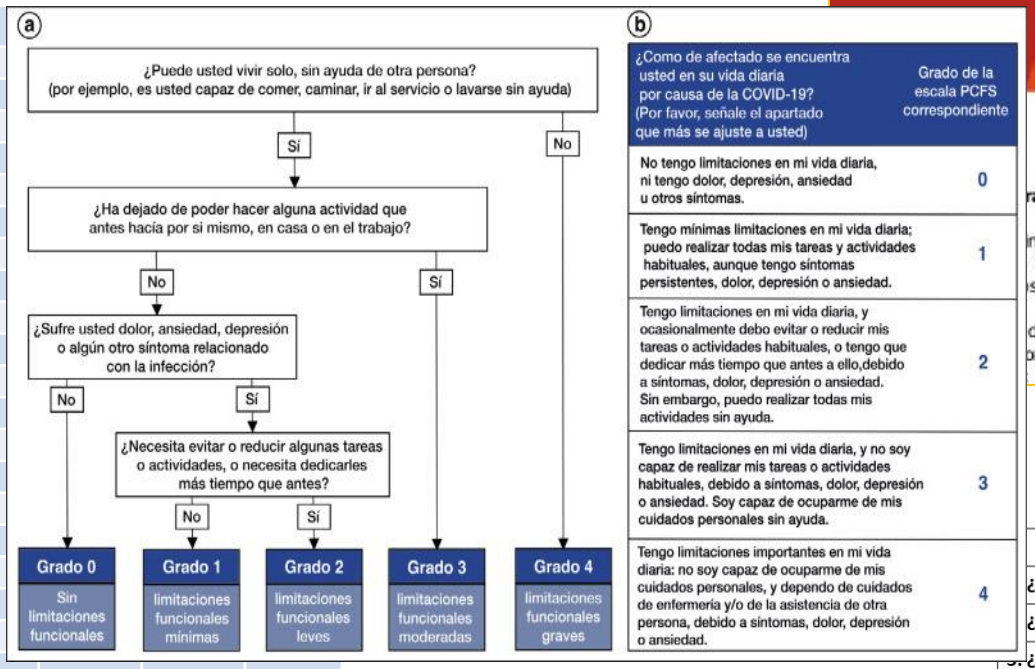
World Health Organization

Post COVID-19 condition occurs in individuals with **a history of probable or confirmed SARS-CoV-2** infection, **usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.** Common symptoms include **fatigue, shortness of breath, cognitive dysfunction** but also others* and generally have an **impact on everyday functioning.** Symptoms may be **new onset** following initial recovery from an acute COVID-19 episode or **persist** from the initial illness. Symptoms may also **fluctuate** or **relapse** over time.

SEMI FEMI GEAS

VALORACIÓN MULTIDIMENSIONAL…

FECHA:				
SÍNTOMAS GENERALES	ASTENIA/MALESTAR GENERAL/DEBILIDAD			
	SUDORACIÓN PROFUSA			
	ANOREXIA/PÉRDIDA DE PESO			
	DISTERMIA/FEBRÍCULA			
SÍNTOMAS RESPIRATORIOS	TOS			
	DISNEA			
SÍNTOMAS GASTROINTESTINALES	DIARREA			
	NAUSEAS/VÓMITOS			
	PIROSIS			
	DOLOR ABDOMINAL			
SÍNTOMAS MUSCULOESQUELÉTICOS	ARTRALGIAS			
	MIALGIAS			
SÍNTOMAS CUTÁNEOS	SEQUEDAD			
	EXANTEMA			
	ALOPECIA			
SÍNTOMAS ORL	AFONIA/DISFONÍA			
	VÉRTIGO/MAREO			
	RINORREA			
	ODINOFAGIA			
SÍNTOMAS NEUROLÓGICOS	CEFALEA			
	ANOSMIA/DISGEUSIA			
	PARESTESIAS			
	ALTERACIÓN MEMORIA/CONCENTRACIÓN			
SÍNTOMAS CARDIOVASCULARES	PALPITACIONES			
	TAQUICARDIA/POTS			
	DOLOR TORÁCICO			
	ALTERACIONES TA: HIPERTENSIÓN ARTERIAL/HIPOTENSIÓN ORTOESTÁTICA			
	ALTERACIONES VISUALES			
SÍNTOMAS PSICOLÓGICOS	ANSIEDAD			
	DEPRESIÓN			
	INSOMNIO			
OTROS				



Cuestionario de Salud SF-36

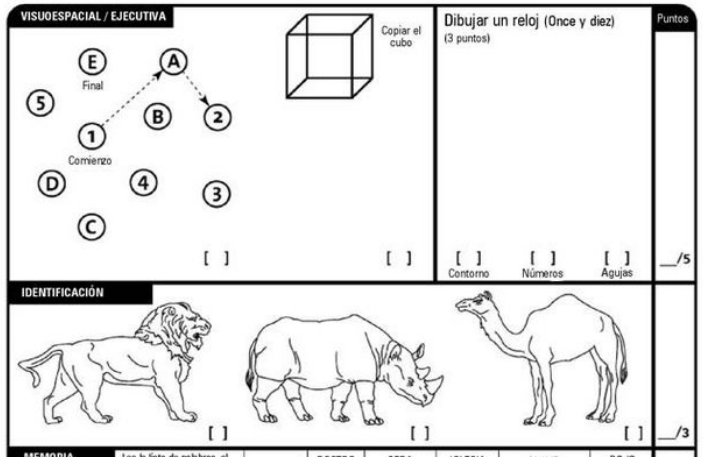
ra qué sirve?

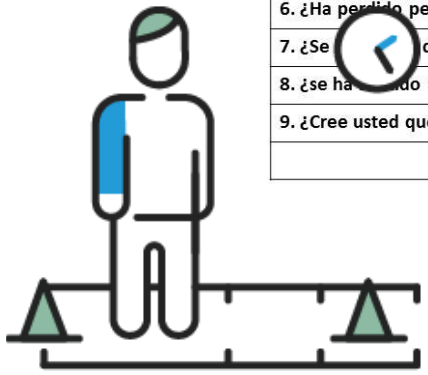
nstrumento desarrollado a partir de una extensa batería de cuestionarios utilizados en el de los Resultados Médicos (Medical Outcomes Study) (MOS). Detecta tanto estados s de salud como negativos, así como explora la salud física y la salud mental.

de 36 temas, que exploran 8 dimensiones del estado de salud: función física; función social; ones del rol: de problemas físicos; limitaciones del rol: problemas emocionales; salud vitalidad; dolor y percepción de la salud general. Existe un elemento no incluido en estas

Escala de ansiedad y depresión de Goldberg

Subescala de depresión	SI	NO
¿Se ha sentido con poca energía?		
¿ha perdido usted el interés por las cosas?		
3. ¿Ha perdido la confianza en si mismo?		
4. Se ha sentido usted desesperanzado, sin esperanzas?		
Subtotal (si hay dos o más respuestas afirmativas, continuar preguntando)		
5. ¿Ha tenido dificultades para concentrarse?		
6. ¿Ha perdido peso? (a causa de su falta de apetito)		
7. ¿Se despertando demasiado temprano?		
8. ¿se ha do usted enlentecido?		
9. ¿Cree usted que ha tenido tendencia a encontrarse peor por las mañanas?		
Total depresión		





TRATAMIENTO:

NINGÚN TRATAMIENTO FARMACOLÓGICO HA DEMOSTRADO BENEFICIO

- Montelukast (NCT04695704)
- Vitamina C (NCT04401150)
- Probióticos (NCT04691895)
- Oxígeno hiperbárico (NCT04842448)
- Ribósido de nicotinamida (NCT04809974, NCT04604704)
- Deupirfenidona (NCT04652518)
- Leronlimab (NCT04343651, NCT04347239, NCT 04678830)
- Adaptógenos (NCT04795557)
- Ejercicios de respiración y canto (NCT04810065)
- Tocilizumab (NCT04330638)
- Programas de ejercicios de 8 semanas (NCT04841759)

CONCLUSIONES:

- Unificar terminología
- Unificar criterios: “hablemos todos de lo mismo”
- Fisiopatología desconocida
- Sintomatología muy heterogénea: Descartar otras causas
- Valoración integral
- Medicina basada en la evidencia