

# Persisting COVID-19 Symptoms Causing Anxiety and Inappropriate Healthcare Admissions

## Anksiyeteye ve Sağlık Kuruluşlarına Uygunsuz Başvurulara Neden Olan Süreğen COVID-19 Semptomları

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**ABSTRACT** Coronavirus disease-2019 (COVID-19) infection has a variable disease course among patients. Although majority have either no or mild symptoms, symptomatic patients suffer persistence of mild symptoms, such as fatigue, headache or cough. It has been shown that less than 1 out of 7 patients is asymptomatic after 2 months of diagnosis. These symptomatic patients seek healthcare assistance repeatedly and anxiously for their mild prolonged symptoms. Simple reassurance can be pursued instead of detailed investigation in these anxious symptomatic patients. Patients can be informed about the disease course. Media can be effectively used to promote information about the disease course to reduce unnecessary healthcare admissions. Healthcare providers can implement measures to guidelines for healthcare professionals. Further studies should be conducted to bring solutions to issues mentioned in this observation.

**ÖZET** Koronavirüs hastalığı-2019 (COVID-19) enfeksiyonunun seyri, hastalar arasında değişmektedir. Her ne kadar hastaların çoğu asemptomatik veya hafif semptomatik olsa da semptomatik hastalar halsizlik, baş ağrısı ve öksürük gibi hafif şikâyetlerinin süreğenliğinden muzdardır. Her 7 hastanın ancak 1'inden daha azının tanıdan 2 ay sonra semptomsuz olduğu gösterilmiştir. Bu semptomatik hastalar, tekrarlayan şekilde sağlık hizmeti arayışında olup, uzayan semptomları nedeniyle de kaygılıdır. Bu kaygılı hastalarda, detaylı ileri araştırma yapmak yerine hastalara güvence verilir, rahatlatılabilir. Hastalık seyri konusunda hastalar bilgilendirilebilir. Hastalık seyri hakkında bilgi verilip, gereksiz sağlık kuruluşu başvurularını azaltmak için medya etkin bir şekilde kullanılabilir. Sağlık sunucuları, sağlık profesyonellerinin kılavuzlarındaki yöntemleri yürürlüğe koyabilirler. Bu gözlemlerde bahsedilen sorunlara çözüm getirebilmek için ileri çalışmalar yapılması uygun olacaktır.

**Keywords:** COVID-19; anxiety; health personnel

**Anahtar Kelimeler:** COVID-19; anksiyete; sağlık personeli

It has been one year since the first coronavirus disease-2019 (COVID-19) case was detected in Wuhan, China but efforts to understand its nature of infectivity as well as post infective sequels have not come to an end. Even though numerous novel drugs and vaccines are being investigated, none have produced convincing results to be implemented to guidelines hence clinicians are left with few drugs with the previous history of antiviral potency that are repurposed for COVID-19 treatment.<sup>1</sup> Fortunately, although some patients' course is complicated, significant majority is either asymptomatic or has mild

flu-like symptoms for which hospitalization or treatments other than conservative measures are not required.<sup>2</sup> Turkey is one of the countries with highest daily number of patients nowadays where Ministry of Health published numerous COVID-19 related guidelines and have been continuously updating. Latest adult treatment guideline that has been updated on 12<sup>th</sup> of October 2020 recommends that non-complicated patients and patients presenting with mild to moderate pneumonia can be managed at their home upon clinician approval. These patients are provided with hydroxychloroquine and/or favipiravir, quarantined in

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Peer review under responsibility of Türkiye Klinikleri Journal of Medical Sciences.

**Received:** 17 Dec 2020

**Received in revised form:** 02 Feb 2021

**Accepted:** 04 Feb 2021

**Available online:** 10 Feb 2021

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their home for 14 days and asked to admit hospital if symptoms worsen. Most of patients complete this period uneventfully and their home quarantine ends. It has been my personal observation over the preceding months that this is when patients erroneously think all symptoms should have ceased therefore any persisting symptom provokes anxiety and results in healthcare admittance. Carfi et al. showed that only 12.6% of the patients were asymptomatic and fatigue was the most common symptom with 50.3% of the patients affected 60 days after diagnose.<sup>3</sup> Majority of patients admitting to our clinic report fatigue as well as cough, mild dyspnoea, sore throat or headache. When questioned thoroughly to seek possible underlying pathology, it becomes clear that it is not their symptoms that makes them seek assistance but rather it is their anxiety. I have been asked numerous times by these anxious patients to order more detailed blood tests, chest X-ray or chest computed tomography than needed to find out more about their symptoms. Certainly different diagnostic approaches should be followed for moderate or high risk patients namely elderly, previously hospitalized and co-morbid patients who are seeking assistance for prolonged symptoms than that is followed for low risk patients namely younger than 65, not hospitalized and not co-morbid. The latter group comprises considerable amount of admissions to the district internal medicine clinic in which I currently serve. Not only do they put themselves to the risk of reinfection by visiting already highly crowded hospitals but inappropriate imaging may also lead to radiation's long term effects. Last but not the least, healthcare expenditures increase heavily and unnecessarily to relieve patient's undue anxiety. Considering the global fear caused by high death rates, it is comprehensible that individuals anxiously seek answers

for their questions. Implementation of reassurance measures to guidelines and widespread applications can easily eliminate this significant but unrecognized problem frequently encountered in low risk population. These measures can be via informing patients about the disease process and expected duration of symptoms when they are first diagnosed, or they can be via using visual media namely television or internet advertisements. Policy makers and healthcare providers should be aware of this source consuming problem in which basic implementations can bring meaningful outcomes. Last but not least, it is crucial not to attribute all patients' complaints to prolonged COVID symptoms but it is prudent to assess symptoms according to their risk status and inform patients whether or not to seek healthcare accordingly. Further studies should be conducted promptly to define problems and bring solutions to issues underlined in this observation.

#### **Source of Finance**

*During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.*

#### **Conflict of Interest**

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

#### **Authorship Contributions**

*This study is entirely author's own work and no other author contribution.*

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