

TOOLKIT GUIDE

Fatigue and exhaustion in the context of prolonged COVID-19 symptoms

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Fatigue – often severe – is the most common persistent symptom reported following acute COVID-19. Severe fatigue (or exhaustion) can result in the individual cutting back on everyday activities, and on their work, social or personal lives.

Although fatigue is the most consistent symptom, it can fluctuate in each individual. Such severe fatigue sometimes gives rise to uncommonly long recovery times after exertion and requires tailored management to prevent risks of deconditioning.

This fatigue is often associated with other symptoms which can also be a cause or an effect. This fatigue can be worsened in conjunction with triggering factors such as physical or mental exertion, even moderate; this effect can be delayed. Increased fatigue and/or worsened symptoms are also described in other physiological situations (premenstrual phase in particular, emotions, stress, external temperature changes, post-prandial phase).

Investigations

- Thorough semiological analysis to characterise the fatigue and any factors causing it to worsen or improve, including exertion (type and intensity).
- Clinical assessment (generally normal), screening for other causes of asthenia. Particularly check that no weight loss has occurred, dysthyroidism is not present, etc.
- Systematic screening for anxiety or depression disorder (use the HAD scales if required) or functional somatic disorder (SSD-12 scale).
- A fatigue score assessment may be useful initially and in the follow-up period (fatigue score: Chalder scale).
- Standard laboratory work-up for investigating asthenia (generally normal) including FBC, blood electrolytes, blood creatinine, liver function, blood ferritin, CRP (generally normal), TSH, blood cortisol level at 8 a.m.

Recommended course of action

Patient self-assessment, with assistance from the physician, is essential. It creates dialogue and helps:

- identify activity thresholds and any factors triggering fatigue. Rehabilitation and resumption of everyday life are based on keeping within tolerance thresholds;
- highlight the importance of breaking tasks up to prevent bouts of heightened fatigue;
- set out rehabilitation objectives to prevent deconditioning. Exercise therapy must be tailored to each patient, gradual, and account for the intensity of the fatigue and the duration of recovery phases. It is necessary to explain that exercise intensity and duration must be increased gradually, as patients tend to want to return to previous levels right away.

Treatment by a physiotherapist can be envisaged at early stages, clearly specifying the objectives: “gentle, overall and gradual muscle rehabilitation”.

In the event of the onset of prolonged worsened fatigue/exhaustion or of unusual symptoms after a session (including delayed effects), the exercise therapy programme should be reduced in intensity, but not discontinued.

Periods of reduced activity may be needed to ensure recovery in cases of worsened fatigue. The duration of activities should be assessed to minimise the effect on fatigue and ensure a gradual resumption of activity. In some rare cases, patients may need periods of complete rest. These patients are offered close medical follow-up to prevent deconditioning.

It is vital to reassure the patient. This may involve psychological support from the patient’s general practitioner or another professional.

This care will enable the patient to regain their independence, which is essential.

Bibliographic references

1. Sudre CH, Varsavsky T, Murray B, Graham MS, Penfold RS, Bowyer RC *et al.* *Nature Medicine*, 2021; 27 April 626–631. <https://www.nature.com/articles/s41591-021-01292-y>
2. Recommendations for the recognition, diagnosis, and management of long COVID: a Delphi study Martine Nurek, Clare Rayner, Anette Freyer, Sharon Taylor, Linn Järte, Nathalie MacDermott and Brendan C Delaney *British Journal of General Practice* 4 October 2021; BJGP.2021.0265. DOI: <https://doi.org/10.3399/BJGP.2021.0265>
3. Greenhalgh T, Knight M, A’Court C, Buxton M, Husain L. Management of post-acute covid-19 in primary care. *BMJ*. 2020;370:m3026. Published 2020 Aug 11