

Between a Dream and

a Nightmare



Recovering from COVID-19 can be a simple matter of bed rest, with the supportive management of fluids, a healthy diet and a positive mental attitude. Unfortunately, it can also be a nightmarish drawn-out affair or anything in between these two scenarios.

As more information surfaces alongside this still-raging pandemic, our doctors are making greater inroads into the understanding and management of COVID-19 and its recovery, and especially in the matter of Long COVID.

Dr Ashari Yunus, IJN Consultant Pulmonologist, dives straight into the heart - or lungs in this case - of the matter.

When we first encountered COVID-19 and came face-to-face with its ravages, especially in the lungs, we soon realised that we really could not predict how a patient would respond to the infection, much less how they would recover.

Over the past 20 months, we have learned that generally, the recovery and prognosis of COVID-19 patients depend on a few things:

1. The individual's immune response.
2. The viral load and how much of the lungs are affected.
3. How successfully we prevent the inflammation of the lungs at the initial stages.

Recovery differs from patient to patient and usually corresponds with the severity of the illness in each one.

What we have seen is that asymptomatic and mildly symptomatic COVID-19 patients, i.e., those in Category 1 and 2, tend to recover faster, with mild, if any, lasting effects. This is likely due to the individual's efficient immune responses and the protection of the COVID-19 vaccination.

However, quite a number still complain of prolonged fatigue, especially in comparison to the recovery of say, the complete runaround of the common cold. And many describe it as not the "normal" type of tiredness but an energy-sapping lethargy to the point of being debilitating and hindering normal activities. Whatever is said and done, if all else is clear and good, I would say this is the "dream recovery", while most would be relatively unscathed.

It's likely however, that they could still have lung damage, perhaps 5-10%, which could cause mild respiratory problems, but they would be able to live life normally. Nevertheless, I can safely say that they should not have problems in the future, but then again, our knowledge of this virus keeps evolving.

Patients who are elderly, are obese, have existing respiratory conditions or other comorbidities, already have compromised immune systems and are at higher risk for developing more severe COVID-19 and subsequently long-term complications. Smokers also obviously have damaged lung tracts, which would facilitate the movement of the virus towards the alveoli.



These patients can fall in the less fortunate Category 3 and 4 as their immune systems cannot fight off the virus. As the viral load multiplies, larger sections of the lungs are affected and could become inflamed, causing breathing difficulties. This can progress to pneumonia and lead to Acute Respiratory Distress Syndrome (ARDS), or "wet lung" - hence the need for ventilators.

Subsequently, this inflammation and ARDS can result in lung fibrosis or scarring. Patients can also develop pulmonary embolism (clots). Both exacerbate breathing problems and oxygenation, and while the latter can be resolved, fibrosis is an irreversible condition. This is what we are concerned about, especially as it can affect long-term prognosis and quality of life. This is also part of what we term as Long COVID or Post-acute sequelae of COVID-19 (PASC).

From what I have personally seen, unfortunately, every COVID-19 patient will have some extent of lung damage. If the damage is around 30% or less, patients may not even realise that their lung function has decreased.

I would recommend that recovered COVID-19 patients, especial those in Categories 3, 4 & 5, regularly use a pulse oximeter to monitor oxygen saturation. If it drops below 90, they need to head to the hospital. Prolonged breathing problems and oxygenation are proving to be long-term effects of COVID-19 and can significantly reduce the quality of life. This is why we must continue to monitor our patients who have recovered.



Dr. Ashari Yunus

Unfortunately, there is no treatment for pulmonary fibrosis, and functionality depends on the extent of the damage. At IJN, we have a multi-disciplinary team of experts that takes care of recovering COVID-19 patients. We have pulmonary rehabilitation programmes, and we can help clear patients' airways and monitor their conditions. We teach them lung exercises and how they can manage their daily activities. Counsellors are also on hand to help them cope as it can be quite frightening to be out of breath.

The lungs are quite an amazing part of us - if you lay out all surfaces, they would equal the size of a tennis court! So, I like to say that you need at least half a tennis court to play the game of life in. That means you need at least 50% efficient lung function to be compatible with life. Anything less, and you would be in trouble - and would need lifelong oxygen support.

This requisite of lifelong oxygen would also necessitate further planning for long term survival, and such patients need to be reviewed regularly. This is certainly a situation that we do not want.

So how can we help ourselves and preserve our lung function against COVID-19?

The obvious answer is not to get COVID-19! So, get vaccinated, follow the SOPs and do not take things for granted. While vaccination is not a foolproof defence, it is proving its efficacy in reducing the severity of the infection and protecting against Long COVID.

Meanwhile, everyone should work at strengthening their lungs and increasing lung function and capacity through regular exercise. It will also help keep your immune system healthy, an overall a good strategy against COVID-19 and a host of other ailments.