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ABSTRACT

Long COVID has emerged as a major chronic health challenge following SARS-CoV-2 infection. It is characterised by persistent or relapsing symptoms that typically develop within months of acute illness and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, exertional intolerance, dyspnea, cognitive dysfunction ("brain fog"), sleep disturbances, autonomic symptoms, pain, and mental health sequelae. It causes reduced quality of life, impaired productivity, and increased healthcare utilisation. Proposed mechanisms include viral persistence or residual viral antigens, immune dysregulation, chronic inflammation, autoimmunity, endothelial dysfunction, dysautonomia, microbiome dysbiosis, and organ-specific damage, often with overlapping symptoms. Management strategies include supportive care and individualised, symptom-targeted pharmacotherapy. Multidisciplinary rehabilitation strategies, along the lines of the Johns Hopkins Model, are also recommended. Future prospects centre on (i) harmonised case definitions to improve prognosis, (ii) harnessing the power of AI for precise diagnosis, (iii) clinical trials for targeted therapeutics, such as antivirals, immunomodulators, anticoagulant/antiplatelet agents, among others. Notably, scalable care models integrating primary care, speciality services, and mental health support are also warranted. Thus, addressing Long COVID will require coordinated research, equitable access to care, and health-system preparedness to manage a growing population with chronic post-infectious disability. These aspects will be discussed in the lecture.

KEYWORDS

Long COVID, management, pharmacotherapy, rehabilitation, symptoms