








OPERATIONAL DEFINITION OF PERSISTENT COVID AND ITS KEY ELEMENTS AGREED ON IN THE CIBERPOSTCOVID PROJECT

Most frequent manifestations and symptoms

-  **SYSTEMIC**
Fatigue, lack of energy and/or weakness, general discomfort, fever
-  **NEUROCOGNITIVE**
Memory loss, difficulty concentrating, "mental fog" or confusion
-  **RESPIRATORY OR CARDIOPULMONARY**
Cough, sore throat, dyspnea, chest tightness
-  **MUSCULAR-SKELETAL**
Articular or muscular pain, limited mobility
-  **NEUROLOGICAL OR NEUROMUSCULAR**
Distortion of smell or taste, headache, lack of reflexes
-  **PSYCHOLOGICAL AND PSYCHIATRIC**
Anxiety, depression or sleep alterations

Evolution of manifestations and symptoms

-  Clinical symptoms that persist or fluctuate

Duration and severity

-  Minimum 3 months (12 weeks) after the acute phase
-  Severity measured using validated functional scales







Conceptual definition:

A set of varied multiorganic symptoms not attributable to other causes that persist after the acute phase of the COVID-19 infection.






Need to measure the impact on quality of life

-  Health-related quality of life
-  Physical functioning
-  Psychological functioning
-  Activities of daily life
-  Social and family activities
-  Performance at work; sick leave


Aspects required for diagnosis

-  Rule out other health problems that might cause symptoms
-  Identify patient's previous health problems
-  Consider possible organ damage or sequelae introduced by the acute SARS-CoV-2 infection and its treatment in the diagnostic assessment of persistent COVID
-  Consult previous diagnosis of acute SARS-CoV-2 infection in the clinical history and or clinical lab tests (confirmed by PCR or antigen test)

Lines and factors of future research

-  Subpopulations of interest: children, adolescents, adults, over-65s
-  Timing/characteristics of the infection and contextual aspects (biological, clinical, and degree of severity)
-  Gender perspective
-  Previous health problems
-  Admission to hospital /ICU for COVID-19 infection

Value of the operational definition agreed on of persistent COVID and its key elements




 It is **collaborative, multidisciplinary and robust** (thematic CIBERs, scientific societies, associations of patients' representatives and bodies inside the Spanish National Health System).

 **Includes the participation of more than 70 key informants throughout the process** to reach consensus on the definition of persistent COVID and its key elements in the conceptual framework described above.

 It is based on the **elements on which there is the greatest agreement** of informants (in both the qualitative study and the Smart Delphi consensus study). Reinforced by results of reference documents and discussions with the CIBERPOSTCOVID steering group.

 In the context of a lack of robust evidence, the **opinion and consensus of experts together with the review of reference documents** are key instruments for advancing knowledge.

Consensus-based recommendations

-  Continue listening to patients (and relatives) in the diagnosis process and needs assessment.
-  Exploring the predisposing factors with patients' data in routine clinical practice.
-  Revising and refining the proposal when new information becomes available.

More information



Joint study conducted under the framework of the CIBER of Epidemiology and Public Health (CIBERESP) and the CIBER of Respiratory Diseases (CIBERES).

Salut/  Agència de Qualitat i Avaluació Sanitàries de Catalunya 

 **ciber**
Centro de Investigación Biomédica en Red

 **ISC**
Instituto de Salud Carlos III

