

Could We Designate Long COVID a Syndrome?

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Long COVID has been subject to growing examination as researchers and healthcare professionals strive to gain a deeper comprehension of its fundamental mechanisms and consequences. While syndromes often consist of a group of symptoms without a distinct underlying cause, Long COVID seems to be more intricate. Studies indicate that it could affect several organ systems and cause cellular-level harm, prompting specialists to propose that it be categorized as a syndrome rather than simple lingering consequences of the virus. However, further study needs to be conducted for determining whether there are distinctive characteristics that differentiate Long COVID as a distinct clinical entity from other post-viral conditions. Accurate identification of Long COVID will be essential in guiding treatment approaches and delivering appropriate therapy for patients who suffer from persistent symptoms after being infected with COVID-19.

Keywords: Long COVID; Post-Acute Sequelae of SARS-CoV-2; Diagnostic Criteria

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LONG COVID, or post-acute sequelae of SARS-CoV-2 infection (PASC), refers to a disorder where individuals persistently exhibit symptoms of COVID-19 even after their initial infection has resolved (1-3). Common symptoms may encompass fatigue, dyspnea, angina, and cognitive impairment, among other manifestations (4). As researchers dive into the investigation of the enduring consequences of COVID-19, a pertinent query emerges: may we classify Long COVID as a syndrome?

A syndrome refers to a set of symptoms that consistently appear together and define a certain sickness or condition (5).

Long COVID fulfills this criterion, as it manifests with a range of symptoms that can endure for weeks or even months after the initial infection has been healed. Based on this, some physicians contend that Long COVID should be categorized as a syndrome rather than merely a prolonged consequence of COVID as indicated by the meta-analysis (6).

The range and unpredictability of symptoms associated with Long COVID are among the primary factors that justify classifying it as a syndrome (7). Certain individuals may encounter symptoms such as weariness and cognitive impairment, while others may endure heart palpitations or gastrointestinal

problems. The presence of several symptoms indicates the possibility of multiple underlying causes, which increases the likelihood of categorizing it as a syndrome (8). Furthermore, Long COVID frequently lacks a consistent trajectory of recuperation (9). Individuals may undergo intermittent phases of amelioration followed by setbacks, whereas others may persistently grapple with symptoms over an extended duration. The presence of diverse symptoms and the varying rate of advancement is a distinguishing feature of syndromes, which are frequently intricate and challenging to manage (10).

Long COVID exhibits similarities with various known disorders, in addition to its diverse range of symptoms and variable presentation. Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a medical disorder marked by enduring exhaustion and accompanying symptoms that lack a clear explanation from an underlying medical cause (11). There is a notable similarity between Long COVID and ME/CFS, indicating that Long COVID might be considered a distinct syndrome (12).

Long COVID can be classified as a syndrome due to its significant influence on the daily functioning of individuals. A significant number of individuals experiencing Long COVID have expressed challenges in carrying out work-related tasks, participating in physical activities, and engaging in social interactions because to their persistent symptoms (13-15). The presence of this functional impairment is a characteristic feature of syndromes, which can significantly impact the quality of life of patients.

Furthermore, Long COVID extends beyond physical symptoms and can also impact emotional well-being. Individuals with Long COVID frequently experience depression, anxiety, and cognitive impairments, which add to the challenges they

face in recovering from and managing the disorder (16, 17). The psychosocial aspect is another distinct feature of syndromes, and it frequently has a profound effect on the emotional and physical well-being of patients.

Although there are strong arguments supporting the classification of Long COVID as a syndrome, it is equally important to use caution when considering this disorder. Firstly, Long COVID is a recently emerged occurrence, and scientists are still in the process of understanding its fundamental causes and the most effective treatment strategies. Without a comprehensive understanding of the illness, it might be premature to define and categorize it as a syndrome. Moreover, syndromes pose challenges in terms of diagnosis and treatment due to their involvement of numerous organ systems and underlying causes. Although Long COVID may exhibit certain resemblances to recognize syndromes like ME/CFS, it remains uncertain whether it constitutes a separate syndrome characterized by its own distinctive attributes or merely represents a prolonged complication of COVID-19. As proposed by Drs. Phillips and Williams in this issue of the journal, Long COVID could be reframed as a central nervous system dysfunction (18), from which the sequential symptoms resulted from depicting as a syndrome-like disorder.

Therefore, the categorization of Long COVID as a syndrome is a multifaceted and dynamic matter that necessitates thoughtful deliberation. Although there are convincing evidence supporting this classification, it is crucial to persist in research endeavors to gain a deeper comprehension of the illness and its fundamental mechanisms. The accurate classification of Long COVID as a syndrome can only be achieved via persistent examination and cooperation among researchers and healthcare providers. ■

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