

Dietary Guidelines for Post-COVID-19 Syndrome

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Description

Since its discovery in Wuhan, China, in December 2019, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) has spread rapidly to pandemic proportions. As has been widely reported, it causes a wide range of clinical symptoms, ranging from asymptomatic infection to mild respiratory disease to severe multi-organ failure and death, and is known as coronavirus disease (COVID)-19. Aside from the effects on the lungs, researchers are learning more about the interaction between cell metabolism and viral infection, which has a negative impact on inflammatory status, blood glucose control, and blood pressure [1]. Obesity and its complications (i.e., metabolic syndrome, insulin resistance, and type 2 diabetes) are, on the other hand, strongly linked to susceptibility to and severity of COVID-19 infection. Consequently, multiple factors are involved in the prognosis and recovery from COVID-19 infections.

COVID-19-related acute illness and complications have been extensively researched. However, by the mid-2020s, many studies reported that patients complained of symptoms that lasted for weeks after the acute illness. This condition is currently known as post-COVID-19 syndrome, and it is defined as "the persistence of signs and symptoms that develop during or following an infection consistent with COVID-19 that persist for more than 12 weeks and are not explained by an alternative diagnosis." The incidence and prevalence of post-COVID-19 syndrome vary greatly. Nonetheless, it has been reported that post-COVID-19 syndrome is more common in hospitalised patients (85%), but also in outpatient clinic or at-home patients (10–35%) [2]. As a result, given the rate of long-term COVID-19-related complications reported in several studies, it is evident that post-COVID-19 syndrome will represent a burden for healthcare professionals and national health systems [3].

In more detail, post-COVID-19 syndrome is characterised by a constellation of symptoms, the most prominent of which are fatigue and sleep disturbances. Dyspnea, joint pains, anxiety, low mood, cognitive dysfunction, chest pain, thromboembolism, hair loss, and chronic kidney disease are also common symptoms. The pathophysiology of these symptoms could be caused by direct viral damage, immunological/inflammatory sequelae, or an iatrogenic cause. COVID-19 infection is known to cause severe catabolic muscle wasting in addition to organ-specific effects. Indeed, the significant systemic inflammation has a negative effect on muscle protein synthesis, and there is increased

nutritional demand, which is difficult to meet due to the COVID-19 infection's loss of appetite, taste, and smell [4]. As a result, the loss of skeletal muscle mass and function (sarcopenia), combined with poor intake due to frailty, low mood, and changes in the gut microbiome, has resulted in a high prevalence of malnutrition. Malnutrition, in and of itself, has an impact on the recovery of all the other systems impacted by post-COVID-19 syndrome, making it a critical component that must be addressed. As a result, nutritionists can play an important role in both the early onset of post-COVID-19 syndrome and the follow-up of patients to improve outcomes [5].

Current scientific evidence provides extensive information about the pathophysiological mechanisms underlying post-COVID-19 syndrome, helping to identify potential targets for nutritional interventions. Nonetheless, interpreting the findings of multiple studies is difficult and may not provide a clear indication of the best solution in clinical practise.

Conflict of Interest

None.

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