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Fatigue and functional capacity post COVID-19

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Article

Info & Metrics

Abstract

Background: We explored if fatigue influenced the long-term functional capacity of patients post COVID-19.

Methods: People after COVID -19, grouped by treatment setting (home - H, hospital ward - HW or intensive care unit – ICU), were studied 12 months after discharge. Fatigue-Functional Chronic Illness Assessment Questionnaire Fatigue Subscale, FACIT-F and functional capacity-6min walk test, 6MWD and 1min sit-to-stand test, 1minSTS were assessed.

Groups were compared with one-way ANOVA or Kruskal-Wallis H test. Spearman's ρ and multiple regression analyses were performed between fatigue-functional tests.

Results: 148 subjects (H, n=44; HW, n=60; ICU, n=44) participated.

Fatigue was clinically relevant at 12 months although not significantly different among groups [H: 41(35-49); HW: 42(33-50); ICU; 42(32-48) points; p=.979). Functional capacity was significantly higher in those treated at home (6MWD: H,626 114m, HW: 527 146m, ICU: 528 129m, p<.001; 1minSTS: H,29 11reps, HW: 23 8reps, ICU: 24 8reps, p<.002).

Fatigue was significantly correlated with functional tests within each group (FACIT-F-6MWD, $.317 < \rho \le .550$, p < .01; FACIT-F-1minSTS, $.364 < \rho \le .485$, p < .01). Each point of FACIT-F could change 6MWD by 5-6m and 1minSTS by. 3-.5reps, explaining between 12-33% of change in 6MWD and 17-22% of change in 1minSTS (*Table 1*). **Conclusions:** Fatigue seems to influence functional capacity of patients post COVID-19. Early management of this symptom seems important for their long-term management.

Covid-19 Extrapulmonary impact

Footnotes

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