ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2020;■:■■■-■■■

DEPARTMENTS

Letters to the Editor

Challenge for Rehabilitation After Hospitalization for COVID-19

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We read with interest the article by Koh and Hoenig[1] published in a recent issue describing the challenge for the rehabilitation community with respect to the coronavirus disease 2019 (COVID-19) pandemic. Despite efforts, as of April 4, 2020, a total of 1,051,635 confirmed cases of COVID-19 have been reported in 205 countries and territories.[2] Early epidemiological reports showed that 8.2% (95% confidence interval, 7.07-9.47) of the total cases presented with rapid and progressive respiratory failure, similar to acute respiratory distress syndrome (ARDS), and that its treatment methods range from mechanical ventilation to extracorporeal membrane oxygenation in the most severe cases.[3]

The literature states that patients recovering from ARDS frequently develop significant long-term morbidity related to extrapulmonary complications.[4] Thus, both young and old survivors have physical and psychological long-term sequelae affecting their quality of life for up to 5 years from the time of their critical illness.[3] The literature states that 48% of patients do not return to work 1 year postdischarge and that 32% of patients die within 5 years.[4]

A recent meta-analysis suggests that arterial hypertension, diabetes, and cardiovascular diseases increase the risk that COVID-19 patients will require critical care.[5] These findings indicate the target group on which rehabilitation should focus because physical and functional consequences are more pronounced when comorbidities are present.[4]

Unfortunately, the first patients who are already being discharged will not be able to access rehabilitation because hospitals are being forced to convert all units and health teams into units of respiratory management for COVID-19 patients. Moreover, the number of COVID-19 cases continues to increase. Therefore, the rehabilitation of these patients will be included in the agenda of everyone who works in rehabilitation.

The large number of patients with ARDS should lead the rehabilitation community to ask: what comes next? In addition to long-term sequelae, increased costs and use of health care services are important consequences of severe lung injury. Moreover, cumulative costs after hospitalization are more pronounced in older patients with comorbidities, the group most affected by COVID-19.[3] Trained multidisciplinary rehabilitation teams must be prepared and able to implement best practices to improve the long-term functionality and quality of life of these patients.

Disclosures: none.

0003-9993/20/$36 - see front matter © 2020 by the American Congress of Rehabilitation Medicine
https://doi.org/10.1016/j.apmr.2020.04.013

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