



Letter

Post-COVID syndrome: Turning convalescence into illness?

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We read the paper by Augustin and colleagues [1] and we have some concerns.

The Authors reported the follow-up of SARS-CoV-2 convalescent patients, most of whom were not hospitalized in the acute phase of the disease. Anosmia, ageusia, and fatigue were the most common persisting symptoms. The Authors described symptomatic subjects during follow-up as affected by “post-COVID syndrome”.

Convalescence from viral illnesses is a well-known phenomenon [2]. While ageusia and anosmia are specific and expected COVID-19 related symptoms, fatigue is a much more blurred condition. The perception of fatigue can significantly vary from person to person with no objective tests available to confirm this condition. Moreover, fatigue is typically reported by subjects with somatoform disorders and emotional distress.

It is known that acute diseases may trigger the development of somatoform symptoms in predisposed subjects, frequently mislabeled as chronic medical conditions, perpetuated and reinforced by repeated medical evaluations and tests [3].

In the dimension of a pandemic with relevant mediatic and emotional implications the identification of subjects complaining physical symptoms, but veiling psychological suffering needs attention.

We suggest that when dealing with SARS-CoV-2 convalescent patients, who complain long-lasting subjective physical symptoms, emotional distress should be suspected and a multidisciplinary evaluation should be considered. On the contrary, we may run the risk of providing an incongruous medicalization and medical labeling [4], in particular to subjects in which SARS-CoV-2 infection itself was mild. Aiming to provide healthcare, we may instead reinforce somatoform symptoms with the risk of turning convalescence into illness.

Declaration of Competing Interest

The authors have nothing to disclose.

References

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