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Long-term cardiovascular health and physical functioning of non-hospitalised ex-COVID-19 patients: a case-control study

Van Der Sluijs KM Mr, Bakker EA Doctor, Schuijt TJ Doctor, Joseph J Assistant Professor, Thijssen DHJ Professor, Eijsvogels TMH Associate Professor

Radboud Institute for Health Sciences, Department of Physiology, Radboud University Medical Center, Nijmegen, Netherlands (The) Gelderse Vallei Hospital, Clinical Chemistry and Hematology Laboratory, Ede, Netherlands (The) Indian Institute of Technology (IIT) Madras, Department of Electrical Engineering, Chennai, India

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Background/Introduction: SARS-CoV-2 and the associated coronavirus disease 2019 (COVID-19) has substantial acute effects on cardiovascular health and physical functioning, but the long-term effects are less clear, especially in individuals that recover from COVID-19 at home, representing ~95% of all cases.

Purpose: We compared cardiovascular health and physical functioning of non-hospitalised ex-COVID-19 patients versus age- and sex-matched healthy peers.

Methods: We recruited non-hospitalised adults with PCR-proven COVID-19 and age- and sex-matched controls for this case-control study. Duration of COVID-19 illness and presence of residual complaints were inquired. Cardiovascular health status and physical functioning were assessed through a series of measurements: blood pressure, blood biomarkers (NT-proBNP, high-sensitive cardiac troponin I, C-reactive protein), carotid-femoral pulse wave velocity (ARTSENS), handgrip strength, 4-metre gait speed, habitual physical activity (days per week with at least 30 minutes of moderate physical activity) and quality of life based on the 12-item short form.

Results: We included 101 ex-COVID-19 patients (median age 59.0 [54.5-65.5], 59 (58.4%) male) at a median of 5.0 [4.0-7.0] months post-infection and 101 age- and sex-matched controls (median age 58.0 [54.0-64.5], 58 (57.4%) male). Median duration of COVID-19 illness was 8.0 days [6.0-14.0] and 32.3% of the cases reported residual complaints at the time of inclusion. We found no differences between ex-COVID-19 patients and controls in blood pressure (134-81 vs. 133-81 mmHg, p=0.40 and p=0.30 for systolic and diastolic pressures respectively), concentrations of NT-proBNP (8.50 vs. 7.00 pmol/L, p=0.22), high-sensitive cardiac troponin I (4.11 vs. 3.38 ng/L, p=0.06), C-reactive protein (4.00 vs. 4.00 mg/L, p=0.93) and carotid-femoral pulse wave velocity (6.63 vs. 7.01 m/s, p=0.30). Ex-COVID-19 patients showed higher handgrip strength compared to controls (43 kg vs. 38 kg, p=0.004), but 4-metre gait speed (2.62 vs. 2.56 s, p=0.33), habitual physical activity levels (6.0 vs. 6.0 days, p=0.16) and reported quality of life (86.4% vs. 88.6%, p=0.10) were not different between groups.

Conclusion(s): Cardiovascular health and physical functioning parameters were not different between non-hospitalised ex-COVID-19 patients and age- and sex-matched controls at five months post-infection. This suggests that individuals who recovered from COVID-19 at home do not have an increased cardiovascular risk or impaired physical functioning in the long-term.