Managing post COVID-19 fatigue at home by physiotherapy

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After recovering from COVID-19, it can take some time to feel back to normal. One most common symptom people feel after COVID-19 is fatigue. It might originate from the lingering immune response or because the lungs and heart are still recovering.

Management of post-COVID fatigue:

1. Ensuring enough sleep by getting daily sunlight exposure and not to consuming caffeine late in the day.

2. Staying hydrated by drinking plenty of water and eating a well balanced diet.

3. Managing stress. Practice mindfulness and learning to focus on your breathing. Do deep breathing exercise and meditation to reduce stress.

4. Doing physical and mental activity slowly. Do not overdo any activity or do not take lots of rest. Keep balancing your activity with rest and recovery.

5. Pacing: It is an individualised systemic process to managing physical, cognitive, and emotional energy within the patient's energy limit to prevent or reduce fatigue. Pacing is not activity avoidance technique, rather it is a way used to minimise symptom exacerbation. Pacing establishes the balance between activity and rest to avoid exacerbation of symptoms. Qualified physiotherapist guides you regarding the accuracy of your activity and resting period. Physiotherapist helps you to increasing the activity level gradually, introducing proper resting period and switching to different types of activity within a control manner before you feel tired.

Some activities at home will alleviate post-COVID fatigue: Activity can be classified into physical and emotional or mental activity. Both physical and mental activity related to each other and each of these can affects other. Here is given some safe examples of activities that you can do at home:

1. Practice deep breathing in sitting. Sit upright and place your hands around the sides of your stomach. Close your mouth and inhale through your nose and pull air down into your stomach where your hands are. Then exhale slowly through your nose. Repeat deep breaths for five times before any activity.

2. Do some activities that you are comfortable doing. If a task is difficult, learn to stop and change the task. As for example: start with short walks, or carrying out a simple task such as ironing your shirts and then taking a rest. If, you may find walking difficult or you may confront shortness of breath then stop and set a realistic task like walking to the toilet at first. Do a little more each day, but avoid overdoing it.

3. Slow down and spread your activities throughout the day. Do not do all the activities at a time. Add some mental or emotional activity with your physical activity. This technique helps you to conserve your energy.

4. Take some time while getting out of bed. If you have spent long periods of time in bed due to COVID-19 infection, your blood pressure may take some time to adjust. You may feel dizzy when you sit or stand up quickly from bed. So take it slow when getting out of bed, then sit on the edge of the bed for 1 to 2 minutes and then go for wash or shower. Take rest before and after going to toilet.

5. Gradually improve your activity level. When you are comfortable with short distance walking then you can improve your physical activity level by increasing walking distance slowly and then try to walk for long distance when you are comfortable with this. You can also improve your mental activity level such as: Playing electronics games, puzzle or Sudoku, cards and making crafts, painting. It is easy to do at home and can be stopped if the person gets fatigued. If activity feels good you can progress your activity gradually like practise stair climbing, go outside for walking, start outdoor activity and playing.

Precautions:

If activity increases your fatigue then pull back and take it easy. Do not do any weight lifting or strengthening exercises first because, it will worsen your symptoms. Consult with a physiotherapist regarding any exercise programme because, they can help you find the safest exercises that will alleviate your symptoms. Stop doing activities or exercises immediately and consult with a physician, if you develop any dizziness, chest pain, palpitation, shortness of breath and excessive fatigue or any other symptoms that you consider an emergency.

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VITAMIN

Signs you are low on vitamin C

Our body does not make or store vitamin C, so we have to eat it every day. If you eat a balanced diet, it is pretty easy to get enough vitamin C. Adult women (who are not pregnant or breastfeeding) need 75 milligrams of vitamin C per day; men, 90 milligrams. A mere 1/2 cup of raw red bell pepper or 3/4 cup of orange juice will do it, while 1/2 cup cooked broccoli gets you at least halfway there. But sometimes these requirement is not met.

People with an overall poor diet, with kidney disease who get dialysis, heavy drinkers, and smokers often fall short of vitamin C.

When you are slow on healing your wounds, you may be lacking vitamin C. Bleeding gums, nosebleeds, and bruises are also signs of vitamin C deficiency.

Early research has found a link between low levels of vitamin C and higher amounts of body fat, especially belly fat. Vitamin C deficiency also may cause vision loss and scurvy.

Since vitamin C has several jobs related to your immune system, you are more likely to get sick and may have a harder time recovering. So, if you think that you are lacking vitamin C, you should take them as required.

HEALTH *bulletin*

Children of mothers with diabetes during pregnancy have an increased risk of eye problems

A new study published in *Diabetologia* (the journal of the European Association for the Study of Diabetes [EASD]) finds that mothers who have diabetes before or during their pregnancy are more likely to have children who go on to develop eye problems.

The research analysed the associations between maternal diabetes before or during pregnancy and the risk of high refractive error (RE): conditions in which there is a failure of the eye to properly focus images on the retina.

Earlier research has shown that individuals with severe RE may have congenital eye defects before birth, suggesting that the conditions to which the foetus is exposed in the uterus may play a role in the development of more serious RE in later life. Maternal hyperglycaemia (high blood sugar) during pregnancy may lead to elevated foetal blood glucose levels, which can damage the retina and optic nerve and may lead to changes in the shape of the eyes that ultimately cause RE.

The authors believed that exposure to the effects of maternal diabetes while in the uterus could negatively affect the development of the foetus and lead to high RE in later life. The researchers advise that early screening for eye disorders in the children of mothers with diabetes may play an important role in maintaining good eyesight health.

Extreme heat is a clear and growing health issue

STAR HEALTH DESK

Extreme heat is an increasingly common occurrence worldwide, with heat-related deaths and illnesses also expected to rise. The authors of a new two-paper Series on Heat and Health, published in The Lancet, recommend immediate and urgent globally coordinated efforts to mitigate climate change and increase resilience to extreme heat to limit additional warming, avoid permanent and substantial extreme heat worldwide, and save lives by protecting the most vulnerable people.

In alignment with the Paris Agreement, the Series authors call for global warming to be limited to 1.5°C to avoid substantial heat-related mortality in the future. Reducing the health impacts of extreme heat is an urgent priority and should include immediate changes to infrastructure, urban environment, and individual behaviour to prevent heat-related deaths. The Series is published ahead of this year's COP26 UN Climate Change Conference in Glasgow, UK.

Effective and environmentally sustainable cooling measures can protect from the worst health impacts of heat. These range from increasing green space in cities, wall coatings that reflect heat from buildings, and widespread use of electric fans and other widely available personal cooling techniques that have been shown by thermal physiologists to help people regulate their body temperature without exacerbating other types of physiological strain. While air conditioning is becoming more

widely available around the world, it is unaffordable for many of the most vulnerable, is financially and environmentally costly, and leaves many defenceless against extreme heat during power outages.

"Two strategic approaches are needed to combat extreme heat. One is climate change mitigation to reduce carbon emissions and alter the further warming of the planet. The other is identifying timely and effective prevention and response measures, particularly for low-resource settings. With more than half of the global population projected to be exposed to weeks of dangerous heat every year by the end of this century, we need to find ways to cool people effectively and sustainably," says Series co-lead author Professor Kristie Ebi from the University of Washington, USA.

According to a new Global Burden of Disease modelling study, also published in The Lancet, more than 356,000 deaths in 2019 were related to heat and that number is expected to grow as temperatures rise worldwide. However, Series authors note, many heat-related deaths are preventable by mitigating climate change and reducing exposure to extreme heat.

When exposed to extreme heat stress, the body's ability to regulate its internal temperature can be overwhelmed, leading to heat stroke. In addition, physiological thermoregulatory responses that are engaged to protect body temperature induce other types of physiological strain and can lead to cardiorespiratory events. Effects from extreme heat are also associated with increased hospitalisations and emergency room visits, increased deaths from cardiorespiratory and other diseases, mental health issues, adverse pregnancy and birth outcomes, and increased healthcare costs. Older people and other vulnerable people who may be less able to take care of themselves in extreme heat (e.g., people isolated at home, people who have poor mobility) are also more likely to experience the health effects of extreme heat.

Extreme heat also lessens worker productivity, especially among the more than 1 billion workers who are exposed to high heat on a regular basis. These workers often report reduced work output due to heat stress, many of whom are manual laborers who are unable to take rest breaks or other measure to lessen the effects of heat exposure.

Finally, warming temperatures are exacerbating other environmental challenges, including adverse ground-level ozone concentrations, wildfires, and rapid urban population growth.

Call for experts to join Scientific Advisory Group for the Origins of Novel Pathogens

The World Health Organisation (WHO) issued an open call for experts to serve as members of the new WHO Scientific Advisory Group for the Origins of Novel Pathogens (SAGO).

The SAGO will advise WHO on technical and scientific considerations regarding the origins of emerging and re-emerging pathogens of epidemic and pandemic potential, and will be composed of a wide range of experts acting in their personal capacity. SAGO will also guide WHO on next steps for understanding the SARS-CoV-2 origins.

There have been an increasing number of high threat pathogens emerging and re-emerging in recent years with, for example, SARS-CoV, MERS-CoV, Lassa, Marburg, Ebola, Nipah, avian influenza, the latest being SARS-CoV-2. There is a clear need for robust surveillance and early actions for rapid detection and mitigation efforts, as well as systematic processes to study the emergence of these pathogens and routes of transmission from their natural reservoirs to humans. This is critical to helping WHO, Member States and partner institutions to prepare for future spillover threats and to minimize the risk of a disease outbreak growing into a pandemic.

From SARS-CoV-2, which continues to wreak havoc around the world, to the next "Disease X", this global framework to study the emergence of new and known high threat pathogens needs to be comprehensive and coordinated based on a One Health approach. It should also encompass biosafety and biosecurity. And it needs to be scientific, transparent, comprehensive, rapid and inclusive.

The SAGO will be multidisciplinary, with members who have a range of technical knowledge, field experience, skills and experience relevant to emerging and re-emerging pathogens. Up to 25 experts may be selected.

WHO welcomes expressions of interest from individuals with significant expertise in one or more technical disciplines outlined in the call for experts in order to ensure a One Health approach.

Source: World Health Organisation