



## The Latest Information on How COVID Can Affect MC and Other IBDs by Wayne Persky

The New York Times article "*This May Be the Most Overlooked COVID Symptom*" highlights gastrointestinal issues as a common but often unrecognized symptom of COVID-19 (Blum, 2024, July 5)<sup>1</sup>. These symptoms can range from nausea, vomiting, diarrhea, abdominal pain, and loss of appetite. The article discusses how these symptoms can precede more commonly recognized respiratory symptoms and the importance of hydration, especially if diarrhea or vomiting is present.

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**GI symptoms common with COVID-19.**

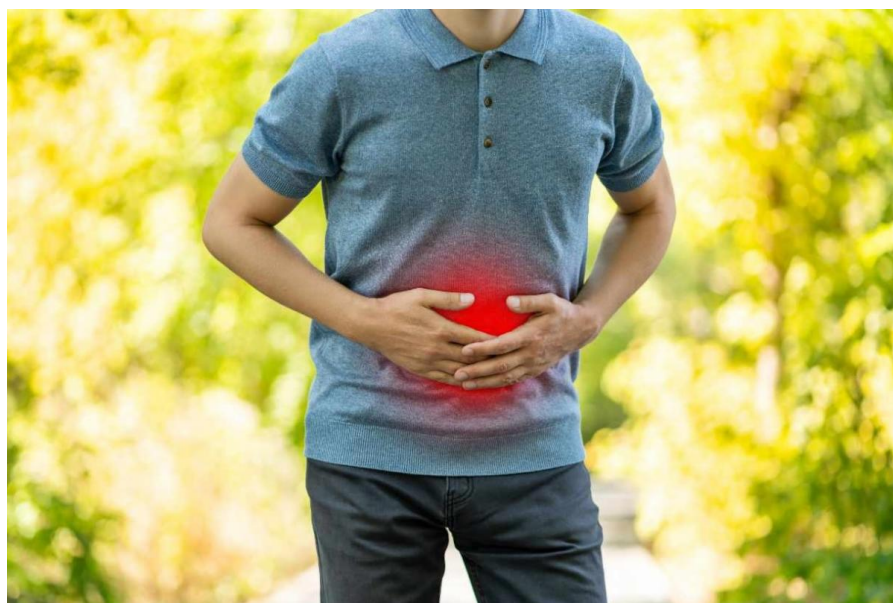
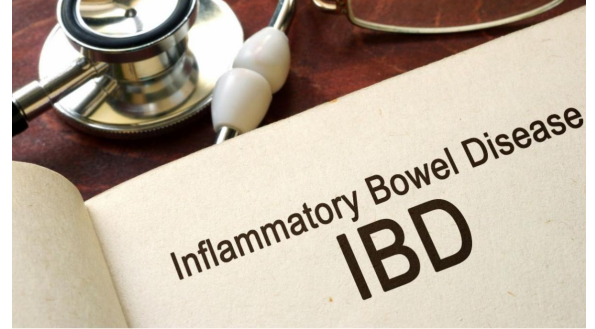
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**GI Symptoms often precede respiratory symptoms.**

For patients with microscopic colitis (MC) or other inflammatory bowel diseases (IBD), the information in this article is particularly relevant for several reasons:



1. Symptom Overlap — Gastrointestinal symptoms like diarrhea, abdominal pain, and nausea are also common in IBD. Recognizing that these symptoms could be related to COVID-19 is important, especially if they appear suddenly or differ from the patient's typical symptom pattern.
2. Patients with IBD might initially attribute new or worsening gastrointestinal symptoms to their underlying condition. However, given the potential for COVID-19 to present with similar symptoms, it's important to consider a COVID-19 infection, particularly if the patient has been exposed to the virus or if there are concurrent COVID-19 symptoms like fever or respiratory issues. MC does not cause fever, nor does it cause respiratory issues.
3. The presence of COVID-19-related gastrointestinal symptoms could complicate the management of IBD. Dehydration from diarrhea or vomiting can be particularly challenging for IBD patients, possibly exacerbating their condition. Ensuring adequate hydration and considering the impact of antiviral treatments like Paxlovid, **which can also cause diarrhea**, is important.
4. For IBD patients who share living spaces, taking steps to prevent the spread of COVID-19 is necessary. This includes improving ventilation in shared bathrooms and maintaining hygiene practices to minimize the risk of viral transmission.
5. Healthcare providers should be aware of the potential for COVID-19 to cause gastrointestinal symptoms and monitor IBD patients closely. Adjusting treatment plans to account for the added strain of a COVID-19 infection may be necessary.



**Various studies have analyzed certain concerns regarding IBDs and COVID-19.**

IBD patients, especially those on immunosuppressive therapies (like corticosteroids, thiopurines, biologics, or small molecule inhibitors), may have a higher risk of contracting infections, including COVID-19. However, the overall risk of IBD patients contracting COVID-19 appears to be similar to that of the general

population.

### **Using diet to maintain remission is much safer than using medications.**

The severity of COVID-19 in IBD patients can vary. Some (although certainly not all) studies suggest that IBD patients on certain immunosuppressive treatments (such as TNF inhibitors) do not have a significantly increased risk of severe COVID-19. However, those on corticosteroids or with uncontrolled disease may have a higher risk of severe outcomes. Obviously these are additional, but seldom recognized, advantages of using diet changes to keep our disease in remission, compared with using medications (or no treatment at all).

It's generally recommended that IBD patients continue their prescribed medications to avoid flares, as uncontrolled IBD can pose a greater risk than the potential for COVID-19 infection. Many healthcare providers have shifted to telemedicine to reduce the risk of exposure for IBD patients.

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**Risk of COVID for IBD patients not on immunosuppressive medicines is similar to general population.**

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**An IBD complicates COVID treatment.**



### **Vaccines minimize risk.**

IBD patients are encouraged to get COVID-19 vaccinations. Studies indicate that vaccines are generally safe and effective in IBD patients, although those on certain immunosuppressive therapies might have a reduced immune response (and presumably reduced vaccine effectiveness).

Large-scale registries and studies, such as the SECURE-IBD registry, have been established to monitor outcomes in IBD patients with COVID-19, providing valuable data on risk factors, outcomes, and management strategies.

### **COVID-19 can obviously increase stress levels.**

COVID-19 can affect the mental health of IBD patients, exacerbating stress and anxiety, which can, in turn, affect disease activity. Overall, while IBD patients do face specific challenges during the COVID-19 pandemic, careful management and adherence to medical advice can help mitigate risks. It's important for



IBD patients to stay in close contact with their healthcare providers to navigate these challenges effectively.

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**Vaccines are safe and effective for IBD patients.**

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**Some COVID patients only have GI symptoms without respiratory symptoms.**



#### **Statistical estimates show that:**

1. About 10-20% of COVID-19 patients experience gastrointestinal symptoms such as diarrhea, nausea, vomiting, and abdominal pain. Some studies have reported even higher percentages, indicating that up to 30% or more of patients might have these symptoms.
2. A systematic review and meta-analysis published in the journal *Gastroenterology* in 2020 found that around 10% of COVID-19 patients presented with gastrointestinal symptoms such as diarrhea, nausea, and vomiting, **without respiratory symptoms**. Another study published in *The American Journal of Gastroenterology* in 2020 reported a similar range.

#### **Hospitalization rates remain high enough to be concerning.**

The CDC still reports COVID hospitalizations, and in the week of January 6, 2024, there were about 35,000 hospitalizations due to COVID across the US. By comparison, there were 44,000 hospitalizations at the same time in 2023. These numbers are not very different considering that they change on a weekly basis.

#### **COVID-19 is becoming an endemic virus.**

COVID-19 remains a significant health threat, though its status has evolved from being a pandemic to potentially becoming an endemic disease. Here's a comprehensive overview based on recent expert opinions and research findings:

The distinction between a pandemic and an endemic is subtle. A pandemic involves a widespread outbreak causing global disruption, while an endemic refers to the constant presence of a disease within a specific area or population. COVID-19 is transitioning to an endemic phase, but this doesn't imply it's no longer a threat.

According to Boston University virologist John H. Connor, while COVID-19 continues to circulate and cause illness, it no longer exerts unexpected pressure on healthcare systems, marking a shift towards becoming an endemic issue (Colarossi, 2024, March 4)<sup>2</sup>.

### **COVID-19 still causes significant morbidity and mortality.**

In December 2023, there were 1.2 million cases and 9,575 deaths, worldwide. Although the rate of severe outcomes has decreased, the virus remains a major cause of illness and death, globally. A considerable portion of the population experiences long COVID. Up to 10% of those infected develop long-term symptoms affecting various organ systems, leading to a persistent health burden.

Research from Washington University School of Medicine indicates that COVID-19 continues to pose health risks even years after infection. Hospitalized patients face a 29% higher risk of death three years post-infection, and non-hospitalized patients have a 5% increased risk of long COVID, translating to 41 more health problems per 1,000 persons (Sauerwein, 2024, May 30)<sup>3</sup>. COVID-19 contributes to lost years of healthy life, comparable to other major health conditions such as heart disease and cancer.

High-risk individuals, especially, should continue to take extra precautions, including vaccination, limiting exposure in crowded places, and using masks in poorly ventilated indoor settings.

### **COVID-19 is not known to cause IBD.**

At least there's no direct evidence that COVID-19 causes the development of IBD. But there's plenty of evidence showing that Covid 19 can make IBD symptoms worse, and it can (and usually does) provoke an MC flare (or a relapse), that's usually persistent, and very difficult to resolve. Presumably, that's true for the other IBDs, as well. At the very least, dealing with both Covid 19 and an IBD at the same time can be quite challenging, so it definitely behooves us to try to prevent that situation from happening.'

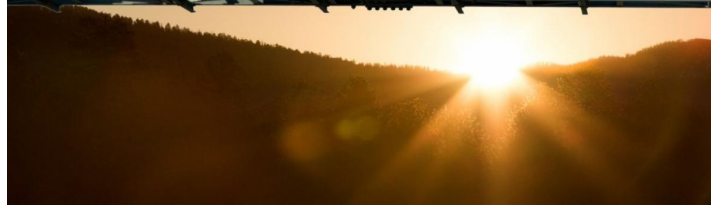
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**COVID can provoke a MC flare or relapse.**

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**Older MC patients are considered "high risk".**





## In Conclusion

While COVID-19 may be transitioning to an endemic stage, it continues to be a serious health threat with significant impacts on public health, especially for those with coexisting health issues. Continued vigilance, preventive measures, and adequate healthcare responses are essential to manage and mitigate its effects. And it's worth noting that, as MC patients especially, as we get older, we're almost surely all high-risk individuals.

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#### References

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