

# Covid-19: Respiratory impact, fibrosis, care adaptation.

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## Introduction

The global health crisis spurred by COVID-19 has fundamentally altered the landscape of respiratory medicine, prompting extensive research into both acute and persistent lung conditions. A significant area of focus has been the emerging connection between COVID-19 infection and the onset or worsening of pulmonary fibrosis, underscoring the vital need for early detection and potential therapeutic strategies to manage these enduring lung conditions [1].

In the realm of acute respiratory care, evidence-based recommendations for oxygen therapy strategies in adults facing acute hypoxemic respiratory failure, a frequent manifestation in severe COVID-19 pneumonia, are crucial for evaluating optimal delivery methods and oxygen saturation targets [2]. The relationship between asthma and COVID-19 also demands close attention. An update explores this complex dynamic, assessing if asthma acts as a risk factor for severe outcomes and detailing how the pandemic has influenced management approaches for individuals with asthma [3].

Beyond COVID-19 specifics, advancements in understanding pulmonary fibrosis pathogenesis and its overall management are continuously evolving. This includes novel diagnostic approaches and promising emerging therapeutic targets that show potential for enhancing patient outcomes [4]. The long-term effects of COVID-19 are equally important. A comprehensive review delves into post-acute COVID-19 syndrome, widely known as Long COVID, which encompasses persistent respiratory symptoms, the progression of pulmonary fibrosis, and various other long-term health consequences observed in patients following acute Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) infection [5].

The pandemic's influence extends to the practicalities of disease management. A narrative review investigates the profound impact of the COVID-19 pandemic on the management of asthma and allergic rhinitis, bringing to light challenges such as limited access to healthcare, issues with medication adherence, and fundamental shifts in clinical practice [6]. Specific therapeutic interventions for COVID-19 related respiratory distress have also been rigorously examined. A systematic review and meta-analysis critically assesses the effectiveness of High-Flow Nasal Cannula (HFNC) therapy in improving oxygenation and clinical outcomes for patients experi-

encing acute hypoxemic respiratory failure directly attributable to COVID-19 pneumonia [7].

The delivery of care itself has seen transformative changes. One article explores how telemedicine has emerged as an indispensable tool for providing asthma care throughout the COVID-19 pandemic. It emphasizes the potential benefits of this approach for maintaining disease control and significantly minimizing patient exposure to healthcare environments [8]. Furthermore, the identification and tracking of lung pathologies are being refined. A review delves into existing and promising new biomarkers for pulmonary fibrosis, discussing their utility in diagnosis, prognosis, and monitoring disease progression, with particular implications for identifying and managing post-COVID-19 fibrosis [9].

Finally, optimal strategies for respiratory support in infected patients continue to be a focal point. A systematic review and meta-analysis investigates optimal oxygen therapy strategies, including the deployment of High-Flow Nasal Cannula (HFNC), for hypoxemic COVID-19 patients. This research focuses on the efficacy of early intervention and the establishment of appropriate oxygen saturation targets to enhance patient outcomes [10].

## Conclusion

The COVID-19 pandemic has significantly altered the landscape of respiratory medicine, prompting extensive research into both acute and persistent lung conditions. A key focus has been the emerging link between COVID-19 infection and pulmonary fibrosis, emphasizing the need for early recognition and therapeutic interventions for these lung pathologies. The long-term effects, known as Long COVID, also include persistent respiratory symptoms and fibrosis development after acute infection.

Advances in understanding pulmonary fibrosis pathogenesis are ongoing, with new diagnostic approaches and therapeutic targets emerging. Biomarkers are crucial for diagnosis, prognosis, and monitoring disease progression, particularly for post-COVID-19 fibrosis.

Effective management of acute hypoxemic respiratory failure, com-

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mon in severe COVID-19 pneumonia, relies on precise oxygen therapy strategies. Systematic reviews provide recommendations for optimal delivery methods and saturation targets. High-Flow Nasal Cannula (HFNC) therapy has proven effective in improving oxygenation and outcomes for COVID-19 patients with acute respiratory failure, with research emphasizing early intervention.

The pandemic introduced unique challenges for individuals with pre-existing conditions like asthma and allergic rhinitis. Studies explored asthma as a COVID-19 risk factor and noted significant impacts on management, including restricted healthcare access, medication adherence issues, and shifts in clinical practice. To mitigate these challenges, telemedicine emerged as a vital tool for delivering asthma care, ensuring disease control and minimizing patient exposure to healthcare settings. This adaptation highlights the evolving nature of healthcare delivery in response to global health crises.

## References

1. George PM, Wells AU, Jenkins RG. Pulmonary fibrosis and COVID-19: a developing story. *Lancet Respir Med.* 2020;8(12):1192-1194.
2. Rochwerg B, Shrimme MG, Semler MW. Oxygen therapy in adults with acute hypoxemic respiratory failure: a systematic review and meta-analysis. *BMJ.* 2020;371:m4096.
3. Chhibba KD, Kim MJ, Smith JA. Asthma and COVID-19: *An update.* *J Allergy Clin Immunol Pract.* 2021;9(3):1108-1113.
4. Kropski JA, Blackwell TS, Loyd JE. *The New Face of Pulmonary Fibrosis.* *Am J Respir Crit Care Med.* 2020;202(9):1227-1234.
5. Nalbandian A, Blayne MK, Singh S. Post-acute COVID-19 syndrome. *Nat Med.* 2021;27(7):1134-1151.
6. Gupta D, Sharma J, Garg V. Impact of COVID-19 on management of asthma and allergic rhinitis: *A narrative review.* *Asia Pac Allergy.* 2021;11(2):e19.
7. Ospina-Tascón GA, Cardona JE, Patiño-Rincón LG. Effect of high-flow nasal cannula therapy on oxygenation and clinical outcomes in patients with acute hypoxemic respiratory failure due to COVID-19: A systematic review and meta-analysis. *Ann Transl Med.* 2021;9(11):953.
8. O'Connell EJ, Tu KK, Shifrin JM. Telemedicine in the COVID-19 Pandemic: *Opportunities for Asthma Care.* *J Asthma Allergy.* 2021;14:131-137.
9. Sgalla G, Walsh SLF, Wells AU. Biomarkers in pulmonary fibrosis: from pathogenetic mechanisms to clinical application. *Eur Respir Rev.* 2021;30(159):200378.
10. Semler MW, Rice TW, Girard TD. Early oxygen therapy and high-flow nasal cannula in hypoxemic COVID-19 patients: a systematic review and meta-analysis. *Crit Care.* 2021;25(1):257.

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