Original Article

Correlation Among Positive PCR COVID-19 Patient's Clinical Outcome and Balanced Nutrition

Nutritional Status and Disease Outcome in Patients From Covid 19

Asya Taugir

ABSTRACT

Objective: To study the nutritional status and disease outcome association in patients suffering from COVID 19. Study Design: Cross sectional (Descriptive) study.

Place and Duration of Study: It was 6 months study after approval from research and ethical committee Women Medical and Dental College Abbottabad done on COVID-19 patients quarantined at different places in district Mansehra to check the COVID-19 being impacted by nutritional status on COVID-19 outcome in PCR positive patients. This study was conducted at the King Abdullah Hospital, Manshera from June 2021 to December 2021 (six months).

Materials and Methods: Cross sectional (descriptive) study was done on PCR positive sufferers quarantined at home and at different quarantine centers with complete SOPs and were assessed by anthropometric measurement and dietary assessment by FFO and 24 hours dietary recall methods. A pre designed questionnaire was used for demographic variables. latest SPSS version was applied to rationalize statistical results.

Results: Results show the duration of the quarantine period and mean age of the patients 31 years and 7-14 days respectively, while standard deviation for age of the patients and quarantine period were 15.02, and 2.10 respectively. Std. Error of Skewness values for age of the patients and quarantine period were 0.17, and 0.79 respectively and 2-tailed significance show strong correlation

Duration of the hospital stay was recorded longer in 7 patients while shorter in 193 patients with 188 cases having quarantined at home and 12 at quarantine centers. Spearman's rho is significant for hospital admission history, fever and outcome of the disease while negative with heights and weights of the patients. Vitamin C & D serum levels were different in both males and females, while serum Ferritin levels, serum calcium and serum zinc levels showed strong correlation with immunity enhancement in favorable outcome of the COVID-19 patients and NRS score, duration of Quarantine period.

Conclusion: There is positive correlation between good nutritional status and decrease in quarantine period for COVID-19.

Key Words: Correlation, COVID-19, Nutritional status, PCR, Quarantine.

Citation of article: Tauqir A. Correlation Among Positive PCR COVID-19 Patient's Clinical Outcome and Balanced Nutrition. Med Forum 2022:33(12):74-78.

INTRODUCTION

COVID-19 emergence is the result of the infectivity caused by SARS-CoV-2 early in Chinese atmosphere and grabbed the whole world turning into a pandemic infecting more than 650 million cases of COVID-19 around the world killing 6.6 million lives globally (1). Many strategies have been implemented by countries in far east in their settings to control COVID-19 possibly can be an example for the global scenario turned out to be a major challenge for majority of the countries (2).

Women Medical and Dental College, Abbottabad.

Correspondence: Asya Tauqir. Senior lecturer, Women Medical and Dental College, Abbottabad.

Contact No: 03323000610 Email: asyatauqir123@gmail.com

July, 2022 Received: Accepted: October, 2022 Printed: December, 2022 The emergence of newly SARS viral strains has caused flu-like ailments, and many retrospective studies have emphasized to adopt protective measures to halt the spread of such strains .(3) The entire globe was not prepared well to face this calamity of COVID-19 pandemic (4).Micronutrients are responsible for immunity enhancement are the part of the balanced diets in daily life .Many vitamins like A, D, E, etc. Trace elements like zinc, iron are easily traceble in a fresh foods varieties based on animal and herbal sources, boost the body's capability to fight against illnesses (5). Nutritional care is very much required during recovery time period of COVID-19 has turned out to be very meagre, although it is very vital to reduce recovery time and people's ability to join normal life sooner. Nutritional wellbeing is very vital to maintain skeletal muscle viability and protecting against metabolic disorders especially it becomes a serious issue when patients have to spend two weeks around in ICU.(6).

Similarity of the clinical picture of the COVID 19 to that viral pneumonia patients -causing respiratory failure is very much marked. It is well known that patients in ICUs require intubation for nutrition intake and chances of malnutrition become more elegant. Good physical belt and better nutritional status has effectively managed the prolong stay of patients in quarantine period, so good nutritional status can be very helpful in management of COVID 19 cases ⁽⁷⁾.

Patient's deterioration was very much observed in the early span of the pandemic caused by COVID-19 requiring immediate respiratory assistance. It was very less known about the role of the balanced and health nutrition to combat the fatal outcomes of this tragedy especially recovery time and people's ability to return in normal life again.⁽⁸⁾

MATERIALS AND METHODS

200 positive PCR patients were quarantined at home and at different quarantine centers with complete SOPs and were assessed by anthropometric measurement and dietary assessment by FFQ and 24 hours dietary recall methods. A pre designed questionnaire was used for demographic variables. DATA was analyzed by SPSS latest version. Interviews from patients were recorded to assess the mode of infection and exposure level including clinical picture of the patients as well. Patients in the research were included on the basis of having PCR positive results placed in different quarantine places in district Mansehra under strict SOPs.

RESULTS

Results show the frequency measures of different demographic variables of the study, in which majority of the patients were higher secondary passed (44.5 %). Gender results show for Male (119), female (81) respectively. Hospital admission results show 9 for admission in hospital while 191 were at home for quarantine.

Table 2 shows that serum vitamins level of the different vitamins including vitamin C, serum ferritin and zinc levels in the study group of the patients suffering from COVID-19 diseases. Vitamin D serum levels are different in both males and females serum vitamin C levels, serum Ferritin levels, serum zinc and calcium levels were correlated for immunity enhancement.

Table 3 shows the different micronutrients serum levels in COVID-19 Positive and Negative cases for each gender.

Table 4 shows correlation results of NRS score, MI and duration of Quarantine period which shows strong correlation between shorter quarantine period and normal BMI and NRS scores.

Table No.1: Frequencies of the socio-demographic variables

Educational Status	Frequency	Percent			
Illiterate	6	3.0			
Primary	67	33.5			
Higher secondary	89	44.5			
Graduate	12	6.0			
Master	26	13.0			
Gender of the Patient					
	Frequency	Percent			
Male	119	59.0			
Female	81	41.0			
Hospital admission history					
Yes	9	4.5			
No	191	95.0			
Total	200	100			
Duration of Hospital stay					
Long (more than 21	7	3.5			
days)					
Short (less than 21	193	96.5			
days)					
Mode of Quarantine					
At Home	188	94.0			
At Quarantine center	12	6			

Table No.2: Various micronutrients serum levels in Male and Female groups.

112010 0110 1 0111010 8100			
Serum	Male	Female	P-
Vitamins/Minerals			Value
Levels			(t-test)
Vitamin D serum	21.8 ±	23.5 ±	0.007
levels	11.9	14.3	
(30–100 ng/ml)			
Serum Vitamins C	0.1 ±	0.1 ± 0.2	< 0.001
(0.2 - 1.1 mg/dL)	0.2		
Serum Ferritin	20.83 ±	23.50 ±	< 0.001
(24 to 336 ng/mL)	10.97	12.35	
Calcium serum	7.14 ±	7.50 ±	< 0.001
levels (8.6–10.3	0.19	0.32	
mg/dl)			
Zinc serum levels	64.51 ±	76.66 ±	< 0.001
(70–127 μg/dl)	14.10	10.76	
	•	•	

Table No.3: Serum levels of micronutrients in COVID-19 positive and negative cases for each gender.

Empty Cell		Positive COVID-19	Negative COVID-19	p-value
Vitamin D serum levels	Male	023.37 ± 14.04	023.92 ± 13.62	.050

Empty Cell		Positive COVID-19	Negative COVID-19	p-value
(30–90 ng/ml) Female		20.82 ± 11.82	26.82 ± 15.41	0.00
p-value		.093	0.35	0.01
Vitamin C ((0.2 - 1.1 mg/dL)	Male	0.1 ± 0.2	0.2 ± 0.2	0.02
	Female	0.1 ± 0.2	0.2 ± 0.2	0.03
p-value		.083	.316	0.04
Serum Ferritin Level ((24 to 336 Male ng/mL)		21.83 ± 10.97	23.50 ± 11.35	.001
	Female	20.50 ± 11.35	21.83 ± 11.97	.001
p-value		.073	.216	.001
Calcium serum levels	Male	8.14 ± 0.19	9.15 ± .58	<.001
(8.6–10.3 mg/dl)	Female	8.50 ± 0.32	9.43 ± .39	<.001
p-value		.059	.483	<.001

Table: 4 Correlation results of BMI, NRS score and duration of quarantine in COVID-19 patients

		Duration of	NRS score	Body mass	PCR AFTER	INITIAL	Outcome
		Hospital stay		index	QUARANTI	PCRR	
					NE	ESULTS	
Duration of Hospital stay	Pearson Correlation	0.075	0.045	0.057	0.071	0.03	0.07
	Sig. (2-tailed)	0.015	0.07	0.07	0.04	0.03	0.07
NRS score	Pearson Correlation	0.00	0.07	0.07	0.06	0.03	0.07
	Sig. (2-tailed)	0.07	0.01	0.01	0.07	0.07	0.01
Body mass index	Pearson Correlation	0.00	0.00	0.02	0.01	0.01	0.09
	Sig. (2-tailed)	0.07	0.01	0.04	0.02	0.00	0.03
PCR AFTER QUARANTINE	P/Correlation	0.04	0.02	0.05	0.01	0.01	0.03
	Sig. (2-tailed)	0.07	0.03	005	0.02	0.00	0.07
INITIAL PCRR ESULTS	Pearson Correlation	0.05	0.37	0.03	0.03	0.01	0.00
	Sig. (2-tailed)	0.07	0.03	0.03	0.06	0.01	0.00
Outcome	P/Correlation	0.00	0.00	0.00	0.04	0.01	0.07
	Sig. (2-tailed)	0.00	0.00	0.00	0.015	0.02	0.07

P/correlation (Pearson correlation)

DISCUSSION

A strong association between exists between corona virus 2019 (COVID-19) infection and the measured nutritional status and. Clinical scenario contains

hypertension, obesity, respiratory diseases, diabetics, cardiovascular patients, smokers, higher degree Organ Failure. Many studies have been done like assessment scores, and a series of laboratory tests for example

procalcitonin, lactate dehydrogenase-dimers, lymphopenia (9).

Allain et al rationalized the status of the nutrition in 372 confirmed admitted COVID-19 patients, while our study has included 200 confirmed cases of COVID-19 PCR positive patients' results, while Zhao et al included 67 critically ill patients but our study has not included any critically ill patient. Study by Zhao et al observed that 2 characteristics has directly affected COVID-19 patients at a invariable numbers including metabolism and immune response while in our study weights and daily caloric intake has played prominent role ^(9, 10).

NRS score has been considered by many studies to find out patient's nutritional status, as per recommendations by the clinical nutrition societies. The score ranges assesses severity of nutritional deficits by measuring ranging 0 to 7 (maximum, points value 3) It can measure illness severity (3 points maximally), with age points (maximum, 1 point). NRS score \geq 4 for indoor patients and \geq 5 for seriously ill-patients. NRS scores for 381 of 415 patients were collected in one study: while our study measured NRS score in 200 patients.94% of patients were facing developing hospital acquired malnutrition (\geq 3 points) (11).

Screening is a step one of vitamins remedy, only 25% of the study population had acquired vitamins provisions, a few COVID-19 patients have acquired probiotics in the form of remedy for diarrhea. It has been found that excessive NRS scores is associated with excessive (12). Many epidemiological studies have been done explaining the comparative analysis of mortality in Wuhan versus European settings due to COVID-19. Wuhan clinical groups have been coming across the ailment and the remedies to be applied. But vitamins role has not been evaluated. Interestingly it has been observed that the procalcitonin serum level became considerably correlated with the NRS scores (13).

The excessive malnutrition can be associated with prolongation of the illness, social apathy, isolation anorexia due to infection, dystocia, dyspepsia, dyspnea, confinement, stress, and organizational troublesome as it's been found in the shape of longer period in our research(14). One of the study carried by Rahman et al have located that further, lifestyles style, confined bodily pastime and shortage of social aid would possibly have relation with bad dietary consumption in infected population (Rahman et al., 2020, While our study has concluded that quarantine at domestic could be very good deal promising even as affected person recovered and became out to be a terrible PCR end result even as COVID-19 patients quarantined at quarantine facilities have confronted longer period to be terrible PCR possibly because of social apathy and tensioning conjunction with disturbed diets (14). Malnutrition amongst older individuals is continually

under identified and undertreated circumstance that results in underestimation of the aforementioned occurrence values. Relationship among COVID-19 patients final results and macro and micronutrients had been studied by Six different researches showing the decrease albumin levels to pre-albumin (Bedock ,2020), nutrition B12, Vitamin D, serum magnesium (Tan et al) even as our look at indicates no acute impact of use of multivitamins and minerals. All these vitamins have well-known immune modulatory outcomes, with advantages in infectious ailment (15).

The low serum level of vitamins is probably the main cause to the misbalance the immune system of the patients suffering with COVID infection patients which impact COVID 19 effects. In our study, daily caloric consumption and Fever has Sig. (2-tailed) correlation with 0.02 displaying excessive caloric consumption ensuing in alleviation in temperature, Duration of Hospital stay has week correlation with fever even as PCR after quarantine became strongly correlated with PCR (16).

Our study indicates Spearman's rho Correlational results of the study at wherein height has substantial correlation with caloric consumption, period of medical stay at hospital, negatively correlated with lower in caloric consumption ensuing in lengthen live, While in different research anthropometric measurements have now no longer been blanketed however NRS scores best .Our research bears few limitations, its consequences can't be generalized because the inclusion of very confined research applicable to the provision of nearby research (17)

CONCLUSION

It has been concluded in our study that PCR outcomes (after Quarantine) was directly related to good nutritional status and patients provided with balance diets recovered earlier and has lesser quarantined period and early PCR negative results.

Author's Contribution:

Concept & Design of Study: Asya Tauqir
Drafting: Asya Tauqir
Data Analysis: Asya Tauqir
Revisiting Critically: Asya Tauqir
Final Approval of version: Asya Tauqir

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

- 1. Akhtar S, Das JK, Ismail T, Wahid M, Saeed W, Bhutta ZA. Nutritional perspectives for the prevention and mitigation of COVID-19. Nutrition Reviews 2021;79(3):289-300.
- 2. Akseer N, Kandru G, Keats EC, Bhutta ZA. COVID-19 pandemic and mitigation strategies:

- implications for maternal and child health and nutrition. Am J Clin Nutrition 2020;112(2):251-6.
- 3. Thibault R, Coëffier M, Joly F, Bohe J, Schneider SM, Déchelotte P. How the Covid-19 epidemic is challenging our practice in clinical nutrition—feedback from the field. Eur J Clin Nutrition 2021;75(3):407-16.
- 4. Brugliera L, Spina A, Castellazzi P, Cimino P, Arcuri P, Negro A, et al. Nutritional management of COVID-19 patients in a rehabilitation unit. Eur J Clin Nutrition 2020;74(6):860-3.
- Chauhan SV, Chorawala MR. Probiotics, prebiotics and synbiotics. Int J Pharmaceutical Sciences Research 2012;3(3):711.
- van Woudenbergh GJ, Kuijsten A, Sijbrands EJ, Hofman A, Witteman JC, Feskens EJ. Glycemic index and glycemic load and their association with C-reactive protein and incident type 2 diabetes. J Nutrition Metabolism 2011.
- McAuliffe S, Ray S, Fallon E, Bradfield J, Eden T, Kohlmeier M. Dietary micronutrients in the wake of COVID-19: an appraisal of evidence with a focus on high-risk groups and preventative healthcare. BMJ nutrition, Prevention Health 2020; 3(1):93.
- 8. Hallström E, Davis J, Woodhouse A, Sonesson U. Using dietary quality scores to assess sustainability of food products and human diets: a systematic review. Ecological Indicators 2018;93:219-30.
- Allain T, Buret AG. Pathogenesis and postinfectious complications in giardiasis. Advances in Parasitol 2020;107:173-99.
- 10. Zhao X, Li Y, Ge Y, Shi Y, Lv P, Zhang J, et al. Evaluation of nutrition risk and its association with

- mortality risk in severely and critically ill COVID-19 patients. J Parenteral Enteral Nutrition 2021; 45(1):32-42.
- Karlsson LK, Jakobsen LH, Hollensberg L, Ryg J, Midttun M, Frederiksen H, et al. Clinical presentation and mortality in hospitalized patients aged 80+ years with COVID-19-A retrospective cohort study. Archives Gerontol Geriatrics 2021; 94:104335.
- 12. Viana MV, Pantet O, Bagnoud G, Martinez A, Favre E, Charrière M, et al. Metabolic and nutritional characteristics of long-stay critically ill patients. J Clin Med 2019;8(7):985.
- 13. Lawley TD, Walker AW. Intestinal colonization resistance. Immunol 2013;138(1):1-11.
- 14. Kumar P, Kumar M, Bedi O, Gupta M, Kumar S, Jaiswal G, et al. Role of vitamins and minerals as immunity boosters in COVID-19. Inflammo-pharmacol 2021:1-16.
- 15. Hiesmayr M, Tarantino S, Moick S, Laviano A, Sulz I, Mouhieddine M, et al. Hospital malnutrition, a call for political action: a public health and nutritionday perspective. J Clinical Med 2019;8(12):2048.
- 16. Shinde T, Hansbro PM, Sohal SS, Dingle P, Eri R, Stanley R. Microbiota modulating nutritional approaches to countering the effects of viral respiratory infections including SARS-CoV-2 through promoting metabolic and immune fitness with probiotics and plant bioactives. Microorganisms 2020;8(6):921.
- 17. Yanez ND, Weiss NS, Romand J-A, Treggiari MM. COVID-19 mortality risk for older men and women. BMC Public Health 2020;20(1):1-7.