Management of New Onset Anosmia in the COVID Pandemic: BRS Consensus Guidelines

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Isolated loss of smell (LOS)

A) Patients with COVID infection

1. LOS less than three months:
   a. The patient may be managed by their GP.
   b. Anosmia advice and recommended treatment is provided.
2. LOS more than three months:
   a. ENT referral.
   b. Remote ENT consultation should be offered initially instead of a face-to-face consultation.

B) Patients with no COVID infection

1. LOS more than 4-6 weeks:
   a. ENT referral.
   b. Remote ENT consultation may offered instead of a face-to-face consultation.
2. LOS more than 3 months:
   a. ENT referral.
   b. A face-to-face ENT consultation should be considered to exclude other pathologies.

C) Patients with unknown COVID status

If the COVID status is unknown, serology should be performed for all patients with new onset smell loss.
If results unavailable, treat the patient as COVID negative.

Loss of smell (LOS) associated with nasal symptoms

All patients with LOS more than 4-6 weeks associated with nasal symptoms should be referred to ENT for consideration of a face-to-face consultation +/- nasendoscopy to exclude other pathologies.

Endoscopy findings should direct decisions regarding further imaging if possible.
Investigations

COVID status should be established through history/PCR/serology in patients if possible.

Isolated loss of smell (LOS)
A) Patients with COVID infection (regardless of LOS duration):
   An MRI scan of brain is not recommended.

B) Patients with no COVID infection (LOS more than 3 months):
   An MRI scan of brain is recommended if endoscopy is normal.

C) Patients with unknown COVID status (LOS more than 3 months):
   An MRI scan of brain is recommended if endoscopy is normal.

Loss of smell (LOS) associated with nasal symptoms (regardless of COVID status)
Nasal endoscopy should be performed prior to imaging. However, given the risks surrounding endoscopy and limited availability, imaging may be requested first in selected cases.

If endoscopy is normal, further imaging is recommended (either MRI or CT).

Unilateral lesions or suspicion of malignancy on endoscopy needs urgent investigation with MRI/CT.

Benign findings (e.g. nasal polyps) should be treated medically before considering imaging.

Loss of smell (LOS) associated with neurological symptoms (including persistent gustatory dysfunction)
All patients with LOS more than 6 weeks with additional neurological symptoms should have an MRI scan of brain regardless of COVID-19 status.

Management

COVID status should be established through history/PCR/serology in patients if possible.

The recommendation is divided into:
1) Recommended, 2) Not Recommended, and 3) Optional*.
Olfactory training and support
Olfactory training is recommended to patients with LOS more than 2 weeks. It is recommended that anosmia advice is provided to the patients. It is recommended that patients are directed to AbScent and Fifth Sense for further support.

Intranasal corticosteroid sprays
It is recommended in patients with LOS more than 2 weeks associated with nasal symptoms.

Intranasal corticosteroid drops or rinses
It is optional to recommend intranasal steroid drops or rinses in patients with LOS more than 2 weeks associated with nasal symptoms.

Oral corticosteroids
It is not recommended to prescribe oral corticosteroids for a patient with LOS more than 2 weeks with persistent COVID symptoms.

It is optional to recommend oral corticosteroids for a patient with LOS more than 2 weeks as an isolated symptom or following resolution of any other COVID symptoms.

Vitamin A Drops
Due to disagreement within the group, it was not possible to make a recommendation regarding the use of Vitamin A drops.

Alpha Lipoic Acid
It is not recommended for a patient with LOS more than 2 weeks as an isolated symptom or following resolution of any other COVID symptoms.

Omega 3 supplements
It is optional for a patient with LOS more than 2 weeks as an isolated symptom or following resolution of any other COVID symptoms.

*Denotes items where consensus was achieved at 60% and not the 70% threshold, highlighting ongoing uncertainty regarding usage. We therefore suggest that decisions regarding usage should be made at an individual patient level, considering the risks in view of comorbidities and individual patient preferences.
Management of patients with new onset anosmia during the COVID Pandemic

For all patients:

COVID-19 should be excluded through history, PTT/antigen in all patients if possible.

Advisory: check should begin in patients if possible, and they should be started in small clinics if possible. SARS for further support.

Corticosteroids are recommended for patients with loss of sense at 1–2 weeks.

For all patients:

Check for additional neurological symptoms

- Check for associated nasal symptoms (rhinorrhea/congestion)

- Check for duration of symptoms >4 weeks

+ Check COVID-19 status

OCT is optional if no symptoms of COVID-19 or after full resolution of symptoms. Omega 3 supplements are optional if no symptoms of COVID-19 or after full resolution of symptoms.

Ref for ENT assessment if symptoms persist for more than 3 months. Endoscopy consultation should be considered if persistent anosmia in adult. If endoscopy in patient is a COVID-19 negative test or if COVID-19 is not suspected.

- If anosmia is confirmed, proper imaging for head and neck structures is required.

- If anosmia is not confirmed, further investigations may be required depending on the clinical presentation.