



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

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RECOMMENDATIONS

ENT referral

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 Status should be established through history / PCR / serology in all patients if possible
 Advice sheet should be given to patients if possible, and they should be directed to AbScent and Fifth Sense for further support.
 Olfactory training is **RECOMMENDED** for patients with loss of sense of smell >2 weeks

