RAFAEL
PLATEFORME
POST-COVID

Summary of clinical trials for post-COVID

Version for healthcare professionals
English

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Recruiting/active drug trials

Title, status, study, conditions, interventions	inclusion criteria	exclusion criteria	Primary outcomes	Locations
Fatigue, neurology, cognition				
Temelimab as a Disease Modifying Therapy in Patients With Neuropsychiatric Symptoms in Post-COVID 19 or PASC Syndrome www.clinicaltrials.gov/ct2/show/NCT05497089	Post-COVID-19 or PASC Syndrome in accordance with NICE criteria with symptoms still occurring >12 to 96 weeks post diagnostic RT-PCR date. PROMIS Fatigue SF 7a total raw score ≥21 with onset of fatigue post coronavirus disease 2019 (COVID-19) infection. Patients affected with at least one of the following measures of objective impairment of cognitive function or of quality of life as defined by: i. Token Motor Test ≥1 z-score below the age/sex-adjusted mean ii. EQ5D-5L: Presence of at least 1 score ≥3 in any of the 5 variables of EQ5D-5L questionnaire (mobility; self-care; usual activities; pain/discomfort; anxiety/depression) iii. PQD-20 ≥27. HERV-W ENV positive as defined by automated capillary western system, specific signal level over background noise (S/N) >1.	Intubation and mechanical ventilation in the course of COVID-19 or reception of convalescent COVID-19 plasma treatment at any time prior to study entry. Major psychiatric conditions, these do not refer to patients with typical mild to moderate symptoms of depression and anxiety associated with PASC. Neurological signs and symptoms including change in level of consciousness, seizures, movement disorders or focal neurological deficits, disorders of the central nervous system with tissue damage or a pre-COVID-19 diagnosis of Chronic Fatigue Syndrome documented in the patient history or diagnosed during the neurological examination. Current immunosuppressive medication (e.g., azathioprine, tacrolimus, cyclosporine, methotrexate, hydroxychloroquine, cytotoxic chemotherapy, or neutralizing antibodies against SARS-CoV-2 epitopes) or therapy with HIV protease inhibitors.	Composite endpoint: improvement in cognitive impairment or fatigue in PASC patients [Time Frame: 24 weeks] Occurrence of an improvement in cognitive impairment, measured by an increase of ≥0.5 z-scores in the Token Motor Test, or in fatigue, measured by a decrease of ≥3 points in the Patient-Reported Outcomes Measurement Information System Fatigue Short Form 7a (PROMIS Fatigue SF 7a) score, at Week 24 as compared to baseline.	Geneva, Bern, Basel, Chur, Sion, Switzerland
Vortioxetine for Post-COVID-19 Condition, Randomized, Double-Blinded, Placebo-Controlled trial, phase II, 200 participants, Drug: Vortioxetine www.clinicaltrials.gov/ct2/show/NCT05047952	Age 18+ Meets WHO-defined post-COVID-19 condition.To ensure the above criteria is met, participants will only be included in the study if they meet all eligibility criteria more than 12 weeks from the onset of their acute Covid-19 symptoms or positive PCR/antigen test. Documented history of SARS-CoV-2 infection (positive PCR/antigen test	Current symptoms are fully explained by major depressive disorder or bipolar disorder. Pre-existing conditions that may cause cognitive impairment, or symptoms similar to those seen in post-COVID-19 condition (e.g., major neurocognitive disorder, schizophrenia, chronic fatigue syndrome [CFS]/ encephalitis meningitis [EM]), as assessed by Mini International	Digit Symbol Substitution Test (DSST) [Time Frame: Weeks 0-8].	Ontario, Canada

	during acute illness OR clinical diagnosis by physician during or after the acute illness). Subjective cognitive complaints as detected by the Perceived Deficits Questionnaire (PDQ)-5. Ability to provide written informed consent. Resident of Canada.	Neuropsychiatric Interview (MINI) 7.0.2. Inability to follow study procedures. Known intolerance to vortioxetine and/or prior trial of vortioxetine with demonstrated inefficacy.		
Influence of Fampridine on Working Memory in Individuals With Post COVID-19 Condition With Subjective Cognitive Impairment, Randomized Placebo-controlled Phase II Cross-over Study, 44 participants, Drug: Fampridine SR www.clinicaltrials.gov/ct2/show/NCT05274477	Male or female A valid positive PCR test or a documented certified rapid antigen test or a virus-specific antibody (nucleocapsid) test for COVID-19 issued at least 3 months prior to study. Above medium subjective working memory impairment (at least "much worse" in item 1a part 2 (cognitive abilities) of the Covid-Q screening questionnaire. Present at least 3 months after COVID-19 infection and lasting for at least 2 months. (The impairment must have emerged after COVID-19 infection and cannot be explained by an alternative diagnosis).	Medical treatment of long-Covid-symptoms besides nonsteroidal noninflammatory drugs. Contraindications to the class of drugs under study, e.g. known hypersensitivity or allergy to 4-aminopyridine. Use of potassium channel blockers within the last 3 months. Concomitant treatment with OCT 2 inhibitors and -substrates (e.g. cimetidine, propranolol). Intake of psychoactive drugs (e.g. benzodiazepines, antidepressants, neuroleptics). Intake of oral and inhalational antihistaminics and/or steroids acute or chronic conditions.	Digits Span backward performance [Time Frame: first and last day of 3.5-days-treatment periods (each 4 hours after intake in the morning); to assess changes between the verum and placebo condition].	Basel, Switzerland
Pilot Study Into LDN and NAD+ for Treatment of Patients With Post-COVID-19 Syndrome, phase II, single group assignment trial, 60 participants, Drug: Naltrexone|Dietary Supplement: NAD+ www.clinicaltrials.gov/ct2/show/NCT04604704	Any ethnicity. Adequate cognitive function to be able to give informed consent Technologically competent to complete web forms and perform video calls with the PI. Positive PCR test (polymerase chain reaction) result for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) 1-4 months before	Clinically significant kidney, heart, Hepatic impairment as determined by clinical judgement. Taking opioid analgesics, or undergoing treatment for opioid addiction. Opioid dependence or withdrawal syndrome. Known sensitivity to naltrexone.	Reduction of fatigue in post-COVID-19 syndrome by treatment with LDN and NAD+ [Time Frame: 12 weeks].	Michigan, United States

	enrollment. A fatigue score above 9 in the Chalder Fatigue scale upon enrollment. Willing to fill out regular questionnaires. Willing to use LDN and NAD patches.	Suspected or confirmed pregnancy or breastfeeding. Known issues with using iontophoresis patches. Active cancers. Enrolled in another trial. Current users of LDN or NAD+.		
Study to Evaluate the Benefit of RUCONEST in Improving Neurological Symptoms in Post COVID-19 Infection, Randomized, Double Blind, Placebo Controlled, Cross-Over, Proof-of-Concept Study, 40 participants, Drug: Ruconest www.clinicaltrials.gov/ct2/show/NCT04705831	Age 18 and older, male or female. Previous confirmed diagnosis of SARS-CoV-2. Experiencing SARS-CoV-2 post-viral fatigue syndrome 4 weeks after recovery for SARS-CoV-2. Experiencing neurological symptoms including fatigue.	Receiving any form of C1-INH therapy either acute or prophylactic treatment. History or suspicion of allergy to rabbits. Neurological conditions related to injury. Neuropathy related to diabetes.	Neuropsychological Measures. Migraine Disability Assessment. SF McGill Pain Questionnaire. Gastrointestinal Symptoms Rating Scale (GSRS). Patient-Rate Questionnaires (SF-36). Neurological Exam. Toll Like Receptor Function Assay. Immunological Biomarkers	Colorado, United States
Randomized Double-Blind Phase 2 Study of Allogeneic HB-adMSCs for the Treatment of Chronic Post-COVID-19 Syndrome,Randomized placebo controlled, Double-blinded, Single-center, Phase 2, 80 participants, Biological: HB-adMSCs (allogeneic) www.clinicaltrials.gov/ct2/show/NCT05126563	Male and female participants 18 - 70 years of age. Participants in the study have proof of Post COVID-19 Syndrome in their medical records. Study participants must have been diagnosed with Chronic post-COVID-19 syndrome for at least twelve weeks before enrollment in the clinical trial. The study participant is experiencing one or more neurological symptoms for at least 12 weeks, either continually or intermittently, with relapses not experienced pre-illness that interferes with regular daily activities. Symptoms	A study participant has currently been diagnosed with active COVID-19 disease, defined as ongoing symptoms related to acute infection (such as fever or chills, cough, shortness of breath, or difficulty breathing, among other symptoms), and evidence of a positive RT-PCR SARS-CoV-2. The study participant has a history of addiction or dependency, or he or she is currently abusing or using substances. Study participant has any active malignancy, including but not limited to evidence of cutaneous basal, squamous cell carcinoma, or melanoma. The study participant has one or more significant concurrent medical conditions (verified by medical records).	Changes in Visual Analog Scale of Neurological Symptoms. - Extreme fatigue, Brain fog, Headache, Sleep disturbances, Loss of taste, Loss of smell [Time Frame: Baseline to Weeks 26]. Incidence of treatment-emergent Adverse Event (TEAEs). [Time Frame: Baseline to Weeks 26]. Incidence of treatment-emergent Serious Adverse Events (SAEs). [Time Frame: Baseline to Weeks 26]. AEs of special interest (serious or non-serious) - thromboembolic	Texas, United States

	must be new symptoms or dramatic worsening of preexisting symptoms, i.e., the subject didn't have symptoms and had not sought medical treatment for the symptoms before COVID-19, or the symptoms are dramatically worse (in severity and frequency). At least one symptom must have a severity of "5cm" on the neurological symptom VAS at screening. See the list of symptoms: Extreme fatigue, Brain Fog, Headache, Sleep Issues, Loss of Taste/Smell Study participants should be able to read, understand, and provide written consent.	The study participant has received any stem cell treatment within 12 months before the first dose of the investigational product other than stem cells produced by Hope Biosciences. The study participant has received an experimental drug within 12 months before the first dose of the investigational product. (Except for COVID-19 vaccinations).	events. [Time Frame: Baseline to Weeks 26]. Changes in Laboratory values. - CBC, CMP, Coagulation Panel. [Time Frame: Baseline to Weeks 26]. Changes in Vital Signs. - Respiratory Rate (breaths per minute), Heart Rate (beats per minute), Body Temperature (Fahrenheit), Blood Pressure (mmHg) [Time Frame: Baseline to Weeks 26]. Changes in Weight in lb. [Time Frame: Baseline to Weeks 26]. Changes in Physical examination results. - General [Time Frame: Baseline to Weeks 26]. Changes in Physical examination results. - Body Systems [Time Frame: Baseline to Weeks 26]. Clinically significant changes in Body Systems physical examination results.	
Zofin to Treat COVID-19 Long Haulers, phase I/II randomized, double blinded and placebo (saline) control, 30 participants, Drug: Zofin www.clinicaltrials.gov/ct2/show/NCT05228899	Male or female age > 18 years. COVID-19 survivor with documented SARS-CoV-2 positive (RT-PCR or equivalent tests such as Rapid Antigen Test). Experiencing fatigue > 6 weeks after their positive test result while currently being negative. Subject has not fully recovered from COVID-19 for at least over 6 weeks despite a negative SARS-COV-2 test. Subjects tested positive for anti-SARS-CoV-2 antibodies using FDA EUA approved test.	Tested positive for SARS-CoV-2 infection at the time of screening (acute infection) which will involve a nasal swab sample or another FDA-approved test. Subjects with a BDI ≥ 15 are excluded. Subjects with homicidal or suicidal ideation are excluded. Subjects with a diagnosis of depression upon entry into the study must have had at least 2-months of treatment (psychotherapy, antidepressive medication, or both) prior to enrollment, be stable on their current treatment regimen, and be followed by a medical provider who	Incidence of Severe Adverse Events [Time Frame: 30 days]. To evaluate the safety of Zofin administered intravenously in subjects experiencing prolonged COVID-19 symptoms. To compare the incidence of grade 3 or 4 or serious adverse events (SAEs) in subjects receiving Zofin compared to placebo: Occurrence of SAEs within 30 days related to the therapy. Life-threatening event (e.g., stroke or non-fatal pulmonary embolism), event requiring inpatient hospitalization (e.g., for worsening dyspnea), event resulting in persistent or significant	mutlicenter, United States

	Subject is experiencing the following three symptoms for at least over 6 weeks either continually or intermittently with relapses not experienced pre-illness, that interferes with normal daily activities. Symptoms must be new symptoms i.e., subject didn't have symptoms, and had not sought medical treatment for the symptoms prior to COVID-19: Extreme fatigue - feeling overtired with low energy and a strong desire to sleep but unable to have good sleep. Body aches - muscle soreness or generalized achiness. Joint pain Chalder Fatigue Scale Bimodal Score ≥ 4 at the time of Screening. Fatigue Severity Scale (FSS) ≥ 4 at the time of Screening. Fatigue Assessment Scale Score (FAS) ≥ 10.5 at the time of Screening. Beck Depression Inventory (BDI) score <15 at the time of Screening (score of 15 is an exclusion).	is actively treating and managing their depression throughout the study period. Subjects who had recovered fully from COVID-19 and have a new onset of extreme fatigue, body aches, or joint pain that were due to other etiologies, not COVID-19 are excluded. Subjects with serious co-morbidities are excluded.	disability/incapacity, event resulting in death.	
Phase 2 Study of RSLV-132 in Subjects With Long COVID, Recruiting, Phase 2 Randomized double blind placebo (sodium chloride IV) controlled, 70 participants, Drug: RSLV-132 www.clinicaltrials.gov/ct2/show/NCT04944121	Laboratory-confirmed novel coronavirus (SARS-CoV-2) infection as determined by qualitative Polymerase Chain Reaction (PCR) at least 24 weeks prior to Baseline. PROMIS Fatigue SF 7a raw score of 21 or greater at Screening (confirm onset of fatigue was post-infection). Able to communicate and able to provide valid, written informed consent. Ages 18 to 75 inclusive	Previous admission to ICU for COVID-19-related symptoms. Presence of orthostatic hypotension or tachycardia at Screening. Completion of COVID-19 vaccination less than 4 weeks of Baseline (i.e., 4 weeks after the second dose of a two-dose vaccine or 4 weeks after a single dose vaccine). Use of therapies to treat COVID-19 symptoms such as remdesivir, dexamethasone (or any other	PROMIS Fatigue SF 7a T-score [Time Frame: From Baseline to Day 71].Mean change in Patient-Reported Outcomes Measurement Information System Fatigue Short Form 7a (PROMIS Fatigue 7a) T-score at the end of treatment compared to baseline. The PROMIS Fatigue 7a consists of seven questions measuring symptoms severity at five-point intervals, with higher scores representing a worse outcome.	multicenter, United States

		corticosteroid), or convalescent plasma within 14 days of Baseline. Use of concomitant medications that are sedating. Screening lab abnormalities that may cause fatigue such as severe anemia or hypocalcaemia. History of anaphylaxis to a medication, diet, or environmental exposure such as bee sting. Previous diagnosis of chronic fatigue syndrome, fibromyalgia, lupus, Sjogren's syndrome, or postural orthostatic tachycardia syndrome (POTS). Previous diagnosis of sleep apnea.		
Clinical Trial of Niagen to Examine Recovery in People With **Persistent Cognitive and Physical Symptoms** After COVID-19 Illness (Long-COVID), Double-blinded, randomized, parallel group, placebo-controlled, 100 participants, Drug: Niagen wwwclinicaltrials.gov/show/NCT04809974	History of SARS-CoV-2 PCR+ at least 2 months prior to study entry. SARS-CoV-2 negative (PCR) at study entry. Persistent cognitive difficulties (esp. "brain fog") that began around the time of the acute COVID-19. At least two neurological and/or physical symptoms that started with COVID-19 infection and are ongoing at study entry, including fatigue, weakness, headache, loss of smell, tingling/numbness, shortness of breath, loss of appetite, palpitations/tachycardia, hair loss, musculoskeletal and/or chest pain.	Any specific central nervous system disease history (e.g. major clinical stroke, brain tumor, normal pressure hydrocephalus, etc). Clinically significant unstable medical condition that could affect safety or compliance with the study.Was intubated due to COVID-19.Major active or chronic unstable psychiatric illness (e.g. depression, bipolar disorder, obsessive compulsive disorder, schizophrenia) within the previous year. History of alcohol or other substance abuse or dependence within the past two years. Any significant systemic illness or medical condition that could affect safety or compliance with study. Current use of medications with psychoactive properties that may be deleteriously affecting cognition. Any known hypersensitivity to nicotinamide riboside, or its principal metabolite, nicotinamide mononucleotide. Use of other investigational agents or	Examine the effect of Niagen on cognitive functioning as measured by executive functioning and memory composite scores. [Time Frame: Baseline, 12 and 22 weeks .	Massachusetts, United States

		interventions one month prior to entry and for the duration of the trial. If participating in the optional magnetic resonance imaging (MRI) sub-study: Any contraindication to undergo MRI. Pregnant women or women who are planning to become pregnant within 7 months from study entry.		
Brain and Gut Plasticity in Mild TBI or Post-acute COVID Syndrome Following Growth Hormone Therapy, Non randomized parallel assignment with control, phase III, 83 participants, Drug: Somatropin www.clinicaltrials.gov/ct2/show/NCT03554265	Male or female with a history of COVID with diagnosis confirmed by PCR test. Minimum of 6 months since diagnosis of COVID by PCR test. Ages 18 to 70 years. Score of 3 or higher on any question 1-3 of the Brief Fatigue Inventory (BFI) questionnaire.	Current COVID infection. Unable to walk unassisted. Significant heart, liver, kidney, blood or respiratory disease as determined by Principal Investigator. Uncontrolled diabetes mellitus. Any history of a recently (12 months) diagnosed cancer other than a skin cancer (excluding melanoma).	Lean Body Mass as Measured by Dual Energy X-Ra Absorptiometry (DEXA) [Time Frame: baseline and 6 months]. Fat Mass as Measured by Dual Energy X-Ra Absorptiometry (DEXA) [Time Frame: baseline and 6 months].	Texas, United States
Statin TReatment for COVID-19 to Optimise **NeuroloGical recovERy**, Randomized controlled phase III trial, 400 participants, Drug: Atorvastatin www.clinicaltrials.gov/ct2/show/NCT04904536	Age ≥18 years, History of COVID-19 that is confirmed by a positive polymerase-chain-reaction (PCR) test. Any ongoing neurological symptoms as a result of COVID-19 (e.g. problems with memory, concentration, sleep disturbance and fatigue) that are identified through administration of the checklist of symptoms on the Somatic and Psychological Health Report (SPHERE) questionnaire, or reported loss of smell (anosmia)	Evidence of dementia and/or significant cognitive impairment on screening (i.e. Blind Montreal Cognitive Assessment [MoCA] score <19/22). Severe co-morbid medical or psychiatric condition that prevents participation. History of traumatic brain injury with loss of consciousness (>30 mins) within the last 2 years. Ongoing long-term use for a clear indication (e.g. secondary cardiovascular prevention in high-risk individuals) or any contraindication (e.g. previous adverse reaction) of statin use.	Neurological Recovery [Time Frame: 18 months].Processing speed, assessed on the oral Symbol Digit Modalities Test (SDMT).	New South Wales, Australia

Cardio-pulmonary				
Evaluation of the Effect of Long-term Lipid-lowering Therapy in STEMI Patients With Coronavirus Infection COVID-19, Non-Randomized sequential assignment trial, 200 participants, Drug: Atorvastatin 80mg|Drug: Atorvastatin-Ezetimibe www.clinicaltrials.gov/ct2/show/NCT04900155	Patients of both genders aged 30 to 70 years. The presence of one of the options for a combination of confirmed myocardial infarction and new coronavirus infection: Myocardial infarction that developed within 30 days from the onset of COVID-19 - in case of mild to moderate course or within 60 days - in case of severe course. Development of a confirmed case of COVID-19 within 30 days from the myocardial infarction onset. Duration of subsequent hospitalization after inclusion in the study - at least 5 days	Hemodynamically significant stenosis of the left coronary artery> 30%. Recurrent or repeated STEMI or NSTEMI. Exogenous hypertriglyceridemia (type 1 hyperchylomicronemia - TC / TG <0.15). Acute heart failure III-IV. Individual intolerance to statins, ezetimibe, alirocumab. Congenital and acquired heart defects.	Lipid profile assessment [Time Frame: up to 96 weeks]. Assessment of ventricular rhythm disturbances [Time Frame: up to 96 weeks]. Electrical instability and autonomic regulation of heart rate [Time Frame: up to 96 weeks]. Left ventricular systolic function [Time Frame: up to 96 weeks] Left ventricular myocardial deformation (strain, strain rate) [Time Frame: up to 96 weeks]. Number of Participants with major cardiovascular events [Time Frame: up to 96 weeks].	Penza, Russian Federation
Assessing the Efficacy of **Sirolimus in Patients With COVID-19 Pneumonia** for Prevention of Post-COVID Fibrosis, Randomized phase II and phase III trial, 60 participants, Drug: Sirolimus www.clinicaltrials.gov/ct2/show/NCT04948203	Adults ≥ 18 years of age. Approval from the patient's primary inpatient service. Hospitalized. Diagnosed with COVID-19 pneumonia. Positive test for active SARS-CoV-2 infection. Requiring supplemental oxygen ≥ 5LNC or ≥ 40% FiO2. Chest computed tomography (CT) at admission with < 10% pulmonary fibrosis.	Known diagnosis of previous pulmonary fibrosis or an interstitial lung disease. Clinical features or known diagnosis of malignancy or active non-COVID-19 infection, including untreated latent tuberculosis. History of unstable or deteriorating cardiac disease (including myocardial infarction, coronary artery bypass surgery or angioplasty within the past 6 months, congestive heart failure requiring hospitalization within the past 6 months, or uncontrolled arrhythmia. Known history of hypersensitivity to sirolimus. History of unstable or deteriorating neurologic disease (including TIAs or stroke).	Prevalence of Pulmonary Fibrosis as evidenced by CT scan [Time Frame: 12 Weeks].	Chicago, Illinois, United States

Efficacy of Montelukast in Mild-moderate **Respiratory** Symptoms in Patients With Long-COVID-19, Double-blind randomized placebo-controlled clinical trial phase III, 284 participants, Drug: Montelukast www.clinicaltrials.gov/ct2/show/NCT04695704	Patients 18 to 80 years old with SARS-CoV-2 infection (positive CRP <10 days from the onset of symptoms) treated in Primary Health Care. Persistent respiratory symptoms (more than 1 and <12 months of evolution). Mild-moderate dyspnea: score at the beginning of the study according to the modified Medical Research Council (mMRC) scale from 0 to 3. The patient must be competent to complement the follow-up evaluations.	Patients who have required hospital admission for SARS-Cov-2. Chronic Obstructive Pulmonary Disease (COPD), asthma, bronchiectasis, pulmonary fibrosis, obstructive sleep apnea syndrome (OSAS), chronic respiratory failure from any cause, home oxygen therapy. Use of montelukast or zafirlukast ≤ 30 days prior to inclusion. Use of any dose of systemic corticosteroids ≤ 30 days prior to inclusion. Use of gemfibrocil. Hypersensitivity to montelukast or to any of the excipients included (e.g. lactose).	Quality of life of respiratory symptoms according to COPD Assessment Test (CAT The COPD Assessment Test (CAT) is a questionnaire for people with COPD, designed to measure the impact of COPD on a person's life, and how this changes over time).	multicenter, Spain
Post-Acute Sequelae of Coronavirus-19 (COVID-19) With **Dyspnea** on Exertion And Associated TaChycardia TrEatment Study, Single group assignment phase I trial, 20 participants, Drug: Metoprolol Succinate www.clinicaltrials.gov/ct2/show/NCT05096884	Subject should be between the ages of 18 and 40 with DOE (dyspnea on exertion) for 3 - 12 months Subjects recovered from acute, polymerase chain reaction (PCR) positive, COVID-19 infection. Recovery from COVID-19 will be defined as substantial improvement in or essential resolution of initial clinical symptoms. Demonstration of tachycardia and/or dyspnea with minimal activity (subjectively different than pre-COVID 19 infection state). Abnormal HUTT (heads up tilt test). Normal chest x-ray. Left ventricular ejection fraction (LVEF)	Active pregnancy (negative pregnancy test is the standard of care prior to HUTT). Demonstrate a primary cause of appropriate DOE and sinus tachycardia : Fevers/infection, Hypovolemia, Anemia, Hyperthyroidism, Alcohol/drug/medication withdrawal. Currently taking beta blocker medications. Currently being treated for pre-existing neurally mediated hypotension/syncope or known dysautonomia. Medical history of chronic lung disease or reactive airway syndrome.	Change in 6 minute walk test at the end of treatment period [Time Frame: 12 weeks from baseline walk test]. Change in Zva measurement at the end of treatment period [Time Frame: 12 weeks from baseline transthoracic echocardiogram (TTE).].	New Jersey, United States

	>50% by transthoracic echocardiography.			
Systemic Corticosteroids in Treatment of Post-COVID-19 Interstitial Lung Disease, Randomized trial, phase 4, 642 participants, Drug: Methylprednisolone Tablet www.clinicaltrials.gov/ct2/show/NCT04988282	Post-COVID-19 Interstitial Lung Disease (ILD) patients who had completed the treatment of acute phase and have recovered, but despite after a month from recovery diagnosed as post-COVID ILD based upon the persistent respiratory symptoms with functional impairment and radiological sequela. At least 30 days required after discharge for hospitalized patients and isolation termination for outpatients. Confirmation of the diagnosis of COVID-19 via real time polymerase chain reaction assay (rt-PCR) or antigen or antibody test in the acute phase of COVID-19. Presence of sequelae interstitial changes in follow-up thorax high-resolution computed tomography (HRCT)/CT. Presence of persistent respiratory symptoms in the post-COVID-19 period or hypoxemia at rest and/or desaturation with exercise	Patients who had a normal lung imaging examination (radiography, tomography, etc.) at discharge. Diffuse parenchymal lung disease before pandemic. Cystic bronchiectasis. Presence of contraindications for systemic corticosteroids. Decompensated heart failure. Contraindications for pulmonary function tests and those who cannot cooperate with the test.	% of patients with good clinical response [Time Frame: 4 weeks] : A combination of symptomatic, functional, and radiological response will be assessed. Good symptomatic response is identified as grade 0 modified Medical Research Council (mMRC) dyspnea score. Good functional response is identified as follows: no desaturation at rest and/or exercise, and Forced Vital Capacity (FVC) is greater than 80 %. Good radiological response is identified as at least 90 % regression in extension of interstitial lesions in thorax CT. If at least two of these three (symptomatic, functional, and radiological) criterion are present, it will be accepted as a good clinical response.	Ankara, Turkey
Endothelial Protection in Post COVID-19 Patients With Sulodexide, Prospective, multicenter, randomized (1:1, placebo use) trial with a parallel-group design, 200 participants, phase III, Drug: Sulodexide www.clinicaltrials.gov/ct2/show/NCT05371925	oOver 18 years old male or female. Patients with documented PCR SARS-CoV-2 positive test obtained during the course of the disease. Convalescent COVID-19 patient (define as at least 10 days after the onset of symptoms, no fever for at least 24 hours without the use of antipyretics and improvement of respiratory symptoms according to the quick COVID-19 Severity Index (qCSI).	cConcomitant use of another anticoagulant. Known pregnancy. Known hypersensitivity to sulodexide. The need for hospital care at screening. Renal insufficiency with CrCl <30ml/min or continuous renal replacement therapy, hemodialysis, or peritoneal dialysis. Blood platelet count < 30 000/µL. Other conditions that are judged to carry	Thrombomodulin [Time Frame: compare baseline level at 4 weeks of treatment] : Assess whether the use of sulodexide in convalescent COVID-19 patients affects serum thrombomodulin levels compared to placebo use. tThrombomodulin [Time Frame: compare baseline level at 8 weeks of treatment] : Assess whether the use of sulodexide in convalescent COVID-19 patients affects serum	multicenter, Mexico

		an increased risk of bleeding as judged by the investigator.	thrombomodulin levels compared to placebo use.	
Short and Long-term Effects of Adding Oral L-arginine to Standard Therapy in Patients With COVID-19 (SARS-CoV-2), Randomized, Parallel Group, Double-blind Placebo-controlled, 290 participants, Dietary Supplement: Bioarginina www.clinicaltrials.gov/ct2/show/NCT04637906	aAge> 18 years. Diagnosis of COVID 19, confirmed by RT-PCR on a nasopharyngeal swab. COVID 19 pneumonia with the following clinical characteristics: SpO2 in ambient air <93% and Alveolar pressure of oxygen / inspiratory fraction of oxygen (PaO2 / FiO2 - P / F <300 mmHg. Lymphocytopenia defined as lymphocytes <1500 / mcL or <20% of white blood cells.	History of intolerance to L-arginine. Severe chronic pulmonary disease. Pregnancy or breastfeeding. Neutropenia due to neoplasms of the haematopoietic system or other organs with invasion of the bone marrow. Use of immunosuppressive drugs or cytotoxic chemotherapies within the previous three weeks. Refusal to give consent to participate in the study	Reduction of P / F normalization times [Time Frame: 60 days] : Alveolar pressure of oxygen / inspiratory fraction of oxygen	Napoli, Italy
Pain				
A Phase 2 Study to Evaluate the Efficacy and Safety of TNX-102 SL in Patients With Multi-Site **Pain** Associated With Post-Acute Sequelae of SARS-CoV-2 Infection, phase II Randomized double blind placebo controlled, 470 participants, Drug: TNX-102 SL www.clinicaltrials.gov/ct2/show/NCT05472090	The patient is male or female, 18 to 65 years of age, inclusive. The patient has a polymerase chain reaction (PCR) confirmed history of SARS-CoV-2 infection at least 3 months prior to enrollment, based on a documented written positive viral test at the time of active infection. The patient has new onset or significant worsening of pain that coincides with a prior COVID-19 infection and has symptoms that have been generally present for at least 3 months but no longer than 18 months.	The patient has been diagnosed with infectious or inflammatory arthritis (eg, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis), systemic lupus erythematosus, untreated or active gout (ie, any acute attack within past 2 years is exclusionary), or meets criteria for another type of systemic autoimmune disease (eg, Sjogren's disease). The patient has been diagnosed with a complex regional pain syndrome, fibromyalgia, failed back surgery syndrome, persistent or prevalent pain symptoms related to systemic disease (eg, diabetic peripheral neuropathy, post-herpetic neuropathy), untreated hyperparathyroidism, or a history of prior surgery, trauma, organ or tissue damage, or other source of pain that, in the Investigator's opinion, would confound or interfere with the assessment of the patient's symptoms or require excluded therapies during the patient's study participation	Mean Pain Score [Time Frame: Week 14] : Change from Baseline in the diary Numeric Rating Scale (NRS) weekly average of daily self-reported worst Long COVID pain intensity scores at the Week 14 endpoint. Scores range from 0 to 10 where a higher score means worse outcome.	multicenter, United States

Alternative drugs				
Anhydrous Enol-Oxaloacetate (AEO) on Improving Fatigue in Post-COVID-19 Survivors, Double Blinded placebo controlled comparison study, 40 participants, Dietary Supplement: Oxaloacetate Medical Food/Dietary Supplement www.clinicaltrials.gov/ct2/show/NCT04592354	Women with an initial infection diagnosis COVID-19 that has been resolved, as measured by rRT PCR, who are at least 2 months after proven viral resolution. No evidence of active/recurrent COVID-19 or other serious chronic illness. Have significant fatigue complaints, defined as a bimodal score of 4 or greater on the Fatigue Questionnaire. Is geographically accessible, or can fill out forms virtually, and able to participate in a study of 6-10 weeks duration. Age >18 years and less than 65.	Has another serious or chronic medical or psychiatric condition that contributes to substantial physical or emotional disability that would detract from participating in the planned study. Taking chronic medications that would interfere with cognitive functioning such as medications for sleep, anxiety, narcotics for pain, use of illicit medical foods or cannabis. Participants may not be receiving any other investigational agents. History of allergic reactions attributed to compounds of similar chemical or biologic composition to oxaloacetate.	Fatigue [Time Frame: 6 weeks]	Colorado, United States
Pilot Study of Vitamin K2 (MK-7) and Vitamin D3 Supplementation and the Effects on PASC Symptomatology and Inflammatory Biomarkers, Randomized control trial, 150 participants, Dietary Supplement: Vitamin K2 (MK-7) and Vitamin D3 www.clinicaltrials.gov/ct2/show/NCT05356936	Previous COVID-19 infection as documented by a positive Nucleic Acid Amplification Test (NAAT) PCR test or any licensed SARS-CoV-2 antigen test kit and prolonged, recurrent or newly developed symptoms more than 3 months after the positive test result. Male or Female age ≥18 years	Subjects unable to consent due to language barrier or cognitive impairment. Pregnancy/lactation. Regular use of agents that may affect inflammation in the last 3 months. The regular use of NSAIDS, aspirin, or statins will be allowed as long as dose has been stable for the last 3 months and is not expected to change during the study. Subject receiving vitamin K antagonists (e.g. warfarin, coumadin). Subject consuming supplements of vitamin K1, K2, or Vitamin D. A daily multivitamin will not be exclusionary as long as vitamin D is not > 600 UI daily. Presence of active neoplastic diseases	Change in high-sensitivity C-reactive protein (hs-CRP) as measured by blood test [Time Frame: Baseline, week 12, week 24]. Change in interleukin 6 (IL-6) as measured by blood test [Time Frame: Baseline, week 12, week 24]. Change in intestinal fatty acid binding protein (Ifab) as measured by blood test [Time Frame: Baseline, week 12, week 24]. Change in soluble Tumor Necrosis Factor Receptor II (sTNF-RII) as measured by blood test [Time Frame: Baseline, week 12, week 24]. Change in Vitamin K2 (MK-7) levels	Ohio, United States

		requiring chemotherapy and/or use of immunosuppressive drugs. BMI <18 kg/m2. Allergy or intolerance to vitamin K2 or vitamin D3. Hospitalization within the previous 28 days. Inability or unwillingness of the individual to give written informed consent	as measured by blood test [Time Frame: Baseline, week 12, week 24]. Change in Vitamin D3 levels as measured by blood test [Time Frame: Baseline, week 12, week 24]	
Feasibility of Cannabidiol for the Treatment of Long COVID, Recruiting, single group assignement phase II, Long COVID, Drug: MediCabilis Cannabis sativa 50www.clinicaltrials.gov/ct2/show/NCT04997395	Male and females aged 18 years old or above. Long COVID diagnosis, confirmed by either GP triage clinic or attendance and assessment by a Long COVID clinic.	Self-diagnosed Long COVID without relevant assessment and investigation as per clinical guidelines. Serious ongoing medical and/or psychiatric illnesses/disorders that will require active and variable treatment during the trial period. (this will be assessed from clinical history and GP records). Used cannabinoids or a cannabinoid-based medicine within 3 months prior to study Day 1 and unwillingness to abstain from recreational drug use during the study period. Cannabis dependence or any other drug or alcohol dependence within the past two years. Known hypersensitivity to cannabis-based products or any of the excipients in the study drug.	Tolerability for the treatment of long COVID [Time Frame: 6 months (24 weeks)]. Number of side effects [Time Frame: 6 months (24 weeks)].	York, United Kingdom
COVID-19 Sequelae: Treatment and Monitoring. A Dietary Supplement Based on Sea Urchin Eggs With Echinochroma A, Randomized trial with placebo control (fructose solution), 60 participants, Dietary Supplement: Echinochrome A www.clinicaltrials.gov/ct2/show/NCT05531019	Positive diagnosis of COVID-19 in at least the last 12 weeks. Diagnosis of COVID Persistent, COVID sequalea, Long COVID. Adult men or non-pregnant adult women between the ages of 18 and 60.	1. Patients without persistent COVID symptoms. 2. Patients unable to give informed consent. 3. Patients without a positive result for COVID-19. 4. Pregnancy or lactation. 5. In the doctor's opinion, the patient with advanced organ dysfunction that would not make participation appropriate.	Change of symptoms over time-points during rutine medical checkup. Change of lung capacity over four times assessed during spirometry. Change of walking distance during a six minutes walk test (6MWT) over time-points	Buenos Aires, Argentina

			Change of depression, quality of life, cognitive function, overall memory, expression of language, sleep behaviors, olfactory-specific quality of life, dyspnea, fatigue and emotional assessment.	
A Randomised-controlled Trial of an Oral Microbiome Immunity Formula in Recovered COVID-19 Patients, Randomised-placebo controlled Trial, 280 participants, Dietary Supplement: Microbiome immunity formula www.clinicaltrials.gov/ct2/show/NCT04950803	Individuals aged 18 and above. Subjects who are mentally capable to participate in the study and provide informed consent. Subjects who can communicate in Chinese or English. Subjects who are ambulatory and do not have difficulties travelling to the clinics for follow-up. Subjects who do not have plans to leave Hong Kong in the subsequent two years after recruitment.	Subjects who are unable to receive oral fluids. Subjects who have received surgery involving the intestine within past 30 days. Subjects who are pregnant or breastfeeding and Subjects who are immunocompromised, e.g. on cancer treatment, bone marrow/organ transplant, immune deficiency, poorly controlled HIV/AIDS.	Any comorbidities [Time Frame: 6 months]	Hong Kong, Hong Kong
Feasibility Pilot Clinical Trial of Omega-3 Supplement vs. Placebo for Post Covid-19 Recovery Among **Health Care Workers**, randomized placebo (soybean oil) controlled trial, phase I, 100 participants, Drug: Omega-3 (EPA+DHA) www.clinicaltrials.gov/ct2/show/NCT05121766	Team member at Hackensack Meridian Health. Age: 18+. Formal diagnosis of COVID-19 via Polymerase Chain Reaction (PCR)test (if home test was done, team member must confirm via PCR test). Outpatient treatment only for covid-19; no hospitalization (most team members will be vaccinated and may likely have milder case). Must be experiencing 1+ ongoing covid-19 symptom being measured in this study (respiratory symptoms (shortness of breath, cough), fatigue, loss of taste, loss of smell).	Not a Team Member at Hackensack Meridian Health. Not age 18+. Unwilling to provide informed consent/ declined to take part. Symptom(s) did not coincide with covid-19 infection and were present prior to covid-19 infection. Does have soy or fish allergy. Currently taking an omega-3 supplement or other high-dose supplement (over 2,000 IU) with potential for aiding recovery of long covid syndrome (e.g. zinc, Vit C, Elderberry).	Feasibility study for omega-3 fatty acid supplementation v. placebo in adult patients to limit long covid syndrome - Compliance as captured by the number of participants who remain compliant for the whole duration of the study by taking all pills daily [Time Frame: 12 weeks]. Feasibility study for omega-3 fatty acid supplementation v. placebo in adult patients to limit long covid syndrome - Recruitment as illustrated by the number of screen failures (potential participants approached but not interested in participating). [Time Frame: 6 months recruitment efforts (starting on actual study start date)]. Feasibility study for omega-3 fatty acid supplementation v. placebo in adult patients to limit long covid syndrome - Retention as illustrated	New Jersey, United States

	Symptom(s) have persisted for more than 12 weeks after initial infection. Symptom(s) coincided with covid-19 infection and were not present prior to covid-19 infection.		by the number of participants that initiate but do not complete the study. [Time Frame: 12 weeks]	
Efficacy, Safety, Tolerability of AXA1125 in Fatigue After COVID-19 Infection, Randomized, Double-Blind, Placebo-Controlled, phase II, 40 participants, Drug: AXA1125 www.clinicaltrials.gov/ct2/show/NCT05152849	Willing to participate in the study and provide written informed consent Male and female adults aged > 18 years and less than 65 years Must have had clinically suspected COVID-19 and a positive antibody test or a documented SARS-CoV-2 infection (a positive reverse transcription polymerase chain reaction test) at least 12 weeks prior to Screening Must have fatigue-predominant PASC Other than PASC, a subject must be in good health without other significant medical or not well controlled medical or psychiatric conditions	Other than PASC, have an explanation for fatigue. Other than PASC, a history or presence of an uncontrolled, clinically significant disease. Medical history that includes of Non-invasive or invasive ventilatory support for COVID 19, Intensive care unit or other high dependency unit admission for COVID-19, Hospitalization for >1 week for COVID-19 without intubation.	Change from baseline at Week 4 in the phosphocreatine (PCr) recovery rate following moderate exercise, as assessed by 31P-magnetic resonance spectroscopy (MRS).	Oxford, United Kingdom
Clinical Trial of Efficacy and Safety of Prospekta in the Treatment of Post-COVID-19 Asthenia, double-blind, placebo-controlled, parallel-group, randomized, 680 participants, Drug: Prospekta www.clinicaltrials.gov/ct2/show/NCT05074888	Adults of either gender aged 18 to 65 years inclusive. Patients within 4-12 weeks of the confirmed COVID-19 onset. Symptoms of asthenia that appeared during or after an acute new coronavirus infection (COVID-19), persisting from 4 to 12 weeks from the onset of coronavirus infection. Presence of asthenia (≥36 on the FSS scale).	History / suspicion of cancer of any localization (with the exception of benign neoplasms). More than 75% of lung tissue damage during the period of COVID-19 disease (CT 4). Cerebrovascular diseases with the development of moderate to severe cognitive impairments. Uncontrolled arterial hypertension characterized by the following blood tension values: systolic blood pressure > 180 mm Hg and/or diastolic blood pressure > 110 mm Hg. Myocardial infarction, stroke in the previous 6 months. Nervous system disorders with persistent neurological impairment.	Change in the mean Fatigue Severity Scale (FSS). score. [Time Frame: after 4 weeks of treatment].	multicenter, Russian Federation

		Autoimmune diseases. Hypersensitivity to any of the components of the study drug. Hereditary lactose intolerance, lactose malabsorption, including congenital or acquired lactase or other disaccharidase deficiency, galactosemia.		
Prevent post-COVID				
Assessment of the Efficacy of Calcium Dobesilate vs. Placebo on SARS-CoV-2 Viral Load Amongst Outpatients With COVID-19. (COVID-19) www.clinicaltrials.gov/ct2/show/NCT05305508	Documented COVID-19 diagnosis (SARS-CoV-2 positivity as assessed by PCR) ≤3 days of symptom appearance, with a CT<25.	Known hypersensitivity or allergy to any of the study products to be administered. Participation in any other investigational device or drug study within 30 days preceding study screening visit. Treatment with Calcium Dobesilate or related molecules (e.g., ethamsylate) within 30 days preceding screening visit, or current treatment with any other investigational agent(s).	Primary Outcome Reduction from baseline of RT-PCR SARS-CoV-2 viral load at day 4, defined by Polymerase Chain Reaction (PCR) threshold cycles. Secondary Outcome Measures : SARS-CoV-2 Viral Load, symptoms time to resolution and persistent symptoms at day 84 with physical and mental score of SF12 .	Geneva, Switzerland
WHO COVID-19 - Evaluation of the Efficacy of Probiotics to Reduce the Occurrence of Long COVID, Randomized placebo (potato starchand magnesium) controlled trial, 618 participants, Dietary Supplement: Probiotics www.clinicaltrials.gov/show/NCT05080244	18 years and over. ≤ 10 days between the COVID-19 diagnosis and the inclusion. Having symptoms of the COVID-19 at inclusion.	Taking probiotic supplements at inclusion. Taking antibiotics for a reason other than COVID-19 at inclusion. Has a chronically weakened immune system (AIDS, lymphoma, chemo-radio-corticosteroid therapy, immunosuppressive pathology).	Number of patients with long COVID 90 days after the COVID-19 diagnosis [Time Frame: 90 days after the COVID-19 diagnosis.]	Quebec, Canada
Hyperbaric oxygen, Hyperpolarized 129Xenon gas				
Safety and Efficacy of Hyperbaric Oxygen Therapy for Long COVID Syndrome, Randomized double blind placebo controlled phase II trial, 80 participants, Drug: Hyperbaric oxygen www.clinicaltrials.gov/ct2/show/NCT04842448	Aged 18-60 years. Healthy or mild systemic disease (ASA 1-2) prior to COVID-19. Symptoms consistent with Long COVID for at least 12 weeks. Diagnosed with Long COVID, PACS, PCS (ICD-10 U09.9).	Known pregnancy or positive pregnancy test in women of childbearing age. ASA 3 or more from other cause than Long COVID. Score above 70 in RAND-36 Role Limitation Physical Health (RP) or Physical Functioning (PF).	Mean change from baseline to 13 weeks in RAND 36 domains role limitations due to physical health (RP) and physical functioning (PF). RAND 36 is a self-reporting questionnaire that contains 36 items that measure eight concepts of health in general terms, at present and past four weeks.	Stockholm, Sweden

	Working or studying prior to COVID-19	Diabetes. Diagnosed with hypertension prior to COVID-19. Contraindication for hyperbaric oxygen treatment according to local guidelines. Participation or recent participation in a clinical trial with an investigational product. Mental inability, reluctance or language difficulties that result in difficulty understanding the meaning of study participation.		
Dual MRI for Cardiopulmonary COVID-19 Long Haulers, Single Group Assignment, phase 2, 30 participants, Drug: Hyperpolarized 129Xenon gas www.clinicaltrials.gov/ct2/show/NCT04828135	Age ≥ 18-year-old. Tested positive for SARS-CoV2. Willing and able to give informed consent and adhere to visit/protocol scheduled (consent must be given before any study procedures are performed).	Prisoners. Pregnant, planning pregnancy, or lactating. Conditions that prohibit MRI scanning (metal in eye, claustrophobia, inability to lie supine). Medical or psychological conditions which, in the opinion of the investigator, might create undue risk to the subject or interfere with the subject's ability to comply with the protocol requirements.	Change in percentage of high barrier uptake on 129Xe MRI predicts outcomes as measured by FVC [Time Frame: 1 year]. Change in percentage of low RBC transfer on 129Xe MRI predicts outcomes as measured by DLCO [Time Frame: 1 year].	North Carolina, United States

Hospitalized				
SOLIDARITY Finland Long-COVID (Remdesivir Long-term Follow-up Study of COVID Patients), Randomized trial phase IV trial, 202 participants, Drug: Remdesivir www.clinicaltrials.gov/ct2/show/NCT04978259	Alive patients who attended the SOLIDARITY Finland remdesivir sub-study. Adult patients, 18 years and older. Laboratory-confirmed SARS-CoV-2 infection. Admitted to the hospital ward or the intensive care unit (ICU).	Severe co-morbidity with life expectancy <3 months according to investigators assessment. ASAT/ALAT > 5 times the upper limit of normal. Acute co-morbidity within 7 days before inclusion such as myocardial infarction or unstable angina pectoris (not including troponin elevation due to infection). Pregnancy or breast feeding. Any reason why, in the opinion of the investigators, the patient should not participate. Subject participates in a potentially confounding drug or device trial during the course of the study. Already receiving the study drug. Renal failure (eGRF < 30 mL/min) or dialysis/continuous veno-venous hemofiltration.	EQ-VAS is a patient-reported outcome measure of quality of life on a scale from 0 to 100. [Time Frame: 1 year] The minimum scores mean a worse outcome. Quality of life measure of five domains, including mobility, self-care, usual activities, pain/discomfort and anxiety/depression. [Time Frame: 1 year]. Recovering from COVID-19 infection [Time Frame: 1 year] Question: How do you feel you have recovered from the COVID-19 infection you had one year ago? Five options from "fully recovered" to "not recovered at all". Fatigue [Time Frame: 1 year]. Exertional dyspnea [Time Frame: 1 year]. Long-COVID symptoms [Time Frame: 1 year].	Helsinki, Finland
SOLIDARITY Finland Plus Long-COVID, randomized trial phase IV, 400 participants, Drug: Imatinib|Drug: Infliximab www.clinicaltrials.gov/ct2/show/NCT05220280	Adult patients, 18 years and above. SARS-2-CoV-2 infection, laboratory-confirmed. Admission to the hospital ward or ICU,	Estimated life expectancy under three months due to severe comorbidity. ASAT/ALAT-ratio over five-fold upper limit. Acute myocardial infarction or unstable angina pectoris. Breast feeding or pregnancy. Any reason why, in the opinion of the investigators, the patient should not participate.	Long-COVID symptoms [Time Frame: At six months, one year and two year from hospital admission.] Specific questionnaire for symptoms and their severity. Health-related quality of life [Time Frame: At six months, one year and two year from hospital admission] EQ-5D-5L questionnaire.	Helsinki, Finland

		Patient participates in a potentially confounding drug or device trial during the course of the study. Already receiving any of the study drugs Severe renal failure (eGFR < 30 mL/min)		
Long-term Effects of COVID-19, Case control, 100 participants, Drug: (R)-1-(2-chlorophenyl)- N-[11C] ([11C] PK11195)|Drug: 2-(4-[11C]methylamino phenyl)-6-hydroxybenzothiazole (11C]6-OH-BTA-1 or [11C]PIB) www.clinicaltrials.gov/ct2/show/NCT05220514	Control Participants: Males and females over the age of 18 years hospitalized and receiving intensive care for diagnosis's other than COVID-19 or an acute neurological disease and who were not diagnosed (clinically or with PCR testing) with COVID-19. Case Participants: Males and females over the age of 18 years who had been hospitalized at Mayo Clinic Hospital for treatment of COVID-19 confirmed by PCR test.	Males and females, under the age of 18 years. Participants with PET/MRI non-compatible devices. Claustrophobia. Allergies to study related procedures. Pregnant , incarcerated, or institutionalized subjects will not be included in the study.	Change in neurological, cognitive, and functional trajectories in participants who are status post hospitalization for COVID-19 and participants receiving intensive care for diagnosis other than COVID-19 [Time Frame: Baseline, 9 months, 12 months, 24 months.].	Florida, United States
LYT-100 in Post-acute COVID-19 **Respiratory** Disease, Phase II Randomized, Double-blind, Placebo-controlled Trial, 185 participants, Drug: LYT-100 www.clinicaltrials.gov/ct2/show/NCT04652518	Positive result of RT-qPCR diagnostic test or SARS-CoV-2 RNA result from a clinical specimen deemed clinically associated with the current episode of illness, warranting hospital admission as per investigator's judgement, or previously hospitalized (central and/or local laboratory COVID-19 test results are accepted from any biological material source). **Hospitalization for COVID-19 respiratory disease and treated with supplemental oxygen** (including MV, ECMO or any other means of oxygen administration) in hospital for at least 1 day. COVID-19 pneumonia findings on imaging (chest X-ray or CT Scan) with a minimum of two lung lobes involvement. Able to bear weight and ambulate a minimum of 10 m distance (use of inhaled oxygen permitted).	Pre-existing chronic respiratory condition(s), obstructive or restrictive, for which the patient is actively taking concomitant medication are excluded. Patients with history of Idiopathic Pulmonary Fibrosis (IPF), lung cancer, pulmonary arterial hypertension, other interstitial lung diseases, severe cardiac insufficiency (grade IV) are excluded irrespective of whether they are actively being medicated for those conditions or not.	Change in distance walked on the six-minute walk test (6MWT) [Time Frame: Baseline to Day 91].	Multicenter, United States, Argentina, Brazil, Moldova, Philippines, Romania, Ukraine, United Kingdom

	Shortness of breath ≥ grade 3 on mBDS dyspnea scale and not requiring MV, ECMO, NIV, and/or HFNO (nasal O2 is allowed) for at least 72 hours before screening.			
Pirfenidone Compared to Placebo in Post-COVID19 Pulmonary Fibrosis COVID-19, Double blind Phase-II Randomized placebo controlled Clinical Trial, 148 participants, Drug: Pirfenidone www.clinicaltrials.gov/ct2/show/NCT04607928	Age > 18 years. Ability to comply with the study protocol in the opinion of the Investigator. Confirmation of SARS-COV2 infection in previous weeks (Confirmation of negativity or no activity of SARS-COV2 before randomization using the usual tests performed in the hospital), which **induced severe pneumonia and ARDS, with subsequent torpid recovery and/or incipient clinical-radiological signs of pulmonary fibrosis.** HRCT with fibrotic radiological changes of at least 5% after recovery from the acute process (HRCT chest during the screening period, performed minimum after 1 month of the acute phase and maximum 90 days after hospital discharge).	Use of systemic steroids (oral or intravenous) at doses greater than 15 mg/day one month prior to randomisation. Severe or moderate myopathy that may associate a decrease of FVC. Severe or life-limiting chronic disease prior to COVID19 infection, including severe asthma, cancer, clinical dementia, IPF, or uncontrolled ischemic cardiomyopathy. Treatment with pirfenidone or nintedanib prior to Covid19. Concomitant treatment with significant interactions with pirfenidone (such as fluvoxamine).	To investigate the effect of pirfenidone on fibrotic signs induced by COVID19 infection [Time Frame: 24 weeks] To investigate the effect of pirfenidone administered for 24 weeks measuring the number of patients who have pulmonary fibrotic changes from baseline after suffering severe COVID19 pneumonia, analysed by : Change From Baseline in % in forced vital capacity (FVC). Change From Baseline % fibrosis in high resolution computed tomography (HRCT) of the lung.	multicenter, Spain
BIO 300 Oral Suspension in Previously **Hospitalized** Long COVID Patients, Randomized, placebo-controlled, phase II, 66 participants, Drug: BIO 300 Oral Suspension www.clinicaltrials.gov/ct2/show/NCT04482595	Age ≥ 18. Patients hospitalized for COVID-19-related complications ready to be discharged and those within 365 days of discharge (even if the patient was referred to subacute or acute respiratory rehabilitation after discharge). Patients who met the criteria for COVID-19-related acute respiratory distress syndrome (ARDS) while hospitalized as defined by the following: Acute onset (within 14 days of initial symptoms); and At least one of: invasive or non-	Severe background disease like severe cardiac or pulmonary insufficiency (WHO grade III or IV), severe liver and kidney diseases, severe COPD, severe neurological disease, or concurrent malignancy (other than non-melanoma skin cancer) which is uncontrolled or actively being treated. Severe asthma on chronic therapy with biologics or steroids. Prior malignancy in which any thoracic radiotherapy was administered except for partial or tangent breast irradiation for early-stage (stages I or II) breast cancer.	Change in Diffusing capacity of the lungs for carbon monoxide (DLCO) [Time Frame: 12 Weeks]. Change in 6 Minute Walk Test [Time Frame: 12 Weeks].	mutlicenter, United States

	invasive mechanical ventilation with a PaO2/FiO2 (or correlated SaO2/FiO2) < 300 mmHg with PEEP > 5 cm H2O, or high flow nasal oxygen (>70% O2) administered for ≥ 48 hours; and Bilateral opacities not fully explained by effusions, lobar/lung collapse, or nodules; and Respiratory failure not fully explained by cardiac failure or fluid overload. Radiographic signs of lung injury after standard treatment of COVID-19 such as, ground glass opacity, consolidation, or fibrotic shadows at screening Able to perform a PFT and have a DLCO <70% of predicted at screening Able to perform a 6-minute walk test Blood routine, liver and kidney function test values are within the controllable range.	D-dimer levels of >2,000 ng/mL at screening. Use of anti-pulmonary fibrosis drugs (e.g., imatinib, nintedanib, pirfenidone, penicillamine, colchicine, tumor necrosis factor alpha blocker) within 5 days of the first scheduled day of study intervention dosing. Use of anti-cytokine release syndrome drugs (e.g., anakinra, sarilumab, siltuximab, tocilizumab and/or lenzilumab) within 5 days of the first scheduled day of study intervention dosing. Use of systemic corticosteroids (e.g., prednisone, dexamethasone) within 5 days of the first scheduled day of study intervention dosing.		
Canadian Adaptive Platform Trial for Long COVID-19. Drug: Ibudilast| Drug: Pentoxifylline| Other: Placebo, phase 2 and 3 randomized clinical trials, 1000 participants www.clinicaltrials.gov/ct2/show/NCT05513560	Age ≥18 years. Positive COVID-19 test by nasopharyngeal swab RT-PCR (reverse transcription polymerase chain reaction) test, antibody or antigen tests at least 3 months prior to randomization; OR Presumed COVID-19 assessed by the site investigator (no positive COVID-19 test) with acute illness after October 15, 2019. Lingering symptoms from COVID-19 present at the time of randomization.	Patients who had mechanical ventilation or extracorporeal membrane oxygen (ECMO) for COVID-19. Current end-organ failure, organ transplantation, or current hospitalization in acute care hospital. Contraindications to all of the study interventions. Co-enrolment in another interventional trial (co-enrolment in an observational study is permitted). Currently pregnant or breastfeeding.	SF-36 physical component score (PCS) [Time Frame: from baseline to two months].	Toronto, Ontario, Canada
Post COVID-19 Syndrome and the Gut-lung Axis, Randomized placebo controlled trial, 20 participants, Dietary Supplement: Omni-Biotic Pro Vi 5 www.clinicaltrials.gov/ct2/show/NCT04813718	18 years or older. Covid-19 infection with severe disease defined within the last 12 months (defined as one or more of the following: hospitalization, need for oxygen supply, need for intensive care treatment, need for specific treatment of Covid disease, antibiotic treatment). Subjective presence of residual	Continuous probiotic treatment in the last 4 weeks before inclusion. Pre-existing lung diseases	Microbiome composition [Time Frame: 6 months] 16 sRNA sequencing. Intestinal barrier [Time Frame: 6 months] Change in zonulin levels over time and with/without the intervention and inflammatory markers. Spirometry, Lung volume, Gas diffusion.	Graz, Austria

	symptoms of Covid disease OR no residual symptoms of Covid disease (Controls).			
Role of Ivermectin Nanosuspension as Nasal Spray in Treatment of Persistant Post covid19 Anosmia, Phase 2/3 randomized trial, 117 participants, Drug: intranasal spray ivermectin www.clinicaltrials.gov/ct2/show/NCT04951362	pPost covid19 anosmia. Negative swab test for covid19.	oOther types of anosmia. No local or central other causes of anosmia. sStill active covid 19 pateints (positive swab test)	regaining of smell [Time Frame: within 14 days after enrollemen]	Qina, Egypt
Plasma Exchange Therapy for Post- COVID-19 Condition: A Pilot, Randomized Double-Blind Study www.clinicaltrials.gov/ct2/show/NCT05445674	18 years-old or older. Evidence of previous SARS-CoV-2 infection at least 90 days prior to study recruitment. Symptoms of post-COVID condition after 90 days of infection and that last for at least 2 months and cannot be explained by an alternative diagnosis. Not able to perform all usual duties/ activities due to symptoms, pain, depression or anxiety, defined as grades 3 or 4 in the post-COVID-19 Functional Status (PCFS) scale.	SARS-CoV-2 infection diagnosed during the previous 90 days. Last SARS-CoV-2 vaccine dose during the previous 30 days. No significant limitations in the subject's ability to perform all usual duties/activities (i.e., grades 0, 1 or 2 in PCFS scale).	Evaluate the safety and tolerability of PE in patients with Post-Acute Covid-19 Syndrome (PCC) comparing to sham plasma exchange (placebo) [Time Frame: Within 90 days from the treatment start]. Proportion of subjects with Grade 0, 1 or 2 functional disability assessed by the functional status scale (PCFS), 0 being the better outcome and 4 the worse outcome [Time Frame: From baseline to day 90]. Proportion of subjects with Grade 0, 1 or 2 functional disability assessed by the fatigue severity scale (FSS), 1 being the better outcome and 70 the worse outcome [Time Frame: From baseline to day 90],	Barcelona, Spain
Impact of Lp299v Lactobacillus Plantarum 299v on Vascular Function in Patients With PASC www.clinicaltrials.gov/ct2/show/NCT05227170	Ages 18 to 89 years. 0-180 days post-COVID-19 diagnosis. Post-acute sequelae of SARS-CoV-2 diagnosed based on symptom report/expert physician judgement	Antibiotics within four weeks of enrollment. History of chronic diseases (renal insufficiency, liver dysfunction, cancer requiring systemic treatment within 3 years of enrollment). History of cognitive impairment/inability to follow study procedures. Short gut syndrome, inflammatory bowel disease, or an ileostomy. Subjects currently taking Vitamin K antagonists. Unstable coronary artery disease (new symptoms or event within 30 days of enrollment). Daily alcohol use (may interfere with Lp299v's action).	Brachial Artery Flow Mediated Dilation (FMD%) [Time Frame: 8 weeks].	Milwaukee, Wisconsin, United States
Long COVID and rehabilitation, Non-randomized trial, 300 participants, Dietary	0 years of age or greater.Long-COVID and COVID-recovered patients must	MI >45 kg/m2. Unstable (<6 months) or severe coronary artery disease (CAD-RADS score = 4A),	Change in Flow Mediated Dilation (FMD), quantified as the peak	Salt Lake City, Utah,

Supplement: Mitoquinone| Dietary Supplement: Placebo www.clinicaltrials.gov/ct2/show/NCT05373043	have SARS-CoV-19 positive test near the time of COVID-19 diagnosis. Long-COVID and COVID-recovered patients must be 3-12 months post-initial COVID-19 diagnosis.	periperal artery disease (Ankle Brachial Index <0.40), cerebrovascular disease (identified by previous stroke in last 12 months), severe COPD (=Stage III), uncontrolled hypertension (>160/100 mmHg), chronic kidney disease requiring dialysis, severe renal insufficiency (creatinine clearance <30 by the Cockcroft-Gault formula), Alzheimer's disease, dementia. Orthopedic limitations that would prohibit exercise. [Current smokers and individuals that stopped smoking in the last 10 years]. Already taking Mito-Q or unwilling to cease dietary supplements for participation. Any other condition or event considered exclusionary by the PIs or a physician	diameter measured post-cuff release and expressed as a percent change from the baseline diameter. Higher FMD indicates better vascular function and greater change over time suggests improvement. Change in Microvascular Function with passive leg movement (PLM), characterized by the area under the curve over 45 seconds, accounting for baseline. Higher PLM indicates better vascular function and greater change over time suggests improvement. Change in Cerebral Vascular Endothelial Function with Breath Hold Acceleration Index (BHAI), determined by fitting a linear regression to the most linear portion of the change in middle cerebral artery blood velocity over time during the breath-hold maneuver. Higher BHAI indicates better vascular function and greater change over time suggests improvement.	United States

Completed drug trials

Title	Comp. date	Study	Study results	Conditions	Interventions	Location
Colchicine and Post-COVID-19 Pulmonary Fibrosis www.clinicaltrials.gov/ct2/show/NCT04818489	Oct.21	Phase 4, Randomized, 260 participants	Based on the current evidence, in people hospitalised with moderate to severe COVID-19 the use of colchicine probably has little to no influence on mortality or clinical progression in comparison to placebo or standard care alone. We do not know whether colchicine increases the risk of (serious) adverse events. We are uncertain about the evidence of the effect of colchicine on all-cause mortality for people with asymptomatic infection or mild disease.	Covid19|Pulmonary Fibrosis Interstitial	Drug: Colchicine 0.5 MG|Other: the standard protocol only	Cairo, Egypt
Comparison of Two Corticosteroid Regimens for Post COVID-19 Diffuse Lung Disease www.clinicaltrials.gov/ct2/show/NCT04657484	Sep.21	Randomized trial, 130 participants	High-dose prednisolone was not better than low-dose prednisolone in improving the clinical, radiological, physiological and health-related quality of life outcomes in post-COVID-19 diffuse parenchymal lung abnormalities (PC-DPLAS). A placebo-controlled trial of glucocorticoids is required to better inform clinical practice for treating PC-DPLAS.	Diffuse Lung Disease	Drug: Medium dose prednisolone|Drug: Low dose prednisolone	Chandigarh, India
Value of Montelukast as a Potential Treatment of Post COVID-19 Persistent Cough www.clinicaltrials.gov/ct2/show/NCT05447039	Mar.21	Randomized trial, 64 participants	No Results Available	Persistant Cough	Drug: Montelukast Sodium Tablets	Assiut, Egypt
Short Term Low Dose Corticosteroids for Management of Post covid19 Pulmonary Fibrosis www.clinicaltrials.gov/ct2/show/NCT04551781	Jul.20	single blind randomized control, 450 participants	No Results Available	Covid19|Pulmonary Fibrosis	Drug: 20 Mg Prednisone for 14 days|Drug: control (symptomatic ttt)	Qena, Kena, Egypt

Treatment of Pulmonary Fibrosis Due to COVID-19 With Fuzheng Huayuwww.clinicaltrials.gov/ct2/show/NCT04279197	Mar.21	Phase 2, Randomized with placebo group, 142 participants	no results Available	Pulmonary Fibrosis Due to COVID-19	Drug: Fuzheng Huayu Tablet|Drug: Vitamin C tablets|Drug: Placebo|Other: respiratory function rehabilitation training.	Shanghai, China
A Study to Evaluate Ampion in Patients With Prolonged Respiratory Symptoms Due to COVID-19 (Long COVID) www.clinicaltrials.gov/ct2/show/NCT04880161	May.22	Randomized double blind with placebo control, phase 1, 32 participants	No Results Available	Long COVID	Biological: Ampion|Other: Placebo.	Colorado, United States
Effects of Sodium Pyruvate Nasal Spray in COVID-19 Long Haulers. www.clinicaltrials.gov/ct2/show/NCT04871815	Mar.22	single group assignement, phase 2 and 3, 22 participants	Has Results	Long COVID	Drug: sodium pyruvate nasal spray.	Missouri, United States
Efficacy of Adaptogens in Patients With Long COVID-19 www.clinicaltrials.gov/ct2/show/NCT04795557	Dec.21	Randomized trial with placebo control group, 100 participants	No Results Available	Long COVID	Dietary Supplement: ADAPT-232 oral solution|Other: Placebo oral solution.	Tbilisi, Georgia
Effects of PEA-LUT on Frontal Lobe Functions and GABAergic Transmission in Long-Covid Patients www.clinicaltrials.gov/ct2/show/NCT05311852	Mar.22	double blind Randomized trial with placebo group, 34 participants	No Results Available	Fatigue|Cognitive Deficit|COVID-19|Neurophysiologic Abnormality	Dietary Supplement: palmitoylethanolamide co-ultramicronized with antioxidant flavonoid luteolin (PEA-LUT)|Dietary Supplement: Placebo.	Vipiteno, Italy
Study to Evaluate Benefits & Safety of Endourage Formula C Oral Drops in People With Post-Acute COVID-19 Syndrome. www.clinicaltrials.gov/ct2/show/NCT04828668	Feb.22	Randomized trial crossover assignement, 32 participants	No Results Available	Post Covid 19	Dietary Supplement: Targeted Wellness Formula C Sublingual Drops - 1200mg - 30 mL (Formula C).	California, United States
Spa Rehabilitation, Antioxidant and Bioenergetic Supportive Treatment of Patients With Post-Covid-19 Syndrome www.clinicaltrials.gov/ct2/show/NCT05178225	Jan.22	Randomized, 51 participants	No Results Available	COVID-19 Respiratory Infection	Dietary Supplement: ubiquinol (reduced coenzyme Q10)|Other: mountain spa rehabilitation|Diagnostic Test: 2x14 ml of peripheral blood collected in a tube with anticoagulant	Bratislava, Slovakia
Cerebrolycin for Treatment of Covid-related Anosmia and Ageusia www.clinicaltrials.gov/ct2/show/NCT04830943	Mar.21	Single group assignement, Phase 4, 100 participants	No Results Available	Covid19 Related Anosmia and Aguesia	Drug: Cerebrolysin	Assiut, Egypt

Recruiting/active non-pharmacological trials

Title	Study	Interventions	Location
LongCOVID-GE www.rafael-postcovid.ch/informations-sante/recherche#section1704	All individuals tested for SARS-CoV-2 at the outpatient testing center of the Geneva University Hospitals.	Follow-up at 3-6-9-12 months of persistent symptoms between SARS-CoV-2 positive and SARS-CoV-2 negative participants, with assessment of functional capacity, quality of life and specified validated scales for symptom assessment.	Geneva, Switzerland
SPECCHIO-COVID-19 www.rafael-postcovid.ch/informations-sante/recherche#section1709	A populational seroprevalence study in Geneva, Switzerland including all potential adults who wish to participate in a longitudinal online cohort study.	Participants have seroprevalence tests and a follow-up with questionnaires about the impact of the pandemic, COVID-19 infection if participant was infected, and other questionnaires on social, economic and medical aspects). Follow-up of seroprevalence results in a subgroup of participants with a longitudinal follow-up.	Geneva, Switzerland
SeroCov-Kids www.specchio-hub.ch/etudes/serocov-kids	Seroprevalence study on children in Geneva, Switzerland	Longitudinal follow-up with questionnaires and seroprevalence on a subgroup of participants. Compare SARS-CoV-2 infected versus non-infected individuals	Geneva, Switzerland
COVIntegra www.santeintegrative.ch/Projets/COVIntegra-Medecine-integrative-et-COVID-long	All individuals tested for SARS-CoV-2 at the outpatient testing center of the Geneva University Hospitals	Study evaluating the use of complementary medicine in SARS-CoV-2 infected vs. SARS-CoV-2 non-infected individuals with an analysis of this outcome in post-COVID patients compared to the general population.	Geneva, Switzerland
HealthCO-GE www.rafael-postcovid.ch/informations-sante/recherche#section1706	All hospital staff at the Geneva University Hospitals	Follow-up at 3-6-9-12 months of persistent symptoms between SARS-CoV-2 positive and SARS-CoV-2 negative participants who are all staff at the Geneva University Hospitals evaluating the pandemic toll as well as post-COVID condition, with assessment of functional capacity, quality of life and specified validated scales for symptom assessment.	Geneva, Switzerland
Cardiovascular Autonomic and Immune Mechanism of Post COVID-19 Tachycardia Syndrome www.clinicaltrials.gov/ct2/show/NCT05421208	single group assignement, 60 participants	Diagnostic Test: Determine the inflammatory and immune profile of post-COVID-19 POTS patients|Diagnostic Test: Measurement of PNS	Nashville, Tennessee, United States

		activity by HRV (Heart rate Variation)|Diagnostic Test: Autonomic Symptoms assessment	
Prevalence of Long-term Respiratory Complications of Severe SARS-CoV-2 Pneumonia - COVID-19 www.clinicaltrials.gov/ct2/show/NCT04376840	single group assignement, 270 participants	Other: Blood sample and data record	Reims, France
Medium and Long Term Follow-up of COVID-19 Infected Patients: Research and Characterization of Pulmonary Sequelae www.clinicaltrials.gov/ct2/show/NCT04519320	single group assignement, 140 participants	Diagnostic Test: Pulmonary function testing	Besançon, France
Cognitive and Psychological Disorders After Severe COVID-19 Infection www.clinicaltrials.gov/ct2/show/NCT04937582	non-randomized trial, 250 participants.	Diagnostic Test: Cognitive assessment|Diagnostic Test: Imaging|Diagnostic Test: Routine care|Other: Psychiatric evaluation.	Nancy, France
Long-term Effects of SARS-CoV-2 on the Central Nervous System and One-year Follow-up of "Long COVID-19" Patients www.clinicaltrials.gov/ct2/show/NCT05492292	single group assignement, 100 participants.	Diagnostic Test: Perfusion brain scintigraphy imaging.	Brussels, Belgium
Long-term Neurocognitive and Psychiatric Consequences in Severe COVID-19 Survivors, Cohort study, 80 participants, Biological: Exposure: COVID-19 severity www.clinicaltrials.gov/ct2/show/NCT05019300	Adults over 18 years of age who have been hospitalized at critical care units, who were admitted for a diagnosis of COVID-19 and who present a score on the MOCA® cognitive test of less than 26 points at the time of hospital discharge.	Montreal Cognitive Assessment. Evaluation of cognitive domains (visuospatial, executive function; attention and memory; orientation; language). [Time Frame: 12 months].	Santiago, Chile
EEG as Predictor of HD-tDCS Effectiveness in Long COVID-19 www.clinicaltrials.gov/ct2/show/NCT05289128	randomized tral, 30 participants.	Device: Experimental group Device: Sham Control.	Paraiba, Brazil
Low-field Magnetic Resonance Imaging in Pediatric Post Covid-19 www.clinicaltrials.gov/ct2/show/NCT05445531	non-randomized trial, 111 participants.	Diagnostic Test: Low-field magnetic resonance imaging. Diagnostic Test: Nailfold capillaroscopy. Diagnostic Test: Spiroergometry Diagnostic Test: Realtime deformability cytometry.	Erlangen, Bavaria, Germany

Electrical Stimulation for Post Acute COVID-19 Syndrome www.clinicaltrials.gov/ct2/show/NCT05200858	randomized trial, 40 participants.	Device: Electrical Stimulation - Active|Device: Electrical Stimulation – Placebo.	Houston, Texas, United States
Effects of Cranial Electrotherapy Stimulation on Anxiety of Patients After COVID-19 www.clinicaltrials.gov/ct2/show/NCT05126511	randomized controlled trial, 40 participants.	Device: Application of CES via ear clips|Device: Sham: No application of CES via ear clips.	Bavaria, Germany
Home-based Brain Stimulation Treatment for Post-acute Sequelae of COVID-19 (PASC) www.clinicaltrials.gov/ct2/show/NCT05092516	randomized trial, 40 participants.	Device: Active tDCS|Device: Sham tDCS	Charlestown, Massachusetts, United States
Portable Oxygen Concentrator (POC) Versus Standard of Care in Long-COVID: Randomized Crossover Exploratory Pilot Study. www.clinicaltrials.gov/ct2/show/NCT05212831	randomized trial, 20 participants	Device: Inogen One¬Æ G4	Multicenter, Montreal, Canada
Exercise and Post-COVID/ Long-COVID: Effects of Different Training Modalities on Various Parameters in People Affected by the Sequelae of COVID-19 www.clinicaltrials.gov/ct2/show/NCT05204511	randomized trial, 60 participants.	Other: endurance training Other: concurrent training.	Vienna, Austria
Inspiratory Muscle Training in ME/CFS and COVID-19 Survivorswww.clinicaltrials.gov/ct2/show/NCT05196529	single group assignement, 60 participants.	Other: Inspiratory muscle training.	Toronto, Ontario, Canada
Long COVID-19 Syndrome in Primary Care: A Novel Protocol of Exercise Intervention "CON-VIDA Clinical Trial" www.clinicaltrials.gov/ct2/show/NCT05543408	randomized trial, 40 participants.	Behavioral: EXERCISE.	Zaragoza, Spain
Pulmonary Rehabilitation for Long COVID (Post COVID-19 Condition) www.clinicaltrials.gov/ct2/show/NCT05244044	randomized trial, 134 participants.	Other: Pulmonary rehabilitation in primary care.	multicenter, Belgium
Long Haul COVID Rehabilitation & Recovery Research Programwww.clinicaltrials.gov/ct2/show/NCT05398692	non-randomized trial, 40 participants.	Other: Virtual vs On Site Pulmonary Rehabilitation.	Torrance, California, United States
Does a Technology Enabled Multi-disciplinary Team-based Care Model for the Management of Long COVID and Other Fatiguing Illnesses Improve Clinical Care of Patients and	randomized trial, 20 participants.	Other: Extension for Community Healthcare Outcomes.	San Diego, California, United States

Represent a Sustainable Approach Within a Federally Qualified Health Center? www.clinicaltrials.gov/ct2/show/NCT05167227			
FMT for Post-acute COVID-19 Syndrome www.clinicaltrials.gov/ct2/show/NCT05556733	single group assignement, 30 participants.	Procedure: Faecal Microbiota Transplantation.	Hong Kong, Hong Kong
Symptom-based Rehabilitation Compared to Usual Care in Post-COVID - a Randomized Controlled Trial www.clinicaltrials.gov/ct2/show/NCT05172206	randomized controlled trial, 132 participants.	Other: symptom-focused rehabilitation Other: usual care.	multicenter, Germany
Internet-based Multidisciplinary Rehabilitation for Longterm COVID-19 Syndrome www.clinicaltrials.gov/ct2/show/NCT04961333	randomized trial, 200 participants.	Behavioral: Multidisciplinary Rehabilitation.	Stockholm, Sweden
Computer Cognitive Training for Post-acute COVID-19 Syndrome www.clinicaltrials.gov/ct2/show/NCT05338749	randomized trial, early phase I, 10 participants.	Behavioral: Cognitive Training.	Fort Lauderdale, Florida, United States
Telerehabilitation Program in Persistent COVID-19 www.clinicaltrials.gov/ct2/show/NCT04996212	randomized trial, 70 participants.	Procedure: Walking APP Group Procedure: Functional APP group.	Valencia, Spain
CISCO-21 Prevent and Treat Long COVID-19. www.clinicaltrials.gov/ct2/show/NCT04900961	randomized controlled trial, 220 participants.	Other: Resistance Exercise.	Glasgow, United Kingdom
Virtual Physical Rehabilitation Following COVID-19 Hospitalization www.clinicaltrials.gov/ct2/show/NCT05298878	randomized controlled trial, 132 participants.	Other: Intervention Group: Virtual home-based rehabilitation plus usual outpatient care.	multicenter, Canada
ASAP - Assisted Immediate Augmented Post-/Long-COVID Plan www.clinicaltrials.gov/ct2/show/NCT05238415	randomized tral, 120 participants.	Diagnostic Test: Psychological and Physiological Assessments.	Cologne, Germany
BREATHE: Virtual Self-management for Long COVID-19 www.clinicaltrials.gov/ct2/show/NCT05107440	single group assignement, 36 participants.	Other: BREATHE.	Calgary, Alberta, Canada
HEART Rate Variability Biofeedback in LOng COVID-19 (HEARTLOC) www.clinicaltrials.gov/ct2/show/NCT05228665	single group assignement, 30 participants.	Behavioral: Heart Rate Variability Biofeedback (HRV-B).	Leeds, United Kingdom

Protocol for Assistance to Patients With Long Covid-19 Undergoing Treatment With HD-tDCS www.clinicaltrials.gov/ct2/show/NCT05289115	randomized tral, 30 participants.	Device: Experimental group/ Active HD-tDCS|Device: Control Group / Sham Group.	Paraiba, Brazil
Cardiopulmonary Rehabilitation in Long COVID-19 Patients With Persistent Breathlessness and Fatigue www.clinicaltrials.gov/ct2/show/NCT05035628	randomized tral, 40 participants.	Other: Cardiopulmonary exercise training.	Montreal, Canada
Nutrition and LOComotoric Rehabilitation in Long COVID-19 www.clinicaltrials.gov/ct2/show/NCT05254301	randomized tral, 66 participants.	Other: Intervention group.	Brussel, Belgium
Randomised Study to Investigate the Effectiveness of Acupuncture for the Relief of Long COVID-19 Related Fatigue www.clinicaltrials.gov/ct2/show/NCT05212688	randomized trial, phase II, 160 participants.	Other: Acupuncture Other: Active Control.	Sutton, United Kingdom
Osteopathy and Physiotherapy Compared to Physiotherapy Alone on Fatigue and Functional Status in Long COVID www.clinicaltrials.gov/ct2/show/NCT05012826	randomized controlled trial, 104 participants.	Other: Osteopathic Manipulative Treatment in addition to Physiotherapy|Other: Physiotherapy.	Rio de Janeiro, Brazil
Long-Covid: Treatment of Cognitive Difficulties www.clinicaltrials.gov/ct2/show/NCT05167266	randomized trial, 130 participants.	Behavioral: Psychoeducation.	multicenter, Belgium
Self-Management Interventions for Long-COVID www.clinicaltrials.gov/ct2/show/NCT05268523	randomized trial, phase I and II, 270 participants	Behavioral: Education and Strategies Intervention. Behavioral: Mindfulness Skills Intervention.	Toronto, Ontario, Canada
Enhancing COVID Rehabilitation With Technology www.clinicaltrials.gov/ct2/show/NCT05019963	Randomized trial, 152 participants.	Behavioral: NexJ Connected Wellness|Other: Usual Care.	Ottawa, Ontario, Canada
Association of Inspiratory Muscle Training With HD-tDCS for Assistance to Patients With Long Covid-19 www.clinicaltrials.gov/ct2/show/NCT05359770	randomized controlled trial, 30 participants.	Device: Active HD-tDCS. Device: Control group.	Pessoa, Brazil
Physical Training in Patients With POTS After Covid-19 www.clinicaltrials.gov/ct2/show/NCT05094622	single group assignement, 30 participants.	Other: Physical exercise program.	Stockholm, Sweden

Effects of Inspiratory Muscle Training After Covid-19 (ReCOV) www.clinicaltrials.gov/ct2/show/NCT05024474	randomized controlled trial, 90 participants.	Other: Inspiratory muscle training (IMT)|Other: Physical exercise.	Stockholm, Sweden
Pulmonary Rehabilitation Post-COVID-19 www.clinicaltrials.gov/ct2/show/NCT05003271	non-randomized trial, 24 participants.	Other: Exercise program (virtual/remote).	Manitoba, Canada
Rehabilitation for Patients With Persistent Symptoms Post COVID-19 www.clinicaltrials.gov/ct2/show/NCT04836351	single group assignement, 20 participants.	Other: Concentrated rehabilitation for patients with persistent symptoms post COVID-19.	Kvam Herad, Norway
Cardiopulmonary Rehabilitation in COVID-19 Longhaulers www.clinicaltrials.gov/ct2/show/NCT04898205	randomized controlled trial, 24 participants.	Other: Treadmill Exercise|Other: Concentrated Oxygen|Other: Concentrated Air.	New York, New York, United States
Covid-19 Virtual Recovery Study www.clinicaltrials.gov/ct2/show/NCT04950725	randomized trial, 1500 participants.	Behavioral: Strength RMT|Behavioral: Strength RMT and nasal breathing|Behavioral: Endurance RMT|Behavioral: Endurance RMT and nasal breathing|Behavioral: Low dose RMT.	Scottsdale, Arizona, United States
Multimodal Investigation of Post COVID-19 in Females www.clinicaltrials.gov/ct2/show/NCT05225220	single gorup assignment, 20 participants.	Device: Parasym Device (of Parasym Ltd, UK) using Transcutaneous Vagus Nerve Stimulation (t-VNS).	Pomona, California, United States
CONFIDENT: Supporting Long-term Care Workers During COVID-19 www.clinicaltrials.gov/ct2/show/NCT05168800	randomized trial, 1800 participants.	Behavioral: Dialogue-Based Webinar|Behavioral: Social Media Website|Other: Enhanced Usual Practice.	Lebanon, New Hampshire, United States
Treatment of Post-covid Syndrome in Patients Treated in Intensive Care www.clinicaltrials.gov/ct2/show/NCT05119608	randomized control trial, 40 participants.	Behavioral: CBT/ACT.	multicenter, Stockholm, Sweden
Skeletal Muscle in PASC Patients www.clinicaltrials.gov/ct2/show/NCT05225688	observational study, 50 participants.	Behavioral: Bike exertion test.	Amsterdam, Noord-Holland, Netherlands
Mindfulness Intervention for Post-Covid Symptoms www.clinicaltrials.gov/ct2/show/NCT05199233	single group assignement, 60 participants.	Device: Muse S,Ñ¢ Headband system.	Rochester, Minnesota, United States

Completed non-pharmacological trials

Title	Comp. date	Study	Study results	Conditions	Interventions	Location
Physiotherapy for Persistent COVID-19 Disease Using Aerobic Exercise www.clinicaltrials.gov/ct2/show/NCT05453188	Jul.22	randomized trial, 60 participants.	No Results Available.	Persistent COVID-19	Device: Experimental. Genetic: Control	Madrid, Spain
The Effects of a Multi-factorial Rehabilitation Program for Healthcare Workers Suffering From Post-COVID-19 Fatigue Syndrome https://clinicaltrials.gov/ct2/show/NCT04841759	Dec.21	non randomized trial, 46 participants.	No Results Available.	Post-COVID-19 Fatigue Syndrome	Other: Exercise	Vienna, Austria
Rehabilitation for Post-COVID-19 Syndrome Through a Supervised Exercise Intervention www.clinicaltrials.gov/ct2/show/NCT04718506	May.22	randomize control trial, 83 participants.	No Results Available.	Covid19|Post-COVID-19 Syndrome	Behavioral: Exercise. Behavioral: Inspiratory muscle training. Behavioral: Controls	San Javier, Spain
Implementing a Rehabilitation Program in Patients Recovering From Covid-19 Infection www.clinicaltrials.gov/ct2/show/NCT04935437	Feb.22	Non randomized controlled trial, 55 participants.	No Results Available.	Rehabilitation	Other: Supervised rehabilitation program	Attica, Greece
At Home REhabilitation and Monitoring of People in poST-covid Condition Through ARc-inTellicare Platform (RESTART/RICOMINCIARE) www.clinicaltrials.gov/ct2/show/NCT05074771	Mar.22	single group assignement, 31 participants.	No Results Available.	Post-COVID19|Parkinson Disease.	Device: ARC intellicare	Ancona, Italy
Effect of Exercise on Post-Covid Symptoms www.clinicaltrials.gov/ct2/show/NCT05435456	Jul.21	randomized trial, 76 participants.	No Results Available.	COVID-19 Musculoskeletal Pain, Anxiety, and Sleep Quality	Other: Exercise.	Istanbul, Turkey
Evaluating the efficiency of breathing exercises performed by post-COVID telemedicine : Randomized Controlled Study www.clinicaltrials.gov/ct2/show/NCT04771598	Jul.21	randomize control trial, 52 participants.	No Results Available.	Covid19	Other: Breathing exercise with the phone application Other: Breathing exercise.	Tokat, Turkey
Effect of Pulmonary Rehabilitation Program on Post Hospitalization Severe COVID- 19 Patients www.clinicaltrials.gov/ct2/show/NCT05476835	May.22	randomized trial, 100 participants.	No Results Available.	Post COVID-19 Condition.	Combination Product: respiratory exercises - incentive spirometer – walking.	Fayoum, Egypt

Automatic Oxygen Titration in Patients After SARS-CoV-2 Infection www.clinicaltrials.gov/ct2/show/NCT04849598	Aug.21	randomize control trial, 15 participants.	No Results Available	Post-COVID19	Other: Oxygen therapy	Bavaria, Germany
Hyperbaric Oxygen Therapy for Post-COVID-19 Syndrome www.clinicaltrials.gov/ct2/show/NCT04647656	Jan.22	Randomized, Double Blind Study, 91 participants.	Beneficial effects on global cognitive functions, attention, energy, sleep, pain and psychiatric symptoms, as well as a significant improvement in cerebral perfusion.	Covid19. Neurocognitive Dysfunction	Device: Hyperbaric oxygen|Device: Sham	Zerifin, Israel
Organization of Pulmonary Rehabilitation of Post-COVID-19 Patient With Sequelae (REHABCOVID) www.clinicaltrials.gov/ct2/show/NCT04634318	Jan.22	randomized trial, 23 participants.	No Results Available	Covid19	Other: Respiratory rehabilitation program (RR).|Other: Respiratory tele-rehabilitation program (TRR)	multicenter, France
Respiratory Physiotherapy and Neurorehabilitation in Patients With Post-covid19 Sequelae. www.clinicaltrials.gov/ct2/show/NCT05195099	Jun.22	randomized controlled trial, 200 participants.	No Results Available	COVID-19 Pandemic.	Other: respiratory treatment	Ávila, Spain
Effects of Respiratory Muscle Training in Patients With Post COVID-19 www.clinicaltrials.gov/ct2/show/NCT04972864	Jul.21	Double blind randomized controlled trial, 24 participants.	No Results Available	Covid19	Other: Exercise training group|Other: Control training group	Ankara, Turkey
Effects of inspiratory muscle training in patients with post-COVID www.clinicaltrials.gov/ct2/show/NCT05493410	Jul.22	Double blind randomized controlled trial, 42 participants.	No Results Available	Covid19	Other: Treatment group and control troup	multicenter, Brazil
SingStrong: Strong Lungs Through Song - Long COVID-19 Study www.clinicaltrials.gov/ct2/show/NCT04810065	Sep.21	single group assignement, 30 participants.	No Results Available	Long Covid	Other: SingStrong: Strong lungs through Song	Limerick, Ireland
Transcranial Direct Stimulation for Persistent Fatigue Treatment Post-COVID-19 www.clinicaltrials.gov/ct2/show/NCT05252481	Jul.22	randomize control trial, 47 participants.	No Results Available	Persistant fatigue post-COVID-19	Device: Active tDCS|Device: Sham tDCS	Madrid, Spain

Mind Body Intervention for COVID-19 Long Haul Syndrome www.clinicaltrials.gov/ct2/show/NCT04854772	Aug.22	single group assignement, 23 participants, feasibility/pilot study.	No Results Available	COVID-19 Long Haul Syndrome	Behavioral: Mind Body Syndrome Therapy for Long Covid	Boston, Massachusetts, United States
COMPASS Study: an Online Cognitive-behavioural Therapy (CBT) Program Treating Anxiety and Low Mood in Long-term Conditions During the COVID-19 Pandemic www.clinicaltrials.gov/ct2/show/NCT04535778	Jan.22	randomize control trial, 194 participants	No Results Available	Treatment of Illness-related Distress in Physical Long term COVID	Behavioral: COMPASS|Behavioral: Standard charity resources	London, United Kingdom
Digital Health Intervention Based on Artificial Intelligence to Support the Personalized Recovery of Long COVID Patients Affected by Fatigue (AIDA) www.clinicaltrials.gov/ct2/show/NCT05483829	Aug.22	single group assignement, 15 participants	No Results Available	Post Acute COVID-19 fatigue Syndrome	Behavioral: Adhera Fatigue for Long COVID program	Catalonia, Spain
The Effects of Video-based Yoga Interventions for Patients With Post-corona Virus Disease www.clinicaltrials.gov/ct2/show/NCT05374668	Apr.22	randomize control trial, 85 participants	No Results Available	Post-COVID-19	Behavioral: Video-based Yoga Exercises	Istanbul, Turkey
Essential Oils and Post COVID-19 Fatigue www.clinicaltrials.gov/ct2/show/NCT04980573	Nov.21	Double blind randomized controlled trial, 47 participants	No Results Available	Covid19|Fatigue	Other: Aromatherapy|Other: Placebo	Franklin, Tennessee, United States
Récits du Long COVID www.santeintegrative.ch/Projets/Les-recits-du-COVID-long-un-projet-pilote-interprofessionnel-soin-formation-art-et-recherche	Oct. 22	Post-COVID patients at the Geneva University hospitals	No Results Available	Post-COVID-19	Other : intervention (narrative medicine groups) versus not	Geneva, Switzerland