

# ANOSMIA AND DYSGEUSIA

This provides suggestions as you engage in shared health care decision-making with Veterans. It is not intended to replace clinical judgement.

Up to 46% of patients reported anosmia at greater than 4 weeks post-COVID-19 <sup>1</sup> (NICE, 2021), and specifically 16% of non-hospitalized patients reported anosmia at 60- or 90-days post-COVID-19 onset.<sup>2</sup> (Yoo S, 2022)

## Things to Keep in Mind

- May need to prompt Veteran, as this may not be the primary complaint
- May be associated with cognitive changes<sup>3</sup> (Douaud G, 2022), neurologic changes <sup>4</sup> (Premraj L, 2022), phantosmia (smells that are not present) and dysosmia (altered sense of smell/taste such as excessive chemical, salty or sour sensations)
- Assess for possible contributors such as sinus disease and rhinitis
- Assess the effect on food choices and quality of life
- Hypertension (HTN) after anosmia and dysgeusia may occur due to increased salt placed on food
- Educate on safety considerations (e.g., strategies to avoid spoiled food, increase vigilance to monitor safety detectors in the home, etc.)
- Assess pregnancy/lactation status, review teratogenic medications

## Evaluation

### Labs to Consider

- None

### Tests to Consider

- None

## PACT Management to Consider

- ICD-10 Code: U09.9, Post-COVID-19 condition, unspecified
- Intranasal steroids may be used if other nasal signs and symptoms with anosmia like congestion or rhinitis are present; no strong data that steroids (oral or intranasal) are significantly beneficial for isolated post-COVID-19 anosmia
- Recommend against antibiotics and Vitamin A drops <sup>5</sup> (Addison A, 2021) <sup>6</sup> (Hopkins C, 2021)
- Smell/olfactory retraining and advice ([Appendix A](#)):
  - The act of regularly sniffing or exposing oneself to robust aromas with the intention of regaining a sense of smell

## Consults to Consider

- Speech Language Pathology or Occupational Therapy: olfactory retraining, as well as additional education and implementation strategies to support safety considerations related to impaired smell
- Ear, Nose, Throat (ENT) or Speech Language Pathology: concurrent dysphonia or dysphagia
- Neurology: previous head injury or neurologic signs and symptoms
- Whole Health System approach: Whole Health Coaching

<sup>1</sup> National Institute for Health and Care Excellence (NICE) UK, <https://www.nice.org.uk/guidance/ng188>

<sup>2</sup> Yoo S. Factors Associated with Post-Acute Sequelae of SARS-CoV-2 (PASC) After Diagnosis of Symptomatic COVID-19 in the Inpatient and Outpatient Setting in a Diverse Cohort. *J Gen Intern Med.* 2022 Jun;37(8):1988-1995. doi: 10.1007/s11606-022-07523-3.

<sup>3</sup> Douaud G. SARS-CoV-2 is associated with changes in brain structure in UK Biobank. *Nature.* 2022 Apr;604(7907):697-707. doi: 10.1038/s41586-022-04569-5

<sup>4</sup> Premraj L. Mid and long-term neurological and neuropsychiatric manifestations of post-COVID-19 syndrome: A meta-analysis. *J Neurol Sci.* 2022 Mar 15;434:120162. doi: 10.1016/j.jns.2022.120162

<sup>5</sup> Addison A. Clinical Olfactory Working Group consensus statement on the treatment of postinfectious olfactory dysfunction. *J Allergy Clin Immunol.* 2021 May;147(5):1704-1719. doi: 10.1016/j.jaci.2020.12.641

<sup>6</sup> Hopkins C. Management of new onset loss of sense of smell during the COVID-19 pandemic - BRS Consensus Guidelines. *Clin Otolaryngol.* 2021 Jan;46(1):16-22. doi: 10.1111/coa.13636.