Advice for patients with loss of sense of smell

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Loss of sense of smell, or anosmia, has a significant impact on quality of life. Typically, it affects not only our ability to smell (both good and bad odours) but impairs our ability to detect flavours. Our sense of taste is actually pretty basic – not much more that sweet, sour, salty, bitter or 'meaty' (called umami) and this may be unaffected, although many patients also find that this can be affected after COVID-19.

For anyone who newly develops this symptom, there is, in addition, often associated anxiety regarding the likelihood of recovery, worry about the underlying cause and sometimes lack of support and understanding from family and friends. We will try to provide some advice for anyone developing anosmia during the COVID-19 pandemic, when access to health-care may be restricted.

Loss of sense of smell can occur following a head injury, in association with conditions that cause nasal obstruction (e.g. chronic sinusitis) or in some cases no specific cause is found. Loss of smell following a viral infection is the second most common cause of smell loss, probably accounting for about 12% of all cases, and around 25% of cases seen in specialist clinics. Viruses that give rise to the common cold are well known to cause post-infectious loss, as well as over 200 different viruses known to cause upper respiratory tract infections. Previously described coronaviruses are thought to account for 10-15% cases. It is therefore perhaps no surprise that the novel COVID-19 virus would also cause anosmia in infected patients.

We now have strong evidence to support a link between loss of smell and COVID-19. Different studies estimate that 30-85% patients with COVID-19 report loss of sense of smell. In patients who have suddenly lost their sense of smell during the pandemic, 95% have been shown to have COVID-19 when tested with either nasal swabs and or antibody tests. Some patients may have loss of sense of smell as the only symptom of COVID-19 infection, others may develop the better known symptoms of cough or fever, but we also see many patients with tiredness, muscle aches, tummy upsets and more unusual symptoms such as eye pain or a burning sensation in the nose.

Loss of sense of smell is now recognised as a symptom of COVID-19 by the World Health Organisation. It has been recognised by Public Health England as a sign of COVID-19 infection and therefore it is important to follow up to date guidance on NHS111 on-line regrading accessing testing. While loss of smell may be caused by other viruses, at the current time we should assume that COVID-19 is the cause until tests prove negative. We therefore advise that patients follow current guidelines of self-isolating for seven days if they develop new onset anosmia. This will also apply to cohabiting friends or family. Please do not call NHS111 or your GP unless you have respiratory or other problems that need medical attention. Equally, DO NOT visit your GP surgery or A&E for loss of sense of smell in the first two weeks.

With regards to treating the anosmia, the good news is that colleagues and patients around the world report encouraging rates of recovery without any treatment, with many patients reporting return of sense of smell within 7-14 days. The first thing is to look after yourself, especially if you have other symptoms, and to wait to see if things settle down in the first two weeks. In one study of patients four weeks after onset, 50% had recovered, 40% had improved but 10% had not yet shown any improvement at four weeks. While we do not have long-term data for COVID-19, we know from studies of loss of smell caused by other viruses that between one to two thirds of patients with more persistent loss have shown improvement when reviewed 6-18 months later. Recovery can therefore be slow and difficult to detect. It might be helpful to follow a home assessment test to see where

you are and repeat the test in 6 months' time. It's often not a good idea to repeat these tests too often as they can miss small changes over time.

So, what can you do except wait? Smell training has been shown to help recovery in number of studies, and we recommend this for everyone with symptoms that last more than two weeks. This involves repeated stimulation of the smell nerves. There are some excellent resources available to help you do this – try the FifthSense or Abscent websites. In the absence of essential oils, make use of pleasant odours that you find round the house, provided they are safe and in a liquid form!

In terms of other treatments, the British Rhinological Society have reviewed the evidence for all treatments that have been described. One of the problems is that there has been surprisingly little research in this area in the past, and so many studies are small and we cannot be certain how reliable the findings are. We cannot make very strong recommendations regarding these treatments, but there are three options that might be considered.

Corticosteroids tablets or drops (On prescription only)

In the past, doctors have often prescribed oral steroids to try to improve recovery rates. There is uncertainty regarding whether oral steroids can delay the clearance of COVID-19 in an infected person and therefore at the moment we are advising against their use during the first two weeks following the onset of symptoms. Use may be considered as an option, but you should discuss this carefully with a doctor as there are potential side effects that should be considered. Your doctor might also consider using steroid drops or washes.

Corticosteroid nasal sprays (available over the counter)

Nasal steroids are unlikely to be of direct benefit, although as they have low rates of absorption into the body; if you also have a blocked nose then they are more likely to be helpful. if you take them for hayfever or other conditions, please continue to do so. Reducing sneezing and a runny nose will help reduce the risk of transmitting the virus.

Omega 3 supplements (available over the counter)

In addition, there is some weak evidence to support the use of omega 3 supplements in smell loss, although this has never been trialled in COVID-19 infection. They are available over the counter, but you should make sure that they don't interact with other medications before use.

Don't worry if you can't get hold of any of these options – as mentioned before, there is a good chance of recovery without these.

On the positive side, if you have had COVID-19 and are making a good recovery, you will hopefully have developed some immunity which should give you some peace of mind at what is a very difficult time. However, we do not yet fully understand how good this immunity might be, and how long it will last, so please continue to take all recommended precautions with regards to regular hand washing and social distancing once your period of self-isolation is over, particularly if you have not been tested.

Patients with COVID-19 are most infectious in the first week, which is why the current guidelines are for seven days. The length of loss of smell is not related to how infectious you are, so that you do not need to worry that you may be passing on the infection to others later on, even if your sense of smell has not recovered.

Please visit AbScent and Fifth Sense for additional advice – for example in keeping safe. They will also help you to connect with others who have had the same experience, which can be very helpful.

We will update this advice if more information becomes available.

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