


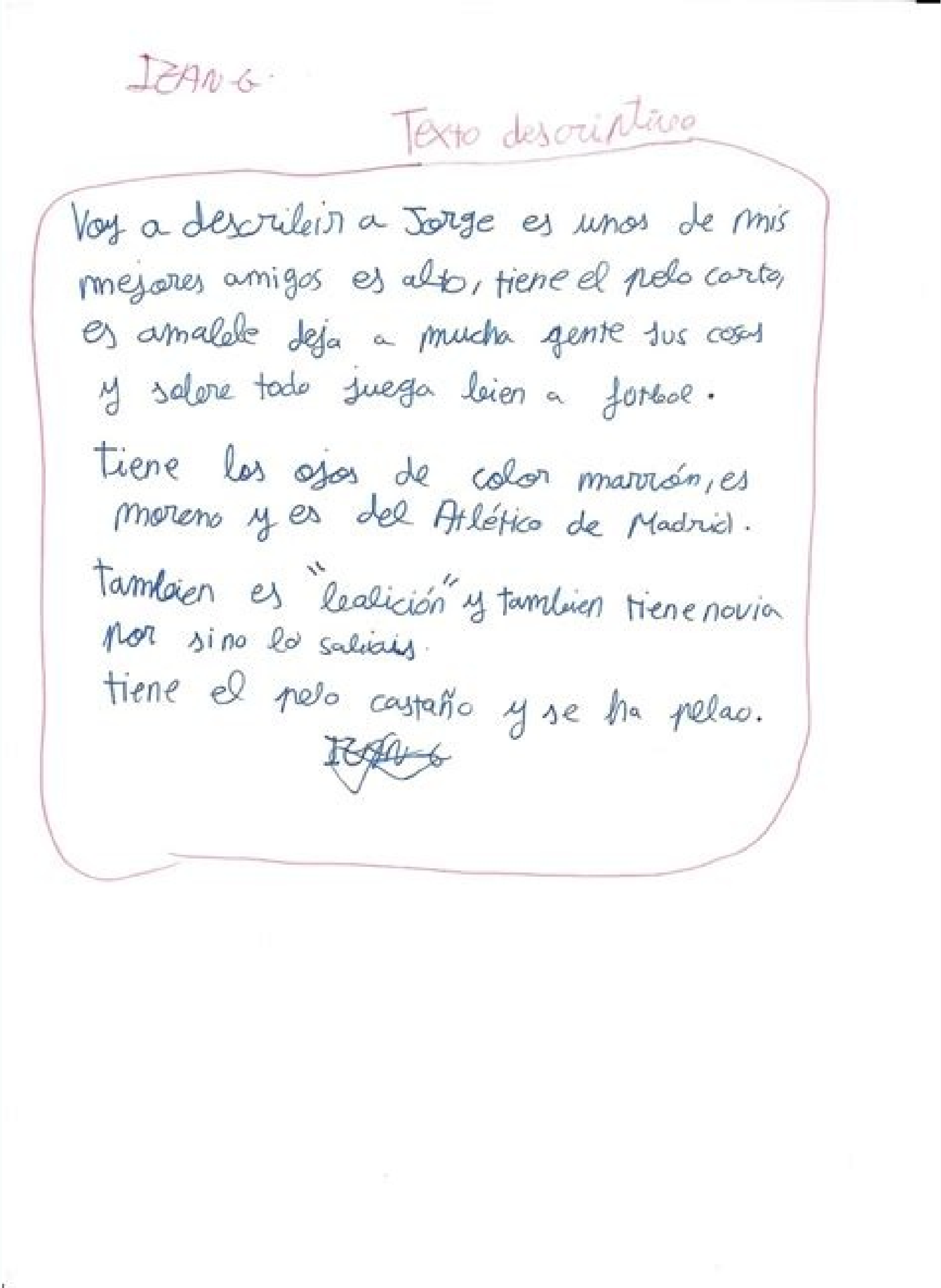
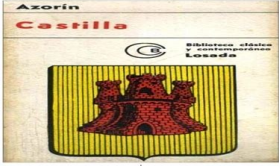
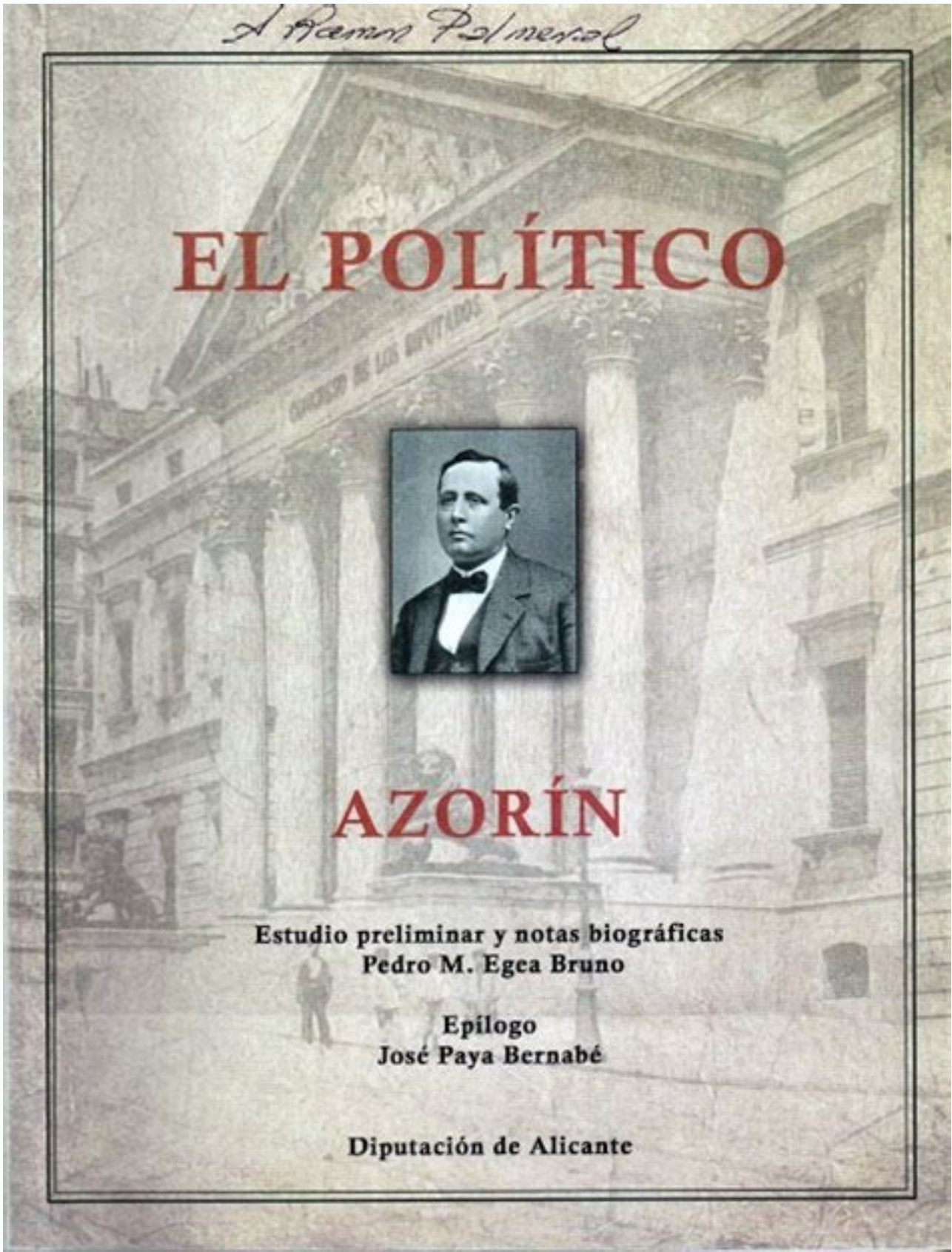
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, and , sesac 951 esobt fo)%2.26(99 ni edosipe tneserp eht ot ralimis sa ehcadaeh eht debircsed dna sesac)%7.43(951 ni snoitcefní roirp ot noitaler laropmet ni ehcadaeh fo sedosipe roirneita ?of the study team, consisting of two neurologists and 16 primary care physicians with prior training in headache disorders. The first series in patients with Covid-19 confirmed described the presentation of headache in the first 72 years of the disease in most cases 7.8.9. Outpatient patients who needed hospitalization were older and more often coughed, had pneumonia and needed oxygen therapy: Outpatient cases more often had asthenia, fever and weakness and described the temporal topography of headache and photophobia more frequently (Table 3). Sex differences When comparing female and male patients, female patients had a previous history of headache more often. The data were analyzed by the intention of treating (ITT), dividing the number of covid-19 cases that present headache by the total number of confirmed covid-19 cases (i.e. the entire population of the area, including those that were not able to be traced to the study); and by protocol (PP), dividing the number of covid-19 cases, presenting headache by the population we were able to track. Headache 60 (10). 2176-2191 (2021). Article Google Scholar Gonzalez-Martinez, A. Spectrum of headaches associated with SARS-CoV-2 infection: Study of health professionals. Med. Engl. Information on the most uncomfortable symptom were available in 435 cases, described as headache in 68 (15.6%), asthenia in 54 (12.4%), fever in 49 (11.3%), cough in 44 (10.1%) and diarrhea in 26 (6.0%). Patients were asked about the presence of headaches and were asked to complete the complete questionnaire. Objective Study Sthe the main objectives were: (1) to estimate the incidence of headache throughout Covid-19 in the general population and (2) to characterize the clinical phenotype of in patients with COVID-19.The secondary objectives were: (1) to evaluate the frequency and types of red flags in patients with a headache, (2) to compare the clinical phenotype of headache between patients who needed hospitalization to those who did not; (3) to evaluate the clinical phenotype depending on the sex of the patients.All researchers were trained prior to the study onset. Patients were scheduled for in-person evaluations when possible or were evaluated over the phone. Absence of evidence is not evidence of absence. Patients described a moderate intensity of pain, a frequent need for acute medication, and a median degree of disability of 50%. Pneumonia was present in 152 (33.2%) cases, and 86/447 (19.2%) patients needed oxygen therapy.Headache over the course of the COVID-19 diseaseHeadache was the most frequent first symptom of COVID-19, described by 128 (27.9%) of the patients who reported headache, followed by fever in 109 (23.1%), cough in 60 (13.1%), asthenia in 32 (7.0%). The phenotype of headache attributed to acute SARS-CoV-2 infection shows a bilateral headache predominantly affecting the forehead, with pressing quality,

