

How long COVID patients should be cared for

The Austrian Institute for Health Technology Assessment (AIHTA) analysed the care structures for adult long COVID patients in selected European countries and the USA. The systematic review showed that the key to successful long COVID care lies in the cooperation between different medical and therapeutic disciplines. In addition, treatment decisions should always be made jointly by doctors and patients.

The term „long COVID“ is used when symptoms, such as fatigue, shortness of breath, headaches, high blood pressure, olfactory and gustatory disorders, neurological disorders or mental illnesses such as anxiety and depression persist or reappear after a certain time following an acute SARS-CoV-2 infection. This new condition places a burden not only on the patients but also on their families and the society, especially the workforce. A German analysis, for example, showed that due to long COVID, sick leaves are on average longer.

The Austrian Institute for Health Technology Assessment (AIHTA) investigated in a systematic review, which recommendations for the best possible care of long COVID patients already exist in selected European countries (UK, the Netherlands, Germany and Austria) and the USA. A total of 14 references, including guidelines, reviews, consensus papers and clinical perspectives were identified and used for the analysis. In addition, the review presents examples of already existing long COVID care structures in the UK, Belgium, Italy, , Germany and Austria.

First point of contact: General practitioners or primary care centres

The majority of the recommendations advocate a strong involvement of the primary care sector. This means that the first point of contact for a clinical assessments and diagnosis of long COVID should in most cases be general practitioners or primary care centres. However, the study authors emphasise that one challenge lies in the possible uncertainty of doctors in diagnosing the novel condition. "For this reason, additional training should be considered," says AIHTA study leader Sarah Wolf. The experts also emphasise that treatment decisions should always be made jointly by doctors and patients.

In Austria and Germany, it is recommended that patients with long COVID symptoms that last longer than four weeks after the acute infection should visit the general practitioner's office for the initial examination. In contrast, in the UK, follow-up telephone or video calls by healthcare professionals from secondary care (e.g. hospitals) are recommended for previously hospitalised COVID-19 patients 12 weeks after discharge. If symptoms persist for more than 12 weeks, these patients can either visit the hospital outpatient department or their general practitioners for a clinical assessment.

Specialised long COVID outpatient assessment clinics as a further possible step in the care pathway

If severe or potentially life-threatening symptoms are detected during the first clinical assessment, the emergency department should be contacted directly. For patients with multiple and/or non-specific (but not life-threatening) symptoms lasting four to 12 weeks after the acute SARS-CoV-2 infection, it is recommended that they be referred to so-called "specialised long COVID outpatient assessment clinics". According to the experts, the greatest advantage of these specialised facilities

is the multidisciplinary approach, which promotes a holistic view of the patients. After a comprehensive clinical assessment, e.g. in the UK, rehabilitative measures can also be taken directly in some of these clinics. In contrast, only a few of the specialised outpatient clinics in Germany and Austria offer therapies on-site and therefore mostly refer the patients to corresponding treatment facilities, e.g. rehabilitation centres.

According to the systematic review, patients with *one* dominant symptom should be referred by their general practitioners or primary care centres to e.g. appropriate specialists for further clinical

assessments. After these further examinations, the patients in need of further therapies are ideally referred to multidisciplinary inpatient, partially inpatient or outpatient rehabilitation programmes that include physical, cognitive and/or psychological elements. Alternatively, so-called "community care networks", such as those implemented in the UK or Italy, can also be suggested to the patients. These services aim to support patients in coping with their illness, for example, by offering home visits, and thus to promote their independence.

Another key point of the recommendations is to strengthen patients' self-management, which is either used as sole therapy for milder long COVID symptoms or as a supplement to other treatments for moderate to severe symptoms. Self-management can include, for example, home exercise therapies, improved nutritional skills, stress reduction or participation in long COVID-specific online programmes. "In the analysed countries, only the UK had a corresponding digital offer with 'The Your COVID Recovery Platform'. However, a referral is needed to participate in this programme," explains Sarah Wolf from the AIHTA.

Only successful communication is good communication

According to the experts, another central aspect of the recommendations for successful long COVID care is good communication between doctors and patients. It is considered successful when it takes into account cultural differences, language barriers and the individual situation of the patients. Furthermore, empathy and the appropriate level of detail are crucial too. – "This means that patients should receive neither too much nor too little information about their illness. Otherwise, it can cause unnecessary uncertainties for the patients," Sarah Wolf points out.

Sick leave, return to work, retraining

As far as social benefits for long COVID patients are concerned, the same benefits are currently recommended as for patients with other (chronic) diseases. These include, for example, the same sick leave process, part-time reintegration or retraining programmes. Moreover, preparations for the return to work should be a specific and important part of long COVID rehabilitation programmes, as a large proportion of the long COVID patients are in their working age. In addition, the rehabilitation programmes should ensure that the patients are not overtrained physically, but receive careful training with slow increases in performance ("pacing").

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