Long-Haul COVID Clinics: a trip without a map.

Edoardo Cervoni[1]

[1]Affiliation not available

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Far more intense efforts are needed to identify the characteristics of the long COVID before nourishing the ambition of being able to address the problem effectively.

Syndromes are, by definition, heterogeneous and difficult to manage in the absence of a clear understanding of the causal mechanisms.

The plethora of symptoms affecting multiple systems exhibited by "long COVID sufferers" suggests several underlying mechanisms[1,2,3].

In this sense, long COVID is a syndrome par excellence. Being a heterogeneous condition from a pathophysiological point of view requires efforts to improve its understanding, diagnostic accuracy and, above all, establish an effective therapeutic program. The latter cannot be achieved ahead of the antecedent two steps.

The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network and the Royal College of General Practitioners have developed a quick guideline for managing the long-term effects of Covid-19.

The current guideline lacks essential details, including a comprehensive list of organ complications seen in patients with long COVID, the required investigations, and specific interventions for these complications[4,5].

It is not clear which speciality could be more suitable for aggregating patients suffering from long COVID.

Preliminary to initial referral mandatory exams include FBC, U&E, LFTs, CRP, CK, haematinics, TSH, HbA1c, Calcium, BNP, ECG, CXR, SpO2, RR, HR and temperature.

The lack of a specific target underlines the generality of the approach. It leaves us with doubts about what the clinics responsible for managing long COVID are expected to do, at least in the hospital setting.

Furthermore, we are moving from the premises of a diagnosis of exclusion.

It is even not clear what the overall cost of the initial referral is. Costing should include the charges for the multitude of mandatory tests - often already recently performed, but not within the six weeks antecedent to the referral as per requirement - plus the first hospital consultation charge to the NHS.

It also remains to be established what the referring doctor and the patient should expect from the referral, especially in the treatment plan.

A cost-benefit analysis – that is, the process used to measure the benefits minus the costs associated - of the long COVID clinics in their current form appears to be lacking. Such analysis should also factor in the opportunity cost in the decision-making process. Opportunity costs are alternative benefits deriving from choosing one alternative over another. In other words, the opportunity cost is the forgone or missed opportunity because of a choice or decision.

The above situation, once again, emphasizes the need for at least more solid diagnostic and pathophysiological premises before proceeding further with clinics and therapeutic programs, other than in a field of scientific

research aimed at obtaining more information.

In the absence of measures so designed, the long COVID can produce a second crisis of the health system and the job sector in the wake of the pandemic itself.

Until we have a better idea of dealing effectively with long COVID, there is a strong case for redirecting any money destined to the Long COVID Clinics to clinical research on long COVID and Primary Care. A golden rule in healthcare is that spending more on prevention, early detection, and better-diagnosing spares patients suffering and leads to less complex and less expensive care later.

References

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