

The cost of primary care consultations associated with long COVID in non-hospitalised adults: a retrospective cohort study using UK primary care data

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Methods

Outcomes

Background

Long COVID is one of the largest public health challenges associated with the COVID-19 pandemic

Worldwide 630 million people with COVID-19; 40 million with long COVID

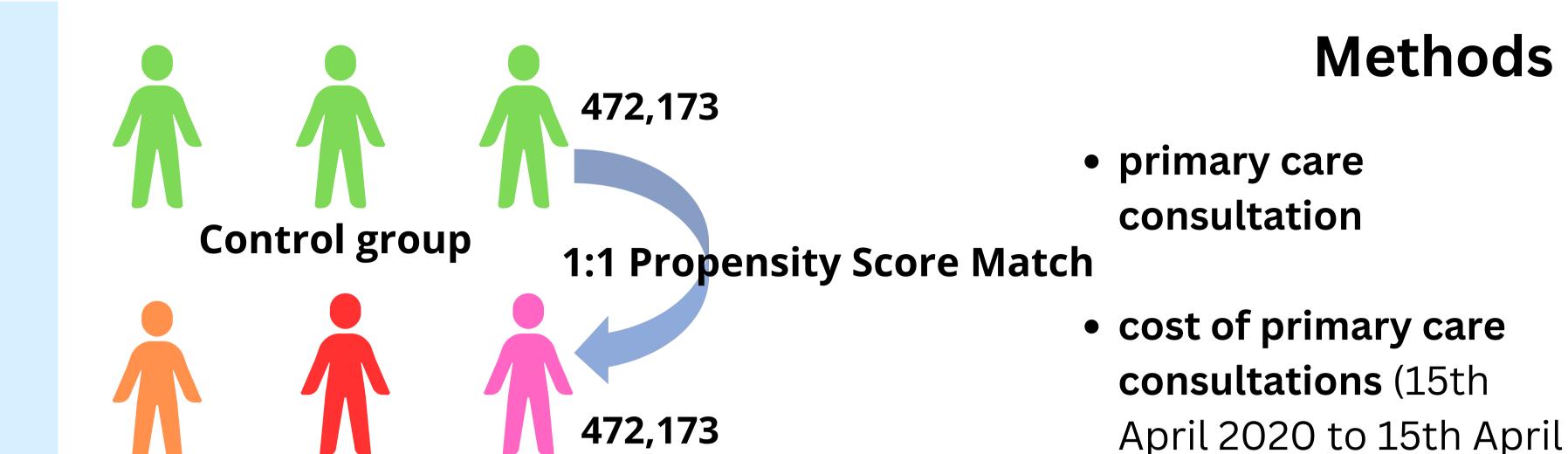
Health resources utilisation (e.g., GP consultation) post-infection

POST-COVID

YNDROME





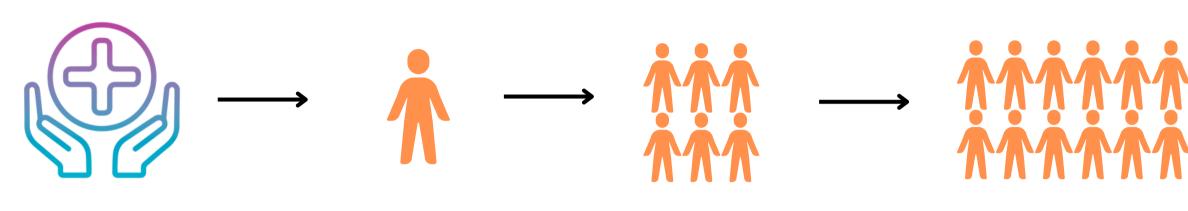


COVID-19 patients

No long COVID Diagnosed long COVID Long COVID symptoms

Data source: The Clinical Practice Research Datalink (CPRD) Aurum

• Cost of illness estimation: bottom-up costing approach



Unit cost

Costs/person

• Regression models: multivariable regression models

Unit's (PSSRU) Unit Costs of Health and Social Care 2021

UK national costs

2021)



Incremental costs of primary care consultations associated with long COVID Risk factors associated with these costs

RISK FACTOR

15/04/2020 Start time: estimate the cost of Long COVID

12 weeks post index date (Main analysis)

Notes: Unit cost: consultation cost per working hour were from Personal Social Services Research

15/04/2021 Study end date

31/01/2020 Study start date.

COST

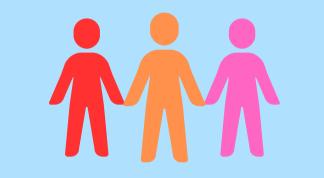
Index date

3 months after 12 weeks post index date (Sensitivity analysis)

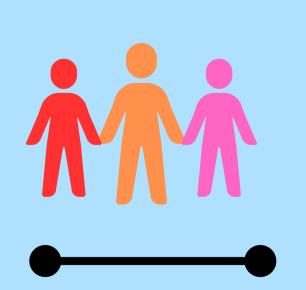
Results



- The annual incremental cost of primary care consultations associated with long COVID: £2.44/patient
- £5.72/patient in sensitivity analysis
- National incremental cost: £23,382,452 (90% Cls: £21,378,567 £25,526,052)
- £54,814,601 (90% CIs: £50,116,967 £59,839,762) in the sensitivity analysis







: A long COVID diagnosis: 43% increase in primary care consultation costs, compared to patients without long COVID symptoms



: A reporting of long COVID symptoms: 44% increase in primary

care consultation costs, compared to patients without long COVID symptoms





The costs of primary care consultations associated with long COVID in nonhospitalised adults are **substantial**.

Costs are significantly **higher** among those diagnosed with **long COVID**, those with long COVID symptoms, older adults, females, and those with obesity and comorbidities.



Require **substantial investment** globally to ensure adequate primary care services.

Training allied healthcare professionals & implementation of guidelines for long COVID diagnosis and care might be helpful.

Risk factors should be considered when designing and resourcing long COVID services in primary care.

References

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journal of epidemiology. 2021 Feb;36(2):165-78. Subramanian A, Nirantharakumar K, Hughes S, Myles P, Williams T, Gokhale KM, et al. Symptoms and risk factors for long COVID in non-hospitalized adults. Nat Med [Internet]. 2022;28(8):1706–14. **CONTACT INFORMATION**

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