

INVESTIGATION OUTCOMES FROM LONG COVID CLINIC (MUH)

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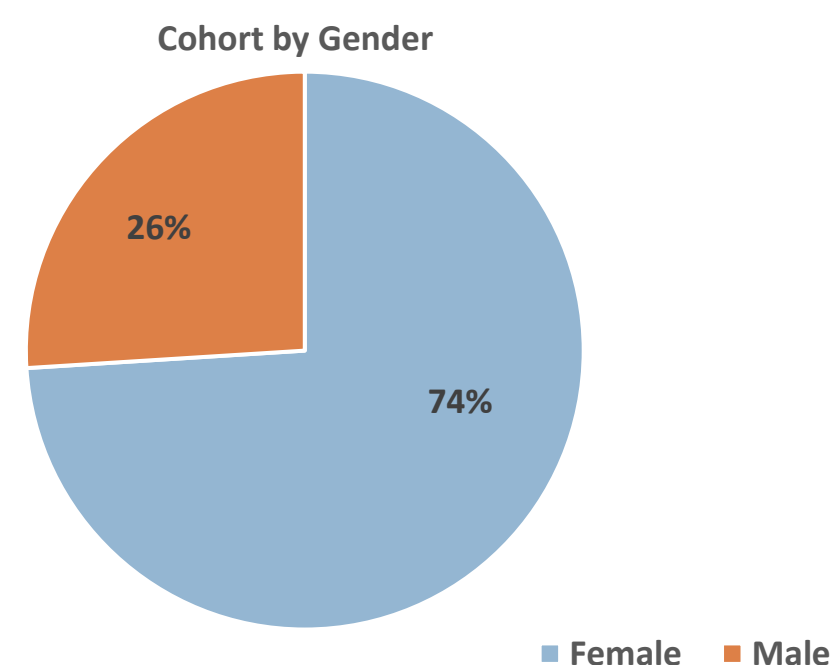
Introduction

Post Covid-19 condition, which is “the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection”, can present with a variety of symptoms. As per NICE guidelines¹, minimum investigations for fatigue alone, which is the most common symptom in post Covid-19 condition², includes a wide range of blood tests. The audit aims to measure adherence to NICE guidelines in terms of investigations sent on patients referred to our Long Covid clinic, and the utility of these tests in identifying an alternative diagnosis. .



Methods

A retrospective chart review of patients who were seen in Long Covid clinic in Mercy University Hospital (MUH) between July to January was done. Only patients seen on first assessment were included. Investigations that were carried out on the first clinic visit and by the referring medical practitioner within the previous 6 months were documented and noted as either normal or abnormal.



Results

A total of 73 patients were included in the audit, 74% of which (n=54) were female, with a median age of 51 (range of 17 to 78 years old). The mean period between initial Covid-19 infection and first review in Long Covid clinic was 13 months.

The percentage of patients that had baseline investigations as per the NICE recommendations, either by the referring team or at LC clinic, are as follows: FBC (97%), renal function (95%), LFT (95%), TFT (86%), autoimmune (86%) and adrenal insufficiency screening (60%), HbA1C (34%), and immunoglobulin levels (51%).

82% of the patients also had CRP done, 18% (n=11) came back above the normal reference range.

A smaller percentage of patients had other investigations such as full haematinics (48%, 4 returned abnormal), and vitamin D (29%, 3 were abnormal).

None of the abnormalities identified on the tests were deemed clinically significant to provide an alternative diagnosis.

63% of patients had investigations repeated in clinic despite the same tests already been done by their GP.

Conclusions

The audit shows an overall low yield from the investigations ordered in patients with post covid-19 condition. They do serve as a reassurance to both patients and medical provider and is still warranted to look for other potential diagnosis. However, with an average cost of care per patient in LC clinic estimated at €781³, more discretion is needed in ordering investigations, especially those that had been done in GP practice . Resources potentially could be directed towards building a more accessible community-based multidisciplinary rehabilitation programme instead.

References

1. Chronic Fatigue Syndrome: Diagnosis and Management. NICE guideline October 2021
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3. Moorthiraj HA, Qureshi S, Jackson A. A Micro-Costing Analysis In A Regional Infectious Diseases Centre In Ireland. Poster presented at IDSI Meeting 2022, Dublin

