More than one third of COVID-19 patients diagnosed with at least one long-COVID symptom
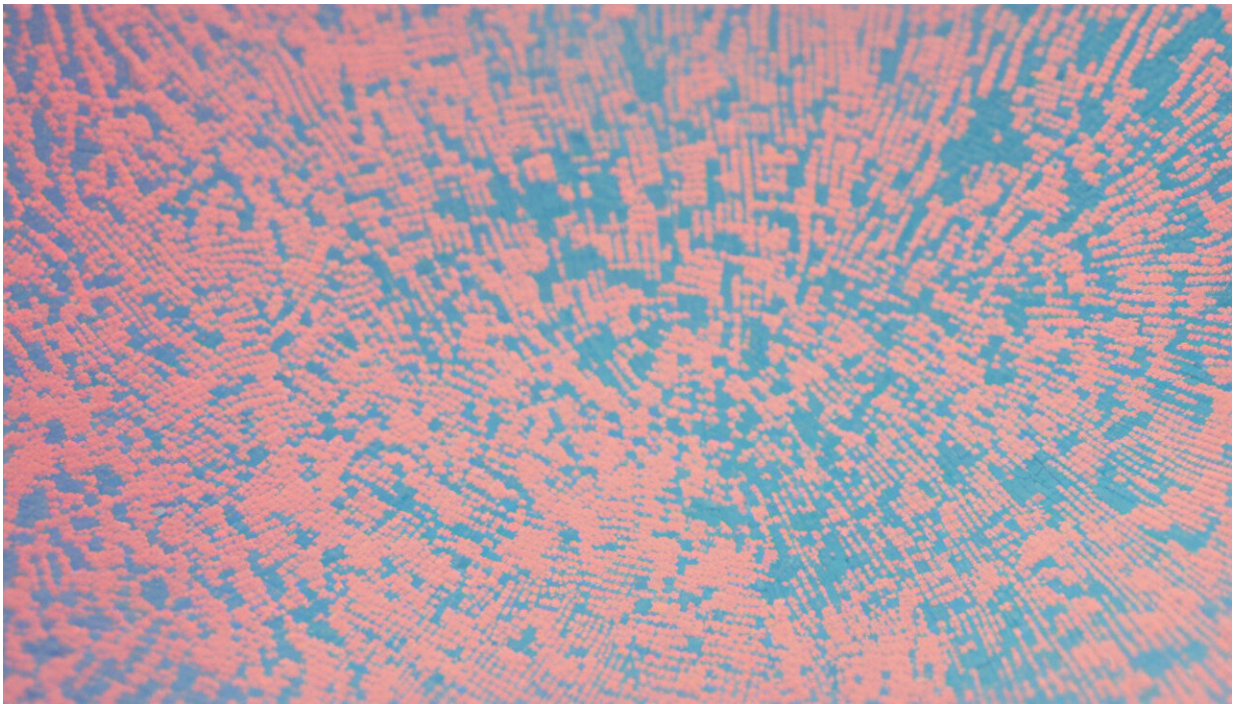
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Credit: AI-generated image (disclaimer)

Thirty-seven percent of people had at least one long-COVID symptom diagnosed in the 3–6 month period after COVID-19 infection. The most common symptoms were breathing problems, abdominal symptoms, fatigue, pain and anxiety/depression.

This new study from the University of Oxford and the National Institute for Health Research (NIHR) Oxford Health Biomedical Research Centre (BRC) investigated long-COVID in over 270,000 people recovering from COVID-19 infection, using data from the US-based TriNetX electronic health record network.

The study reports on how commonly nine core long-COVID symptoms were diagnosed, and how this rate compared to people recovering from influenza. The nine core long-COVID symptoms, occurring 90–180 days after COVID-19 was diagnosed, comprise:

- Abnormal breathing—8%
- Abdominal symptoms—8%
- Anxiety/depression—15%
- Chest/throat pain—6%
- Cognitive problems ('brain fog') – 4%
- Fatigue—6%
- Headache—5%
- Myalgia (muscle pain) – 1.5%
- Other pain—7%
- Any of the above features—37%

Higher rates were seen if the whole 1–180 day period after COVID-19 infection was included.

Severity of infection, age, and sex affected the likelihood of long-COVID symptoms: long-COVID symptoms were more frequent in those who had been hospitalized, and they were slightly more common in women. These factors also influenced which of the symptoms people were most likely to experience. For example, older people and men had more breathing difficulties and cognitive problems, whereas young people and women had more headaches, abdominal symptoms and anxiety/depression. Many patients had more than one long-COVID

[symptom](#), and symptoms tended to co-occur more as time progressed.

The study also looked at the same symptoms in people recovering from influenza. Long-COVID symptoms did occur after influenza, but were 1.5 times more common after COVID-19.

This study does not explain what causes long-COVID symptoms, nor how severe they are, nor how long they will last. The results do not take into account people who had COVID-19 but were not diagnosed, e.g. because they were asymptomatic and did not get tested, nor COVID-19 survivors with long-COVID symptoms that had not been recorded in their health records.

NIHR academic clinical fellow, Dr. Max Taquet, who led the analyses, said, "The results confirm that a significant proportion of people, of all ages, can be affected by a range of symptoms and difficulties in the six months after COVID-19 infection. These data complement findings from self-report surveys, and show that clinicians are diagnosing patients with these symptoms. We need appropriately configured services to deal with the current and future clinical need."

Professor Paul Harrison, Department of Psychiatry, who headed the study, said, "Research of different kinds is urgently needed to understand why not everyone recovers rapidly and fully from COVID-19. We need to identify the mechanisms underlying the diverse symptoms that can affect survivors. This information will be essential if the long-term health consequences of COVID-19 are to be prevented or treated effectively."

Provided by University of Oxford

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