Study Finds Persistent Gaps in Diagnoses for Depression and Chronic Conditions After COVID-19

Key Takeaways

- Age- and sex-standardized rates for 19 conditions (2016–2024) were modeled against pre-pandemic trajectories, showing sustained divergences consistent with delayed access and diagnostic backlogs.
- Depression diagnoses were 27.7% below expected, rebounding by late 2021 then falling again from 2022, most pronounced in ages 20–39 and White/mixed ethnicity groups.
- Asthma, COPD, and osteoporosis diagnoses stayed below baseline, aligning with disrupted testing pathways and NHS-identified priorities to address deferred respiratory and bone health detection.
- Chronic kidney disease diagnoses rose 34.8% above expectations (~359,000 excess), plausibly driven by increased testing, guideline changes, new treatments, and potential COVID-19–related renal risk.
- Dementia diagnosis recovery was uneven, returning to expected levels mainly in White and less-deprived groups, underscoring persistent ethnicity- and deprivation-linked inequities in case-finding.

COVID-19 significantly impacts diagnosis rates for depression, asthma, and osteoporosis, revealing health care inequities and the need for improved monitoring.

The COVID-19 pandemic has had a lasting and disproportionate impact on diagnosis rates for several conditions, including asthma and osteoporosis; however, depression has been the most affected, with nearly one-third fewer diagnoses than expected compared with pre-pandemic trends. As a result, many individuals may be living with untreated conditions because they were never diagnosed.[1,2]

Silhouette of depressed and anxiety person head. Negative emotion image. Person head shaped paper on black torn paper background - Image credit: adamichi | stock.adobe.com

In a study conducted by King's College London, the first to assess whether diagnosis rates have recovered since the pandemic, researchers analyzed anonymized data from more than 29 million individuals in England. The study authors, who published their findings in the British Medical Journal (BMJ), noted that diagnosis rates may be lower because growing pressures on the National Health Service (NHS) are delaying individual access to formal diagnoses.[1,2]

"This study highlights the incredible health data resources available within the NHS and demonstrates how real-time, anonymized data could be used safely and securely, without any individual patient data ever leaving the NHS system, to transform disease monitoring, enabling

earlier identification of inequities and informing how care is delivered," Mark Russell, PhD, consultant rheumatologist and epidemiologist at King's College London, said in a news release.[2]

Study Design and Statistical Analysis of Long-Term Condition Diagnoses

Researchers conducted a population-level observational cohort study using linked primary and secondary care data from the OpenSAFELY-TTP platform, which includes health records from general practices across England. Although coverage varies by region, the dataset is broadly representative of the English population, and primary care records were linked with hospital data to support the analysis.[1]

The study examined trends in age- and sex-standardized diagnosis rates for 19 long-term conditions from April 2016 through November 2024. Researchers compared observed post-COVID-19 diagnosis rates with expected rates projected from pre-pandemic patterns using statistical modeling methods.[1]

Condition-Specific Trends and Socioeconomic Disparities in Diagnosis Rates

Results found that diagnoses for several major conditions remained below pre-pandemic levels, with depression showing the largest decline at 27.7%, followed by asthma, chronic obstructive pulmonary disease (COPD), and osteoporosis. It also revealed unequal recovery in diagnosis rates, as dementia diagnoses returned to expected levels for White individuals and those living in less deprived areas but remained low among other ethnic groups and individuals living in more deprived communities.[1,2]

According to co-study author Sam Norton, professor of medical statistics at King's College London, the shortfall in depression diagnoses was especially notable and unexpected. Although rates dropped early in the pandemic and showed some recovery by late 2021, they fell sharply again starting in 2022. This trend was most pronounced among adults aged 20 to 39 years among individuals of white or mixed ethnicity.[1,2]

Further results found that during the pandemic recovery period, diagnoses of chronic kidney disease (CKD) increased above expectations by 34.8%, accounting for about 359,000 additional cases. However, recovery in dementia diagnoses was uneven, rising above pre-pandemic levels only among individuals of white ethnicity and those living in less deprived areas, but not among other ethnic or more deprived groups.[1,2]

"The rise in CKD diagnoses may reflect increased testing and greater awareness following guideline changes and the introduction of new treatments," Russel said. "It is also possible that the pandemic itself has contributed to an increase in CKD, either through the direct effects of Covid-19 infection or through delays in diagnosing related conditions such as diabetes."[2]

Diagnosis rates may be lower due to growing pressure on the NHS, delays in formal diagnoses, and more people receiving mental health support without a depression diagnosis, according to the study authors. Expanded access to psychological therapies has also led to a sharp rise in referrals, largely through self-referral. In addition, pandemic-related disruption and backlogs in diagnostic

testing likely contributed to reduced diagnoses of asthma, COPD, and osteoporosis, which the NHS has identified as a priority to address.[1,2]

"This is difficult to reconcile with other indicators of mental health need. Disability benefit claims for mental health conditions have increased substantially over the same period, suggesting these declining diagnosis rates may not reflect improving mental health," Norton said.[2]

What Do These Findings Mean for Pharmacists?

Since the COVID-19 pandemic, diagnoses for conditions such as depression, asthma, COPD, and osteoporosis have remained lower than expected, while diagnoses of CKD have increased since 2022. Recovery in diagnosis rates has varied by ethnicity and socioeconomic status, with notable differences seen in dementia diagnoses.[1.2]The findings suggest that routinely collected health data can be used to monitor disease trends in near real time. This approach can help improve disease detection and identify inequities in health care.[1,2]

For pharmacists, these findings underscore an increasingly important role in identifying potential gaps in care. As some patients may be receiving treatment for symptoms without a formal diagnosis or may not yet be engaged with the health care system at all, pharmacists are well positioned to recognize warning signs, support appropriate referrals, and reinforce evidence-based screening and monitoring.

REFERENCES

1. Russel M, Schaffer A, Bechman K, et al. Time trends in newly recorded diagnoses of 19 long term conditions before, during, and after the covid-19 pandemic: population based cohort study in England using OpenSAFELY. BMJ 2026;392:e086393. Doi: 10.1136
2. Diagnoses of major conditions failing to recover since the pandemic. News release. EurekAlert! January 21, 2026. Accessed February 3, 2026. https://www.eurekalert.org/news-releases/1113238

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