

Study (NP)	Patient Characteristics	No. of included patients	NP assessment / Definition	Time since COVID-19 to NP development	NP related clinical risk factors
Miller et al, 2021 [25]	COVID-19 critical care patients (severe) 54.5 years (mean age) 80% hypertension, 46% type 2 diabetes, 53% obesity 32.5 days average critical care admission stay	256	Assessment via nerve conduction studies in hospital / clinical signs in neurology appointments	Not documented	Secondary neuropathic pain due to long ITU prone positioning
Ojeda et al, 2022 [28]	Hospitalised 55-76 years of age Pain impacting daily living of patients 5 patients reported widespread body pain Neuropathic pain reported mostly extremities and upper limb	65	Assessment via brief pain inventory and DN4 questionnaires	1 month after discharge	Pain intensity risk factor of chronic pain
Magdy et al, 2022 [31]	Steroids, azithromycin, other medications during COVID-19, different combinations for each patient 27 – 60 years 14 / 90 smokers	90	Assessment via neurological examination and DN4 questionnaire	Immediately following COVID-19 infection (upon hospitalisation) and delayed (3 months+)	Length of COVID-19 disease (results suggestive longer duration heightens NP risk) Comorbidity, smoking not suggestive risk factors Azithromycin use is a risk factor for neuropathic pain following COVID-19 Higher NFL levels Depression presence COVID-19 severity
Ocak & Sahin, 2022 [27]	Patients from COVID-19 outpatient clinic 232 males 50% +ve PCR 166 active smokers 36 regular alcohol users Mean age younger for those reporting pain, vs those without pain Comorbidities excluded Different education backgrounds	440	Assessment via neuropathic pain questionnaire online	Not documented	Women higher pain intensity average No difference between genders for neuropathic pain presence
Ali et al, 2022 [23]	Non-hospitalised Long Covid	50	Assessment via phone or email questionnaire	14.8 months (average)	Autonomic dysfunction suggested as potential risk factor

	73% female 77% vaccinated for COVID-19 42.8 years mean age				
Oguz-Akarsu et al, 2021 [32]	41.8 years mean age (18-87 years) Comorbidities (32.4%), e.g., hypertension, endocrine, diabetes, respiratory etc. 116 males (52.3%) 36 smokers (16.2%) 9 Immunocompromised (4.1%) Widespread pain (36.4%) Extremity pain (21.8%)	222	Assessment via interview, 1.5 – 3 months post COVID-19 infection (+ve PCR), by two experienced neurologists	0 – 3 months following COVID-19 infection	Strong association between neuropathic pain and headache / pain syndrome presence Pain generally more frequent in females
Novak et al, 2022 [26]	Long-Covid Autonomic, multisystemic symptoms	9	Assessment via skin biopsies, inflammatory and autoimmune markers, sudomotor testing,	4 – 6 weeks after initial COVID-19 infection	Long-Covid associations – SFN, respiratory dysregulation, chronic inflammation, cerebrovascular dysregulation
Jena et al, 2022 [24]	102 mild, 62 moderate, 18 severe COVID-19 infection 72.53% male (132 / 182) 32.6% diabetes (66 / 182) Smoking and regular alcohol = 15 / 182 55 / 182 history of addiction 48.86 years mean age (13.98 years SD)	182	Assessment via DN4 questionnaire (collected data off the ward also)	Not documented	Higher COVID-19 severity (cytokine storm) Higher BMI History of Addiction
Shouman et al, 2021 [30]	All patients referred for autonomic testing following COVID-19 infection 41% male (11 / 27)	27	Assessment via sudomotor function, cardiovascular function, autonomic reflex screen, thermoregulatory sweat test	0 – 122 days following initial COVID-19 infection	Long-Covid overlap with ANS dysfunction and SFN Neuropathic pain exacerbation and new-onset following COVID-19 Pre-existing neurological disease worsened by COVID-19 infection
Scherlinger et al, 2021 [29]	40% male (12 / 30) 10% diabetic (3 / 30) Persistent symptoms had a cyclic pattern in 28 patients (93.3%) 40 years mean age (35 -54 years)	30	Assessment via physical examination (5 physicians), DN4 questionnaire, visual analogue scales, blood tests	Clinic evaluation 102 – 164 days following COVID-19 initial infection	COVID-19 infection increases anxiety / depression risk

			Also, fibromyalgia screen and rare systemic / autonomic disease screening	0-21 days symptom onset following initial COVID-19 infection	
Starace et al, 2021 [33]	69.7% of patients with TE and TR received treatments Comorbidities not recorded 24 men, 104 women	128	Assessment via clinical observation in hair specialist clinic appointments	0 – 31 days symptom onset following initial COVID-19 infection (62.5%) (early onset)  12 weeks+ symptom onset following COVID-19 infection (47.8%) (late onset)	COVID-19 severity Drug treatments potential risk factors (anticoagulants, hydroxychloroquine, azithromycin)