

Expanding our understanding of post COVID-19 condition web series: **Neurology and Mental Health**

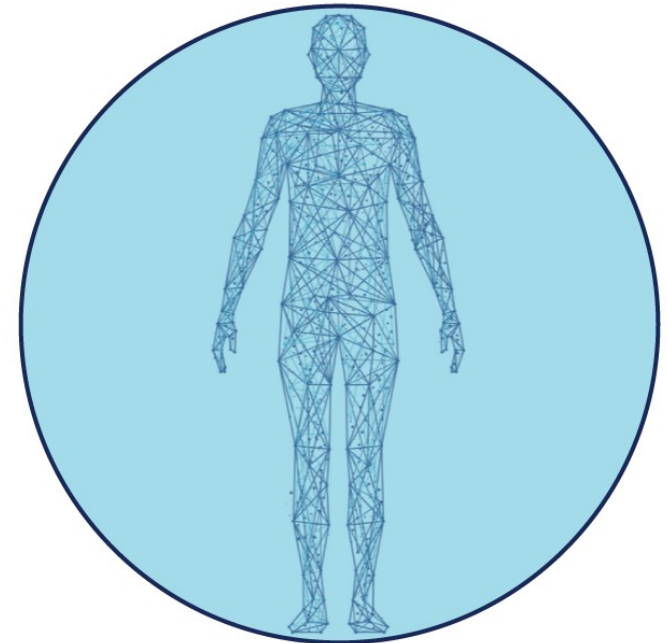
Clinical aspects and mental health services in post COVID-19 condition

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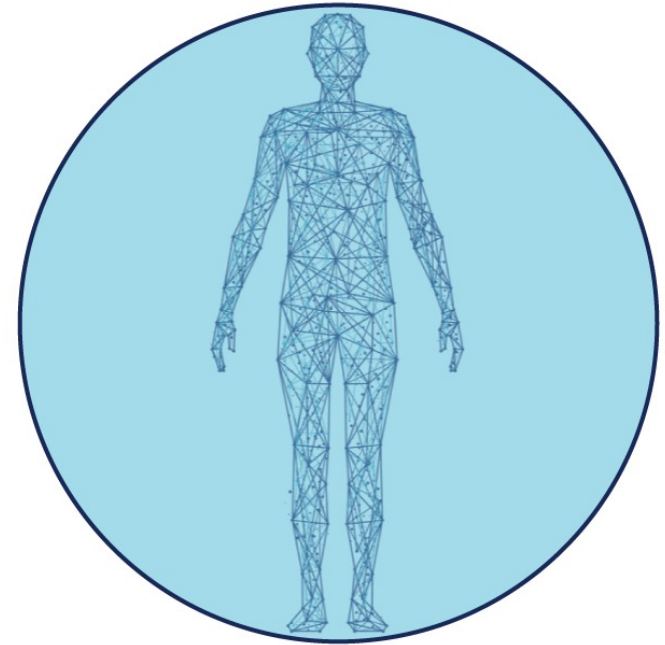
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Clinical aspects and mental health services in post COVID-19 condition

- **Lessons learned**
- **What to do next**
- **What we still do not know**



Priority Mental Healthcare Response during the Covid-19 Post-Crisis Phase

PLAN DE RESPUESTA ASISTENCIAL PRIORITARIA
EN SALUD MENTAL
EN LA POSTCRISIS POR COVID19
Mayo 2020



Oficina Regional de Coordinación de
Salud Mental y Adicciones

 **Servicio Madrileño
de Salud**

Increase MH work force for new programmes

New healthcare pathways

- Evaluation and follow-up of Covid-19 patients after discharge
- Bereavement
- MH care of health workers.

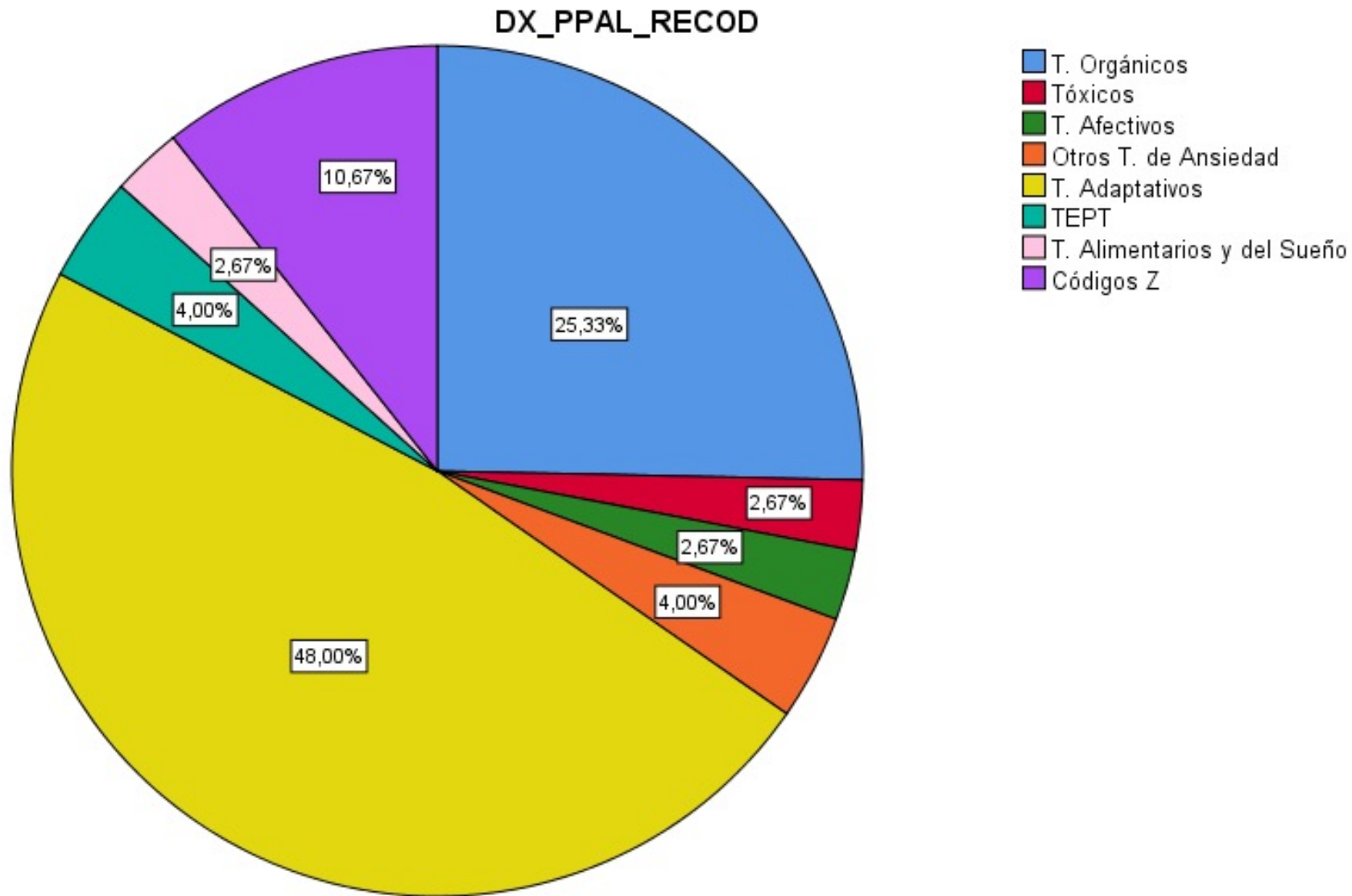
Clinical case definition of post COVID-19 condition WHO International Classification of Diseases (ICD) – ICD-10 U09 October 2021

Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and **cannot be explained by an alternative diagnosis**. Common symptoms include fatigue, shortness of breath, cognitive dysfunction but also others which generally have an impact on everyday functioning. Symptoms may be new onset, following initial recovery from an acute COVID19 episode, or persist from the initial illness. Symptoms may also fluctuate or relapse over time.



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ICD 10 Diagnosis



Clinical vignette 1

- Male manual worker mid-fifties, no previous MH problems
- Referred to the MH clinic three months after discharge from the Hospital. He presented significant anxiety, tremors, intrusive memories of other patients who had died in the hospital stay, and insomnia. He spent his mornings in bed listening to the radio and was unable to concentrate on more complex tasks, as such he received sick leave.
- Neuropsychological evaluation: Patient described difficulties in maintaining attentional focus and failures in recent memory. The results of the tests indicated a medium intellectual level, without specific alterations at the attentional and memory .
- Treatment for Post-Traumatic Stress Disorder (PTSD) was indicated and there was a progressive improvement. Pt. was able to return to work.

Clinical vignette 2

Retired salesman in his late seventies with several medical conditions prior to his admission (high arterial hypertension, dyslipidemia, aortic stenosis, and bilateral hearing loss). He also had minor cognitive deficits discovered in a neurological exam performed one year prior to his admission. During the hospitalization due to pneumonia caused by SARS-CoV-2 he developed delirium. Six months after discharge, he was referred to our clinic because of cognitive deficits.

The neuropsychological evaluation discovered losses in the flow of thought and difficulties in oral and verbal comprehension. The results of the evaluation indicated a global and significant cognitive deterioration. The relatives of the patient report a severe functional decline in parallel to the cognitive decline.

Clinical vignette 3

- Auto repair technician in his mid-fifties. No previous MH problems. Referred to our clinic one year after discharge from pneumonia because he was not able to return to work and presenting affective symptoms.
- The patient mainly reported difficulties in maintaining attention and in recent memory.
- Neuropsychological testing showed a global slowdown during the evaluation and moderate deficits were evidenced in alternating attention. His memory performance showed disturbances in immediate and delayed recall of verbal material.
- Treatment with antidepressant was initiated. At follow-up, he reported feeling slightly better cognitively and he was also experiencing mood improvement.

Lessons learned

- General population also presents higher rates of psychiatric burden since the start of the pandemic.
- The psychiatric burden (eg, anxiety, depression, posttraumatic stress disorder) is also known to increase after hospitalization for severe illnesses, which shows associations with cognitive disorders
- Need for an increased integration of psychosocial models of care with physical health services

What to do next

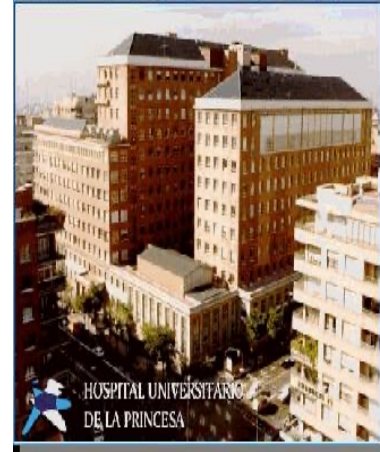
- Clarify the extent to which mental health problems in the post COVID-19 condition are due to individual or collective experiences or to biological changes from the infection
- Refinement of the definition of post COVID-19 condition based on:
 - Clinical study with objective and quantifiable measures
 - Analysis of confounding or contributing factors.
 - Follow up

What we still do not know

- We do not yet know the true incidence and consequences of the post COVID condition
- Lack of evidence available to inform mental health practice and policy
- Which management approaches work better



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