For patients with long COVID, look out for psychiatric sequelae

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Physicians may be grappling in the dark when trying to diagnose psychiatric symptoms in patients with long COVID.

“Most of our patients don’t fit into one neat box,” said former AMA President Patrice A. Harris, MD, MA, a board-certified child and adolescent psychiatrist.
Former AMA President Patrice A. Harris, MD, MA. Symptoms aren’t clear-cut, and studies addressing psychiatric problems and prolonged viral symptoms have yielded inconsistent results.

Physicians can do their part by actively looking for psychiatric comorbidities in long COVID patients, noted Dr. Harris, who addressed the topic during an education session at the 2022 AMA Interim Meeting in Honolulu.

They should also be partnering with psychiatrists in the community to increase access to treatment and work with systems to address health inequities, “so that everyone can have treatment opportunities where they live,” said Dr. Harris.

**Numbers “are all over the place”**

Post-acute SARS-CoV-2, often called long COVID syndrome, continues to be an ongoing health issue concern in the U.S.—especially as new virus variants emerge.

It’s difficult to gauge long-term consequences because the disease has only been around since 2020, noted Dr. Harris. Specifically for neuropsychiatric sequelae related to long COVID, the data is very heterogenous.

“Numbers are all over the place,” she said. Some studies say that 13% of long COVID patients develop mental health problems; others say 20%. Data on emergence of symptoms is also inconsistent.

The strongest studies to date say neuropsychiatric symptoms develop four to six months after acute infection, said Dr. Harris.

It is also unclear to what extent mental health symptoms are related to severity and duration of illness, she continued. “We can’t make that one-to-one correlation.”

Find out what doctors wish patients knew about long COVID.

**Symptoms affect quality of life**

Vague presentation of neuropsychiatric sequelae makes it challenging to arrive at a diagnosis. Mental health symptoms may be exacerbating previous symptoms or represent a new onset of symptoms,
said Dr. Harris.

Physicians often look for new onset anxiety disorder or depressed mood in long COVID patients. Patients who had been controlling psychiatric symptoms with medication might suddenly see an exacerbation in their post-traumatic stress disorder (PTSD), anxiety, depression or bipolar disorder.

Some patients with PTSD are so distressed they may stop working or develop suicidal thoughts. Fatigue, confusion and poor sleep often accompany psychiatric symptoms.

“Patients feel like they’re walking through a fog,” said Dr. Harris.

Misuse and exacerbation of substance-use disorders have also been reported.

“We must not underestimate the impact of the collective, community and individual trauma related to the pandemic,” she added.

“The key is to have your antenna up to look for these symptoms in your patients,” advised Dr. Harris.

Learn about HHS reports detailing plans to boost care, research on long COVID.

**Partnering with psychiatrists**

Dr. Harris urged physicians to become ambassadors in their communities. This involves partnering with psychiatric colleagues “because we’re going to be facing worsening lack of access at the time we need it the most,” she cautioned.

Health inequities have come into sharp focus during COVID, with communities of color being hard hit. “When you partner with your psychiatric colleagues, please think about health inequities and what you can do to work with these communities and ensure they get treatment,” she said.

Physicians should be using tools such as the patient health questionnaire (PHQ-9 and PHQ-2) to screen for depression, anxiety or PTSD. “When it comes to treatment, we’ve seen some success with cognitive behavioral therapy,” said Dr. Harris. The problem is there’s a lack of therapists with this type of training, she added.

Educating patients on digital health apps is also important. Many apps for mental health exist, but not all are effective and some are dangerous. The American Psychiatric Association has a tool that guides patients on app usage.
Patients should be aware of confidentiality issues and whether these apps are selling their data, said Dr. Harris.