

LONG COVID...Physical, Psychiatric and now Psychic Impact...

"Doctor, I don't feel me as self", remarks of many patients COVID has made us review the textbook teaching of infectious diseases.

Long COVID is a complex medical condition with more than 200 symptoms, ranging from benign complaints to severe organ dysfunction. The condition is characterized by long-term consequences persisting or appearing after the typical convalescence period of COVID-19. Therefore, it is also known as a post-COVID-19 syndrome, post-COVID19 state, post-acute sequelae of COVID-19 (PASC), or chronic COVID syndrome (CCS). Long COVID can involve nearly every organ system, with sequelae including respiratory system disorders, nervous system and neurocognitive disorders, mental health disorders, metabolic disorders, cardiovascular disorders, endocrine dysfunction, gastrointestinal disorders, malaise, fatigue, musculoskeletal pain, and anaemia¹.

Pathophysiology of this newfound clinical syndrome favours multiple undulations of cytokines, the thrombotic potential of the virus and an upsurge in autoimmunity as drivers of this enigma. However, some researchers believe that viral persistence is the primary inciting agent of the long Covid syndrome. Patients who suffer from such clinical consequences have demonstrated virions of Covid 19 in tissues and body components¹.

Few estimates substantiate that 80 to 90% of symptoms in long COVID are mild to moderate, which usually abate by a few months. But 5 to 10% are severely distressing situations, while around 5% are critical in their presentation leading to severe morbidity or mortality^{1,2}.

A UK Office for National Statistics survey estimated that about 14% of people testing positive for SARS-CoV-2 felt one or more symptoms for over three months. A study from

the University of Oxford on 273,618 survivors of COVID-19, mainly from United States, showed that about 37% experienced one or more symptoms between three and six months after diagnosis.

Long COVID is associated with suicidal thoughts, attempts to suicide, and sometimes the outcome being suicide. We don't have epidemiological data to refute or substantiate psychiatric manifestations. There is no authoritative data on the frequency of suicides among sufferers. Several scientists from different organizations, including the US National Institutes of Health and Britain's data-collection agency, are commencing to study a potential link following evidence of rising cases of depression and suicidal ideas among people with long COVID, as well as a growing number of post COVID deaths³.

Offlate psychiatrists examined these questions like.... Does the risk of suicide potentially grow among patients because the virus changes brain neurotransmitters? Another dimension is, Is bodily harm so severe that it pushes a person to think about suicide?

Researchers believe pain disorders, in general, were a potent predictor of suicide, as was inflammation in the brain, which several studies have tied with long COVID. Such a scenario should be taken seriously, and psychiatrists and clinical psychologists will play an optimistic role in such patients. In an audit in USA from May 2020 to July 2022, in 20 hospitals, amongst 1.2 million COVID sufferers, 18000 had post-COVID disability and debilitation.

Approximately 4.5 million people were forced out of work in the US, which amounts to 2.5% of the workforce, as per the Brookings Institution statement in the senate in July 2022. There is no data for the rest of the world; the third world has so many economic, social or cultural issues that

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leverage given to post-COVID syndrome is dismal. Even in the scientific arena, the topic has not been given proper recognition.

NIH has started tracking neurologic and mental health issues in COVID survivors through a COVID RECOVERY study, the preliminary data may be published by the end of 2022, but suicidal data will take longer to surface.

Pre-infection psychological distress was found to be associated with a higher risk of post-COVID state by researchers at the Harvard T.H. Chan School of Medicine in Boston. Their study tracked some 55,000 people over 19 months and found the link increased dose-dependent⁴.

According to Harvard researchers, psychological distress has been related to more prolonged and severe illness after respiratory tract infections. It might push the immune activation and dysregulation involved in long COVID^{3,4}. Yet consensus is growing around the notion that the lingering virus plays a significant role in long COVID. Preliminary research at Yale University documented T or B cell activity in long COVID patients' blood, suggesting that patients' immune systems continue to react to the virus in their bodies.

At the very least, it deprives individuals of their quality of life, costs the healthcare system dearly, and places stress on an already-strained workforce.

Yet, there is neither standardized definition of long COVID currently nor any agreed-upon treatment. Data reporting on the condition has been vague, and the studies done hence far have not been able to convey to doctors what they need to know.

An Audio interview on the potential post-acute sequelae of SARS-CoV-2 infection by the NEJM editors with Dr Cliff Rosen, a principal investigator in the NIH-funded RECOVER initiative's study of long Covid, is worth heed⁷.

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