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A Scoping Review of the Psychiatric Effects of Long-COVID

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Abstract

The COVID-19 pandemic was a novel type of traumatic event, affecting the general population worldwide and causing significant disruption to daily life. A new urgent concern is the burden associated with COVID-19 symptoms that persist after infection, known as long-COVID syndrome. The purpose of this paper is to:describe the most common psychiatric symptoms reported by patients with long-COVID syndrome evaluate methodological discrepancies among available studies; and inform clinicians and policymakers on potential strategies to promote in order to manage the psychiatric consequences of long-COVID syndrome. The current review included twenty-one papers, the majority of which used a cross-sectional or cohort design. The definitions of long-COVID syndrome differed significantly.

Keywords: COVID-19 • Infection • Psychiatric • Potential

Introduction

The COVID-19 pandemic represented a new type of traumatic event, as it was completely unexpected, affecting the entire global population and causing severe disruption in daily life. The pandemic and its related containment measures have had a serious negative impact on the general population's and special target groups' mental health. Although the World Health Organization has not declared the pandemic crisis over, the development and dissemination of vaccination campaigns have significantly reduced virus-related mortality rates worldwide. Post-COVID-19 syndrome is defined by the National Institute for Health and Care Excellence (NICE) guidelines as "signs and symptoms that develop during or after an infection consistent with COVID-19, persist for more than 12 weeks, and are not explained by an alternative diagnosis." However, the term "long COVID" refers to a prolonged illness that lasts 4 to 12 weeks after the acute illness and during recovery. In fact, no universal agreement on the definition of this clinical condition has been reached thus far, and other terms, such as synonyms, are used, such as "post-acute COVID-19", "ongoing symptomatic COVID-19", "chronic COVID-19", "post COVID-19 syndrome" and "long-haul COVID-19".

Literature Review

We considered published case reports, observational, case-control, cohort, randomised control trials (RCT), and retrospective and prospective real-world experience studies of COVID-19 infection in this scoping review. Searching electronic databases and the reference lists of selected articles yielded the publications. The search was restricted to English-language studies. The electronic database search began with the publication of Badenoch, et al systematic review and meta-analysis in December 2021. Only studies on adult populations were considered. Studies on underage children and/or adolescents were excluded because the prevalence data of long COVID syndrome in such a population is extremely heterogeneous, necessitating a different management plan than in the adult population. Reviews were not included in the analysis, but their reference lists were.

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Date of Submission: 02 September, 2022, Manuscript No. abp-22-80811; Editor Assigned: 05 September, 2022, PreQC No. P-80811; Reviewed: 16 September, 2022, QC No. Q-80811; Revised: 22 September, 2022, Manuscript No. R-80811; Published: 27 September, 2022, DOI: 10.37421/2472-0496.2022.8.174 Only studies dealing with neuropsychiatric/psychiatric symptoms in COVID-19 infected patients were considered. Two reviewers independently assessed the studies to extract the main data. The kappa measure of agreement was 0.81, indicating that there was almost complete agreement. Disagreements between the reviewers were resolved through discussion and, if necessary, with the assistance of a third senior researcher. Data on study characteristics, study design and inclusion criteria, post-COVID syndrome definition, assessment tools, and main findings were extracted.

Discussion

Almost all of the studies included in the criterion had laboratory-confirmed SARS-CoV-2 infections, as evidenced by a positive real-time reverse transcriptase polymerase chain reaction (PCR). Alradini et al. and Matsumoto et al. collected data primarily by phone or on an online platform, and participants self-declared the presence of infection. We discovered significant heterogeneity in the definition of "long-COVID syndrome" across the studies. Cacciatore et al., Calabria et al., Damanti et al., De Las Penas et al., Farooqui et al., Stallmach et al., Voruz et al. reported that recruited patients included those who had survived COVID-19 or who were discharged from a COVID-19 unit but did not provide a specific time frame for the study. Several people who have had a symptomatic COVID-19 infection have reported cognitive impairment, including difficulties with concentration, memory, receptive language, and/ or executive functions. Psychiatric symptoms and cognitive impairment can develop and persist months after infection, and their emergence may be due in part to the disease's somatic, functional, or psychosocial consequences. Coronaviruses, in particular, can cause cognitive, emotional, neurovegetative, and behavioural dysregulation as a result of direct neurological injuries caused by hypoxic damage and neuroinvasion. Furthermore, the systemic immune activation seen in COVID-19 can contribute significantly to the mental health toll even months after the initial disease. Coronaviruses can also cause cognitive, emotional, neurovegetative, and behavioural dysregulation through hypoxic damage and neuroinvasion. Furthermore, neuroinflammation may be involved [1-6].

Conclusion

The most common psychiatric symptoms of the long-COVID syndrome, according to our scoping review, were fatigue, cognitive disturbances/ impairment, depression, and anxiety symptoms. The rate of fatigue ranged from 61.4% to 23.5%, and the rate of depressive-anxiety symptoms ranged from 23.5% to 9.5%. Furthermore, several methodological differences have been identified among the available studies in terms of the type of assessment tools used, the definition of the long-COVID syndrome, and the type of inclusion criteria. The physiopathological mechanisms of brain invasion are still unknown, but new studies with in vivo exploration using fMRI and PET techniques are on the way. As a result, it appears that policymakers, researchers, and clinicians must find an appropriate clinical definition with consistent symptoms and diagnostic criteria in order to move forward.

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Conflict of Interest

There are no conflicts of interest by author.

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