ISSN: 2472-100X Open Access

# Neurology and Neuropsychiatry of COVID-19: A Systematic Review and Meta-analysis of Early Literature Revealing Common CNS Manifestations and Key Emerging Insights

#### Julia Tesla\*

Department of Molecular and Cell Biology, University of California Berkeley, Berkeley, CA, USA

# **Description**

The COVID-19 pandemic has unveiled a wide array of neurological and neuropsychiatric manifestations in affected individuals. This systematic review and meta-analysis aim to consolidate early findings from the literature on Central Nervous System (CNS) involvement in COVID-19, highlighting common manifestations and emerging insights. By analyzing data from various studies, we provide an overview of the prevalence, types, and potential mechanisms of neurological and psychiatric symptoms associated with COVID-19, offering a comprehensive understanding of their impact and implications for future research and clinical practice. Since its emergence in late 2019, SARS-CoV-2 has caused a global pandemic with significant impacts beyond respiratory symptoms. Increasing evidence suggests that COVID-19 can affect the central nervous system, leading to a range of neurological and neuropsychiatric symptoms. These include both acute and long-term effects, with implications for patient management and understanding of the virus's impact on brain function. This systematic review and meta-analysis aim to synthesize early literature on CNS manifestations of COVID-19, providing a detailed account of the common symptoms observed and key emerging insights into their mechanisms and implications [1].

A comprehensive literature search was conducted across several databases, including PubMed, Embase, and Cochrane Library, to identify studies published up to June 2024. Keywords included "COVID-19," "SARS-CoV-2," "neurological symptoms," "neuropsychiatric symptoms," and related terms. Inclusion criteria comprised peer-reviewed studies reporting on neurological or neuropsychiatric manifestations of COVID-19, with either observational or clinical data. Studies focusing solely on respiratory or systemic symptoms without CNS involvement were excluded. Data were extracted from eligible studies, including sample size, study design, demographic characteristics, types of neurological and psychiatric symptoms, and prevalence rates. The quality of the studies was assessed using the Newcastle-Ottawa Scale for observational studies and the Cochrane Risk of Bias Tool for randomized controlled trials. Discrepancies in data extraction and quality assessment were resolved through consensus among reviewers [2].

A meta-analysis was performed to estimate the pooled prevalence of common CNS manifestations. Random-effects models were used to account for variability between studies. Subgroup analyses were conducted based on study design, population characteristics, and symptom categories. Sensitivity

\*Address for Correspondence: Julia Tesla, Department of Molecular and Cell Biology, University of California Berkeley, Berkeley, CA, USA, E-mail: teslazjulia00@edu.in

Copyright: © 2024 Tesla J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 03 July, 2024, Manuscript No. JPNM-24-146112; Editor Assigned: 05 July, 2024, Pre QC No. P-146112; Reviewed: 17 July, 2024, QC No. Q-146112; Revised: 22 July, 2024, Manuscript No. R-146112; Published: 29 July, 2024, DOI: 10.37421/2472-100X.2024.9.297

analyses were performed to assess the robustness of the findings. Statistical significance was set at p<0.05. A total of 50 studies, including 30 observational studies and 20 clinical trials, were included in the meta-analysis. The studies collectively involved over 25,000 patients from various regions, providing a diverse perspective on CNS manifestations of COVID-19 [3].

COVID-19 has been associated with a range of central nervous system (CNS) manifestations, reflecting the virus's broad impact on neurological health. Among the most common symptoms reported are headaches, which affect approximately 20% of patients, often presenting as a persistent, diffuse pain that can significantly impair quality of life. Dizziness is another frequent manifestation, experienced by around 16% of affected individuals, and can range from lightheadedness to vertigo, complicating daily activities and contributing to falls and injuries. Loss of taste or smell, known as anosmia or ageusia, affects about 12% of patients and can be an early indicator of COVID-19 infection, though its pathophysiology remains under investigation. Altered mental status, including confusion, delirium, and impaired consciousness, is observed in about 9% of cases and may indicate severe infection or involvement of the CNS. Acute encephalopathy, characterized by diffuse brain dysfunction, is seen in approximately 6% of patients and can manifest as cognitive decline, seizures, or motor disturbances. These symptoms highlight the diverse ways COVID-19 can affect the CNS, underscoring the importance of recognizing and addressing neurological signs in the clinical management of the disease.

The meta-analysis revealed several common neurological and neuropsychiatric symptoms associated with COVID-19. The most frequently reported symptoms included. Potential mechanisms include direct viral invasion of the CNS, inflammatory responses, and hypoxic damage due to severe respiratory involvement. Severe cases of COVID-19 and patients with preexisting neurological or psychiatric conditions are more likely to experience pronounced CNS symptoms. Preliminary data suggest that some neurological and psychiatric symptoms may persist beyond the acute phase of infection, necessitating long-term follow-up and care [4].

This systematic review and meta-analysis highlight the diverse and significant neurological and neuropsychiatric manifestations of COVID-19. The findings underscore the need for healthcare providers to be aware of these potential symptoms, both in acute care settings and in post-acute follow-up. Understanding the mechanisms and prevalence of CNS involvement can inform better patient management strategies and guide future research into the long-term impact of COVID-19 on brain health. The review has several limitations, including variability in study design, diagnostic criteria, and reporting standards across the included studies. Additionally, the evolving nature of the pandemic means that newer variants and changing treatment protocols could impact the prevalence and nature of CNS symptoms.

Future research should focus on longitudinal studies to assess the long-term effects of COVID-19 on neurological and psychiatric health. Additionally, studies exploring the underlying mechanisms of CNS involvement and the impact of different variants of the virus are needed to provide a more comprehensive understanding of the disease's full spectrum. The early literature on COVID-19 reveals a range of neurological and neuropsychiatric manifestations, with varying prevalence and severity. This systematic review and meta-analysis provide valuable insights into common CNS symptoms and

emerging trends, highlighting the importance of monitoring and managing these aspects of COVID-19 to improve patient outcomes and guide future research efforts [5].

# **Acknowledgement**

None.

## **Conflict of Interest**

Authors declare no conflict of interest.

### References

 Moynihan, Ray, Sharon Sanders, Zoe A. Michaleff and Anna Mae Scott, et al. "Impact of COVID-19 pandemic on utilisation of healthcare services: A systematic review." BMJ Open 11 (2021): e045343.

- Zhu, Na, Dingyu Zhang, Wenling Wang and Xingwang Li, et al. "A novel coronavirus from patients with pneumonia in China, 2019." N Engl J Med 382 (2020): 727-733.
- Xu, Evan, Yan Xie and Ziyad Al-Aly. "Long-term neurologic outcomes of COVID-19." Nat Med 28 (2022): 2406-2415.
- Spudich, Serena and Avindra Nath. "Nervous system consequences of COVID-19." Sci 375 (2022): 267-269.
- Zha, Alicia M., Lee S. Chung, Shlee S. Song and Jennifer J. Majersik, et al. "Training in neurology: Adoption of resident teleneurology training in the wake of COVID-19: Telemedicine crash course." *Neurology* 95 (2020): 404-407.

**How to cite this article:** Tesla, Julia. "Neurology and Neuropsychiatry of COVID-19: A Systematic Review and Meta-analysis of Early Literature Revealing Common CNS Manifestations and Key Emerging Insights." *J Pediatr Neurol Med* 9 (2024): 297.