MAUDSLEY LEARNING WEBINAR SERIES: The Psychiatry of Pandemics

Webinar 2: Psychiatric Presentations of Coronavirus Outbreaks - Q&A

5th May 2020

Speaker panel:

- Dr Sotiris Posporelis
- Dr Jonathan Rogers

To watch the webinar recording, click here.

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Question 1: There are reports of “psychogenic COVID-19” conversion reaction, with symptoms of sore throat, dyspnoea, and even psychogenic fever. Have you met cases like this? and how could we distinguish this?

Answer:
(Dr Jonathan Rogers):
Yes, we have encountered patients suffering from this as well as patients suffering from COVID-19 with extreme anxiety. Testing for the SARS-CoV-2 in mucosal membranes has value in excluding COVID-19 (although there are false negatives, particularly if swab technique is suboptimal). However, there are of course many other causes for upper respiratory tract infections. I think anxiety out of proportion to symptoms and prognosis is a helpful factor in identifying whether more of a functional approach to illness would be helpful (with or without addressing any organic respiratory symptoms).

Question 2: What psychiatric effects could we expect from patients who have a dementia illness?

Answer:
(Dr Jonathan Rogers):
Patients with dementia will be less likely to be able to articulate their symptoms, so we might have to rely more on signs. The main neuropsychiatric presentation is likely to be delirium, as patients with dementia are at higher risk of this.

Question 3: In the review might we clarify what the follow up period is prior to these diagnoses of depression, PTSD etc. PTSD symptoms immediately post ITU for instance does not warrant a formal diagnosis as most symptoms remit over time (commonly seen post ICU). Please clarify.

Answer:
(Dr Jonathan Rogers):
In our review of the literature (as yet unpublished), the point prevalence of anxiety disorders, depression and PTSD in prior coronavirus outbreaks was at 11.6 months, 22.6 months and 33.6 months respectively. I think this addresses understandable concerns about medicalising normal reactions to severe physical illness.

Question 4: How long can the delirium last for after COVID symptoms resolution?

Answer:
(Dr Jonathan Rogers):
We do not have good data on this, and it was not well characterised even for SARS and MERS. Helms et al., NEJM 2020 examined patients who were treated in ITU with COVID-19. At discharge, 15 of 45 of these (33%) had a 'dysexecutive syndrome', which suggests some residual cognitive impairment. In our clinical experience, we are seeing some cases where delirium persists beyond the severe respiratory illness.

Question 5: Is the confusion due to C02 retention?

Answer:
(Dr Jonathan Rogers):
There are a few possible reasons for the confusion. Hypoxaemia and carbon dioxide retention are likely to contribute. Systemic inflammation is also likely to be important.
