

Alexandre Martins Valença¹<https://orcid.org/0000-0002-5744-2112>Isabella Nascimento¹<https://orcid.org/0000-0001-6158-1476>Antonio Egidio Nardi¹<https://orcid.org/0000-0002-2152-4669>

COVID-19 and its implications for individuals with severe mental disorders and dementia

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COVID-19, first diagnosed in December 2019, has raised numerous challenges for public health, clinical research, and healthcare in the global population. The continuing spread of the coronavirus is accompanied by new stressors, including risks to physical and psychological health, isolation and loneliness, closing of companies and¹ schools, loss of jobs, and economic vulnerability. The pandemic's effects, restrictions on social and occupational life, and contact with health systems will last for a long time and affect everyone.

The clinical and psychiatric research on COVID-19 thus far has focused² especially on the pandemic's effect on the general population and healthcare workers³.

In relation to the latter, a study of 1,257 hospital physicians and nurses in China, who worked directly with COVID-19 patients, identified high rates of depression, anxiety⁴, insomnia, and emotional stress. A systematic review found that following the acute phase, COVID-19 patients can present mental confusion, depressed mood, anxiety, irritability, insomnia, and memory impairment.

Factors related to the development of mental disorders in COVID-19 patients include family history of mental illness, lack of social support, advanced age, prolonged social isolation, and use of high-dose steroids in treatment during the acute phase of the viral infection⁵. Other studies⁶ that applied structured diagnostic interviews detected severe cases of depression and post-traumatic stress disorder in COVID-19 survivors or⁷ worsening of symptoms in patients with previous mental disorders.

Few studies have focused on the impact of COVID-19 in populations of individuals with severe mental disorders such as schizophrenia, other psychoses, bipolar disorder, and dementia. Individuals with severe mental disorders are particularly sensitive to the changes caused by the pandemic. They may have limited access to their psychiatric treatment due to the closing of mental healthcare services, increasing the risk⁸ of relapse or worsening of their symptoms. They may also present greater risk of⁹ clinical comorbidities and increased risk of COVID-19 infection. The decrease in the search for face-to-face medical care due to fear of exposure to the virus and infection is an additional aggravating factor.

The crisis generated by the pandemic requires resilience and significant adjustments. However, individuals with severe mental disorders may lack the adaptive mechanisms or a social support network to cope with the stressors, accompanying the pandemic. An association has been described between psychosis and a wide range of psychosocial factors, including life stressors, suggesting that COVID-19 can be an¹⁰ important risk factor for the onset or exacerbation of psychotic disorders. Possible etiological factors include exposure to the virus, treatment used in managing the¹¹ infection (steroids), and psychosocial stressors¹².

Many individuals with schizophrenia and bipolar disorder are homeless, with no safe place for the social distancing required during the pandemic. In addition, severe mental disorders are associated with cognitive deficits, including executive¹³ dysfunction. Such deficits can prevent individuals with these disorders from choosing correct information on the mode of transmission of COVID-19 and from translating this information into behavior that reduces exposure to infection, such as care with hygiene and hand washing, use of face masks when leaving home, and attention to initial signs and symptoms of COVID-19.

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¹ Federal University of Rio de Janeiro, Institute of Psychiatry, Rio de Janeiro, RJ, Brazil.

Address for correspondence: Isabella Nascimento. Av. Veneslau Brás, 71, Fundos, Campus da Praia Vermelha, Botafogo – 22290-140 – Rio de Janeiro, RJ, Brasil.
E-mail: inascim66@gmail.com



The risk factors for dementia, such as advanced age, obesity, cardiovascular disease, hypertension, and diabetes mellitus, are also risk factors for COVID-19, making¹⁴ persons with cognitive dysfunction more vulnerable to the virus. Besides, the mental status of patients with dementia may worsen with the potential neurological¹⁵ complications of COVID-19, including stroke, encephalitis, and encephalopathy.

Another aspect is that dementias in advanced stages pose an important risk of¹⁶ mortality. Recognition of COVID-19 in patients with dementia can favor early and adequate treatment and isolation.

When protected face-to-face contact is impossible, the use of virtual communications resources such as video calls via WhatsApp, Skype or other platforms has facilitated contact between family members and healthcare professionals, thereby guaranteeing the necessary care during this pandemic period.

Helping individuals with severe mental disorders and dementia to maintain physical distancing and take preventive measures against this viral infection is a challenging task. It is important for families and healthcare professionals to monitor social distancing, be alert to personal hygiene and protective measures for these individuals, and ensure constant observation of behavior changes or aggravation of symptoms of previous mental disorders. Immediate medical care should be available in case any of these conditions occurs. It is also important to maintain agile communications between mental healthcare services and clinical services in order to provide a comprehensive approach for these individuals.

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