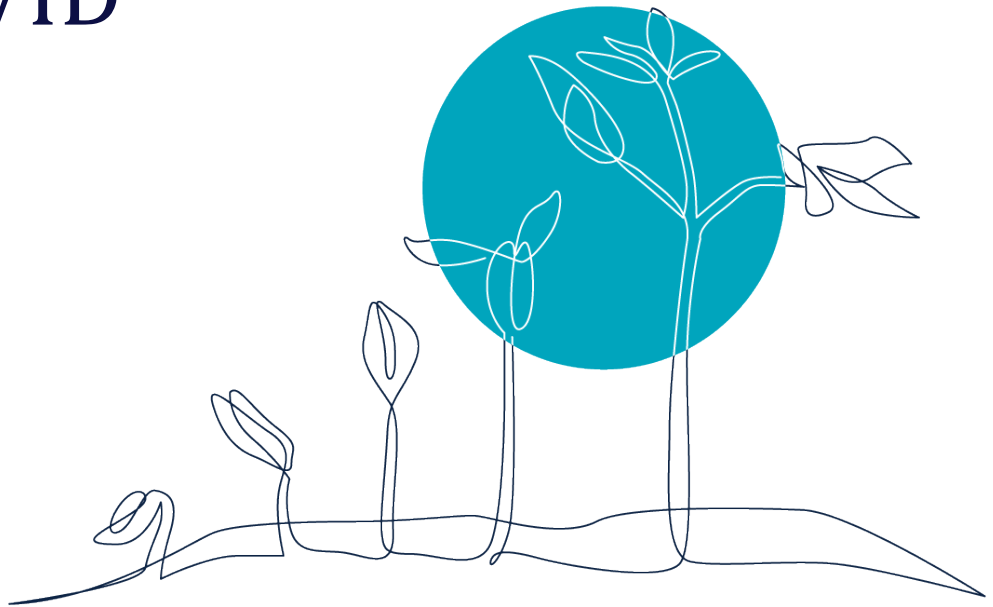
Mental Health Aspects of Managing Long COVID



Julius Elefante, MD, FRCPC

June 22, 2022 | 6:30PM

THE UNIVERSITY OF BRITISH COLUMBIA
Continuing Professional Development
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DISCLOSURES

I do not have a relationship (financial or otherwise) with a for-profit or not-for-profit organization to disclose

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THE MENTAL HEALTH TSUNAMI THAT DID NOT HAPPEN

- Suicide
  - Canada's official statistics show that suicides dropped by 15% in 2020
  - In high income and upper-middle-income countries, suicide numbers have remained largely unchanged (Pirkis et al., *Lancet Psychiatry*, 2019)
  - Reports of higher usage of crisis lines
  - Canada Suicide Prevention Helpline 1-833-456-4566

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Duong, CMAJ, 2022
https://cmajnews.com/2022/06/13/covid-mental-health-1096005/

THE MENTAL HEALTH TSUNAMI THAT DID NOT HAPPEN

- Wellbeing
  - According to systematic review of 65 studies across many countries, there was a small increase in mental health symptoms in March/April 2020 but by mid-2020 this had declined and became comparable to pre-pandemic levels (Robinson et al., *J Affect Disord*, 2021)
  - According to a Statistics Canada survey, throughout the pandemic, a majority of Canadians age 12 and over have not reported a worsening of their mental health
    - CAVEAT: 37.5% reported their mental health being “somewhat worse or much worse” compared to pre-pandemic when surveyed in mid-November 2021 to February 2022

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Duong, CMAJ, 2022
https://cmajnews.com/2022/06/13/covid-mental-health-1096005/

HOWEVER, FOR THOSE WITH LONG HAUL COVID…

Image from http://www.phsa.ca/health-info/post-covid-19-care-recovery#Clinical--care

- The WHO estimates that 10-20% of people who have COVID will develop post-COVID conditions
- WHO definition of "post COVID-19 condition:" history of probable or confirmed SARS-CoV-2 infection, usually within three months from the onset of COVID-19, with symptoms and effects that last for at least two months. Diagnosis of exclusion

Duong, CMAJ, 2022
https://doi.org/10.1503/cmaj.1096004

- CDC definition: "We use post-COVID conditions as an umbrella term for the wide range of health consequences that are present four or more weeks after infection with SARS-CoV-2"

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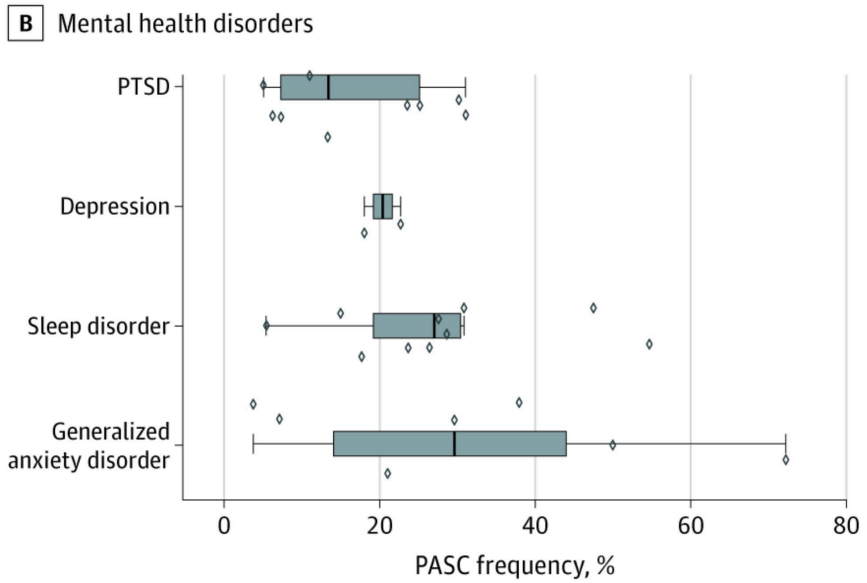
MENTAL HEALTH POST ACUTE SEQUELAE OF COVID-19

In a systematic review (19 studies, n=250,531):

- ~ 1 in 3 COVID-19 survivors was diagnosed with generalized anxiety disorders (7 studies; median [IQR], 29.6% [14.0%-44.0%])
- ~ 1 in 4 with sleep disorders (10 studies; median [IQR], 27.0% [19.2%-30.3%])
- ~ 1 in 5 with depression (2 studies; median [IQR], 20.4% [19.2%-21.5%])
- ~ 1 in 8 with posttraumatic stress disorder (9 studies; median [IQR], 13.3% [7.3%-25.1%])



Groff D et al., *JAMA Netw Open.*, 2021

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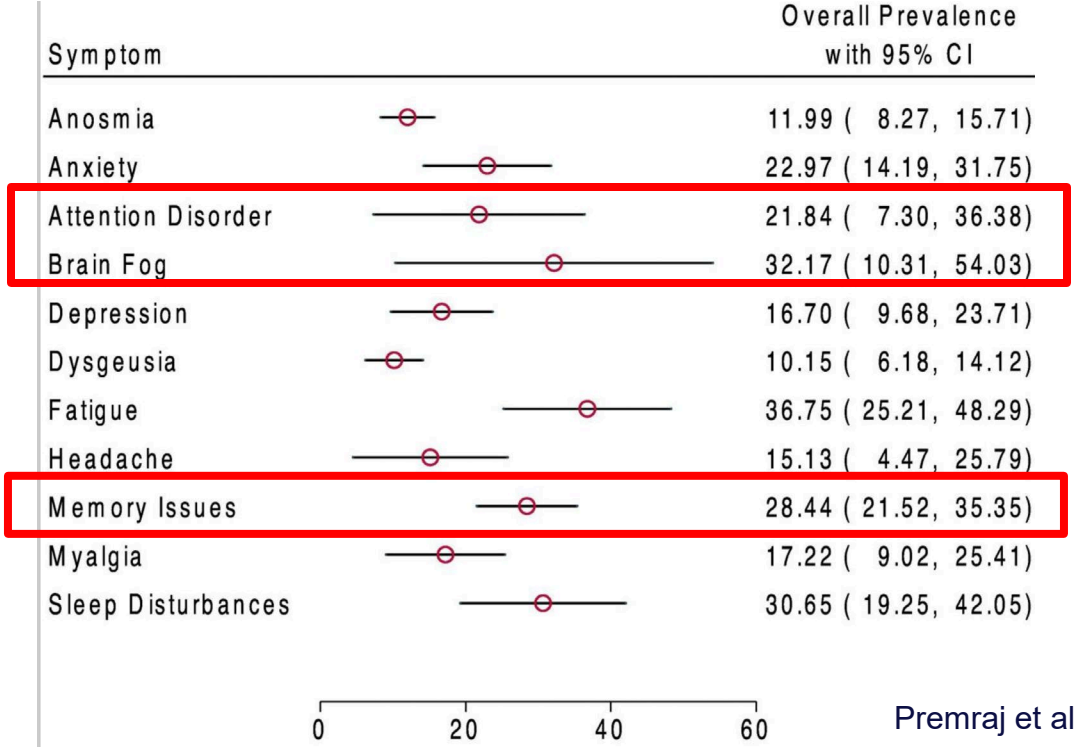
PREVALENCE OF POST COVID-19 SYMPTOMS

From a meta-analysis of 19 studies (11,324 patients):



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Premraj et al., *J Neurol Sci.*, 2022

BRAIN FOG

- Frequently reported in hospitalized and non-hospitalized COVID-19 patients
  - Concentration, attention, memory, executive function
  - 18% moderately to severely ill (including hospitalized) reported cognitive symptoms; 9% in mildly ill (Caspersen et al., *European Journal of Epid.,* 2022)
  - 25% report cognitive symptoms at 1 year follow-up (Rass et al., *European Journal of Neur.,* 2022

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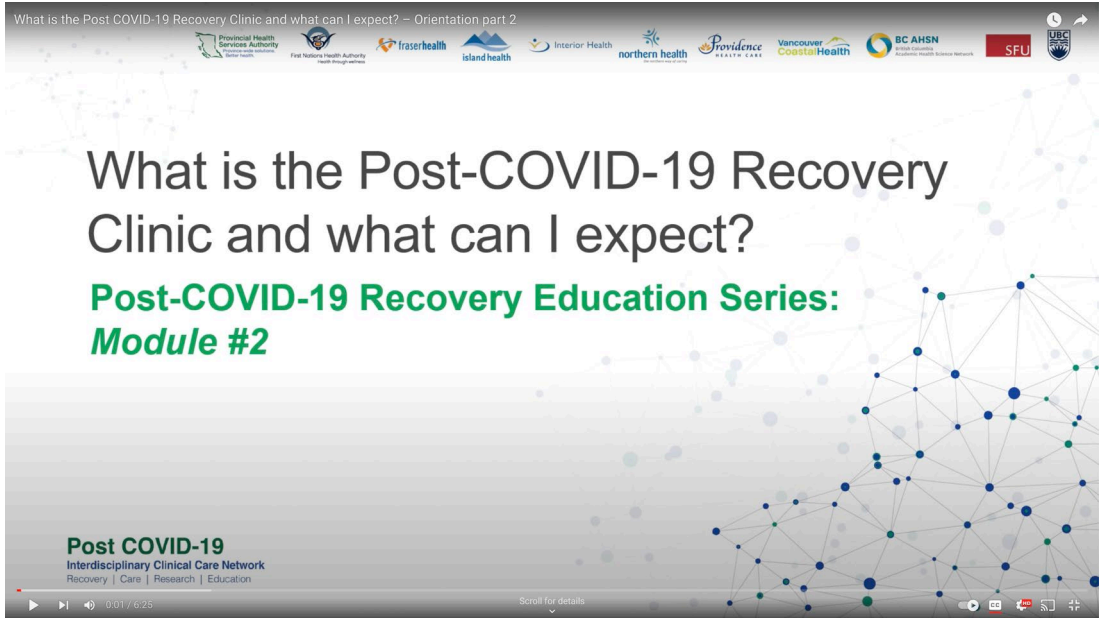
Adapted from CDC.gov

POST COVID INTERDISCIPLINARY CARE NETWORK



https://www.youtube.com/watch?v=fEhlp9If08E

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POST COVID INTERDISCIPLINARY CARE NETWORK

A bidirectional relationship between mental and somatic symptoms may complicate recovery; a holistic approach is needed to support patients with “long-COVID”

As best as possible, address other common physical symptoms of long-COVID that may contribute to mental health symptoms. Recommend pacing strategies (like those suggested for ME/CFS or post-concussion) as appropriate

Most long-COVID patients with mental health symptoms do not meet DSM5 criteria for a psychiatric disorder, but patients should still be supported in managing these symptoms to facilitate recovery

For patients that had COVID19, assess & manage new or recurrent psychiatric disorders as per usual guidelines

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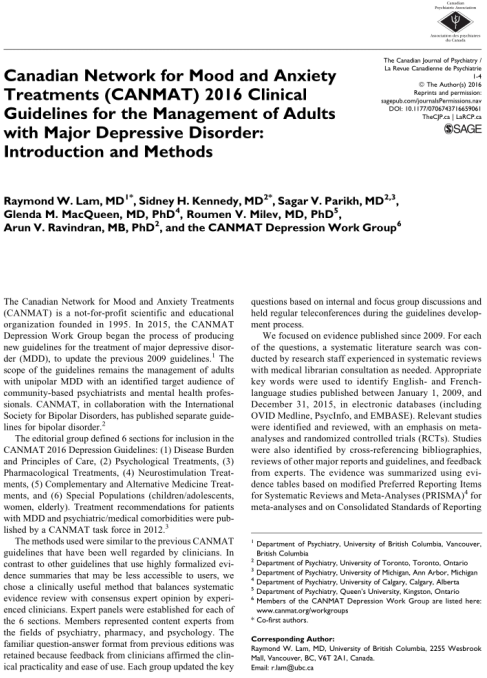
CLINICAL PRACTICE GUIDELINES



The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie
1-4

DOI: 10.1177/0706743716659061
TheCJP.ca | LaRCP.ca
SAGE

Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Introduction and Methods

Raymond W. Lam, MD[1*], Sidney H. Kennedy, MD[2*], Sagar V. Parikh, MD[2,3], Glenda M. MacQueen, MD, PhD[4], Roumen V. Milev, MD, PhD[5], Arun V. Ravindran, MB, PhD[2], and the CANMAT Depression Work Group[6]

The Canadian Network for Mood and Anxiety Treatments (CANMAT) is a not-for-profit scientific and educational organization founded in 1995. In 2015, the CANMAT Depression Work Group began the process of producing new guidelines for the treatment of major depressive disorder (MDD), to update the previous 2009 guidelines.[1] The scope of the guidelines remains the management of adults with unipolar MDD with an identified target audience of community-based psychiatrists and mental health professionals. CANMAT, in collaboration with the International Society for Bipolar Disorders, has published separate guidelines for bipolar disorder.[2]

The editorial group defined 6 sections for inclusion in the CANMAT 2016 Depression Guidelines: (1) Disease Burden and Principles of Care, (2) Psychological Treatments, (3) Pharmacological Treatments, (4) Neurostimulation Treatments, (5) Complementary and Alternative Medicine Treatments, and (6) Special Populations (children/adolescents, women, elderly). Treatment recommendations for patients with MDD and psychiatric/medical comorbidities were published by a CANMAT task force in 2012.[3]

The methods used were similar to the previous CANMAT guidelines that have been well regarded by clinicians. In contrast to other guidelines that use highly formalized evidence summaries that may be less accessible to users, we chose a clinically useful method that balances systematic evidence review with consensus expert opinion by experienced clinicians. Expert panels were established for each of the 6 sections. Members represented content experts from the fields of psychiatry, pharmacy, and psychology. The familiar question-answer format from previous editions was retained because feedback from clinicians affirmed the clinical practicality and ease of use. Each group updated the key questions based on internal and focus group discussions and held regular teleconferences during the guidelines development process.

We focused on evidence published since 2009. For each of the questions, a systematic literature search was conducted by research staff experienced in systematic reviews with medical librarian consultation as needed. Appropriate key words were used to identify English- and French-language studies published between January 1, 2009, and December 31, 2015, in electronic databases (including OVID Medline, PsycInfo, and EMBASE). Relevant studies were identified and reviewed, with an emphasis on meta-analyses and randomized controlled trials (RCTs). Studies were also identified by cross-referencing bibliographies, reviews of other major reports and guidelines, and feedback from experts. The evidence was summarized using evidence tables based on modified Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[4] for meta-analyses and on Consolidated Standards of Reporting

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[6] Members of the CANMAT Depression Work Group are listed here: www.canmat.org/workgroups
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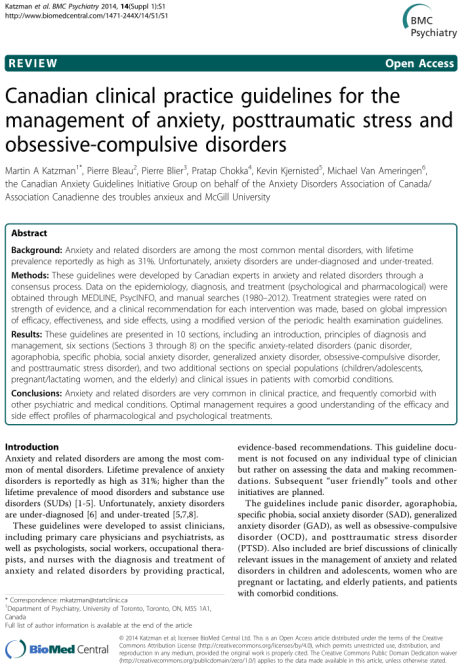

Katzman *et al. BMC Psychiatry* 2014, **14**(Suppl 1):S1
http://www.biomedcentral.com/1471-244X/14/S1/S1

BMC Psychiatry

REVIEW Open Access

Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders

Martin A Katzman[1*], Pierre Bleau[2], Pierre Blier[3], Pratap Chokka[4], Kevin Kjernisted[5], Michael Van Ameringen[6], the Canadian Anxiety Guidelines Initiative Group on behalf of the Anxiety Disorders Association of Canada/ Association Canadienne des troubles anxieux and McGill University

Abstract

Background: Anxiety and related disorders are among the most common mental disorders, with lifetime prevalence reportedly as high as 31%. Unfortunately, anxiety disorders are under-diagnosed and under-treated.

Methods: These guidelines were developed by Canadian experts in anxiety and related disorders through a consensus process. Data on the epidemiology, diagnosis, and treatment (psychological and pharmacological) were obtained through MEDLINE, PsycINFO, and manual searches (1980–2012). Treatment strategies were rated on strength of evidence, and a clinical recommendation for each intervention was made, based on global impression of efficacy, effectiveness, and side effects, using a modified version of the periodic health examination guidelines.

Results: These guidelines are presented in 10 sections, including an introduction, principles of diagnosis and management, six sections (Sections 3 through 8) on the specific anxiety-related disorders (panic disorder, agoraphobia, specific phobia, social anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, and posttraumatic stress disorder), and two additional sections on special populations (children/adolescents, pregnant/lactating women, and the elderly) and clinical issues in patients with comorbid conditions.

Conclusions: Anxiety and related disorders are very common in clinical practice, and frequently comorbid with other psychiatric and medical conditions. Optimal management requires a good understanding of the efficacy and side effect profiles of pharmacological and psychological treatments.

Introduction

Anxiety and related disorders are among the most common of mental disorders. Lifetime prevalence of anxiety disorders is reportedly as high as 31%; higher than the lifetime prevalence of mood disorders and substance use disorders (SUDs) [1-5]. Unfortunately, anxiety disorders are under-diagnosed [6] and under-treated [5,7,8].

These guidelines were developed to assist clinicians, including primary care physicians and psychiatrists, as well as psychologists, social workers, occupational therapists, and nurses with the diagnosis and treatment of anxiety and related disorders by providing practical, evidence-based recommendations. This guideline document is not focused on any individual type of clinician but rather on assessing the data and making recommendations. Subsequent "user friendly" tools and other initiatives are planned.

The guidelines include panic disorder, agoraphobia, specific phobia, social anxiety disorder (SAD), generalized anxiety disorder (GAD), as well as obsessive-compulsive disorder (OCD), and posttraumatic stress disorder (PTSD). Also included are brief discussions of clinically relevant issues in the management of anxiety and related disorders in children and adolescents, women who are pregnant or lactating, and elderly patients, and patients with comorbid conditions.

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RETURN TO WORK CONSIDERATIONS

Graduated exposure may be helpful, in particular if infection acquired at work environment

Post-COVID-19 Care and Recovery (patient resources)
http://www.phsa.ca/health-info/post-covid-19-care-recovery

Returning to work
https://www.youtube.com/watch?v=beKcWMlGpc4

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RESOURCES

Web Resources

Anxiety Canada - COVID19: www.anxietycanada.com/covid-19/

BounceBack BC – www.bouncebackbc.ca

Here to Help - COVID19: www.heretohelp.bc.ca/infosheet/covid-19-and-anxiety

Foundry (for Ages 12 - 24): www.foundrybc.ca/covid19/

Calm - Videos for meditation & relaxation: www.youtube.com/c/calm

Mobile Apps

Free for iOS & Android- Be sure to enable notifications/reminders where available!

Mindshift CBT (Anxiety focus), COVID Coach, Woebot (Chatbot) , Wysa (Chatbot & *optional* paid chat therapist), Breathr, Mindfulness Coach, Insomnia Coach

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RESOURCES

Books

- Mind over Mood (Greenberger and Padesky)
- The Anxiety and Phobia Workbook (Bourne)
- Overcoming Trauma and PTSD: a Workbook Integrating Skills from ACT, DBT and CBT (Raja)

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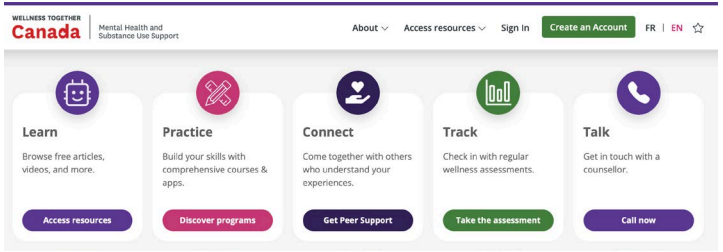
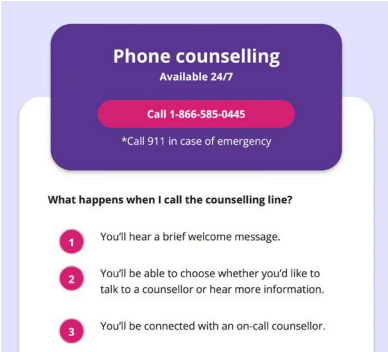
RESOURCES: CAN PRINT THIS PAGE AND GIVE TO PATIENTS

Access to counselling and other supports

- https://ca.portal.gs
- cbtskills.ca – 8-week group medical visit for adults (virtual)
- 9-1-1 if you are in an emergency
- 1-800-SUICIDE (1-800-784-2433) if you are considering suicide or are concerned about someone who may be
- 310Mental Health Support at 310-6789 (no area code needed) for emotional support, information and resources specific to mental health
- Kid's Help Phone at 1-800-668-6868 to speak to a professional counsellor, 24 hours a day.
- Alcohol & Drug Information and Referral Service at 1-800-663-1441 (toll-free in B.C.) or 604-660-9382 (in the Lower Mainland) to find resources and support





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