

POSTCOVID SYNDROME AND ITS NEUROPSYCHIATRIC CONSEQUENCES AFTER COVID-19 IN PATIENTS WITH ALCOHOLISM

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Abstract

The long-term negative impact of COVID-19 on the health of patients with alcoholism is uncertain. A wide range of studies are currently underway to study the prevalence of depression, anxiety, delirium in COVID-19 patients. These patients have a number of long-term multisystemic symptoms without organ damage and in normal physical and laboratory performance, which are accompanied by a decrease in performance at different levels, including those associated with cognitive disorders that manifest equally in all age groups. An inverse correlation was found between the severity of depressive symptoms and the duration of hospitalization of patients. Coronavirus seropositivity is associated with suicidal behavior within a year after acute illness. Women and patients with a previous diagnosis of depression or anxiety disorder have a greater risk of developing fatigue.

Keywords: alcoholism, COVID-19, depression, anxiety, neuropsychiatric.

INTRODUCTION

The authors identified 55 symptoms with which millions of people struggle for a long time after the disease, among which the most common are: severe fatigue (58%), headache (44%), impaired concentration and memory (25%), sweating, depression, anxiety and obsessions [2, 4]. Fatigue, shortness of breath, disorders of the cardiovascular system, sleep disorders, symptoms of post-traumatic stress disorder (PTSD), joint and muscle pain, loss of taste or smell, hair loss are often observed. Skin rash, decreased appetite, impaired lung and kidney functions are somewhat less common [1, 5].

According to meta-analysis, fatigue and dyspnea are common in patients, both hospitalized and not hospitalized, 60 and 90 days after COVID-19: 56% and 35% for fatigue: 27% and 26% for

dyspnea, respectively. The European prevalence rates of fatigue and dyspnea are significantly higher than in China, which may be due to a younger age and less comorbidity in Chinese patients [3, 6].

The development of mental disorders is 2 times more common than influenza or other acute respiratory infections, and psychiatric morbidity increases within 6 months after infection with COVID-19, regardless of its severity [7]. Compared with other acute respiratory infections, the SARS-CoV-2 virus has clearly greater neurotropic activity and significantly more often causes damage to the central nervous system, and therefore much attention is paid to damage to the nervous system in the form of neurological and/or psychopathological symptoms [8]. Despite meeting the clinical criteria for recovery, patients are found to have mental health problems as the main consequences of COVID-19 [9]. 6 months after COVID-19, 13% of 236 thousand patients had a psychiatric or neurological diagnosis [10].

Patients are at risk of developing mental disorders 30 days or more after receiving a positive test for SARS-CoV-2, including anxiety and depressive disorders, adjustment disorders, substance use, neurocognitive disorders and sleep disorders [11, 12]. More than half of patients report at least one of the psychopathological symptoms (anxiety, depression, PTSD or cognitive impairment) 6 months after the disease [13]. The prevalence of anxiety, depression and sleep disorders in COVID-19 patients is 47%, 45% and 34%, respectively [14]. The frequency of symptoms of depression after 12 weeks from an acute condition is 11-28%, while the frequency of clinical depression is 3-12% [15]. Mood disorders 6 months after acute COVID-19 are noticeably more common than after influenza or other acute respiratory viral infections at the same time intervals [16, 18].

Systematic analysis of studies devoted to the study of various mental disorders within the framework of post-ovoid syndrome lasting from 2 weeks to 10 months, i.e. in accordance with the definitions of ICD-10 and NICE during the entire postcovid period (more than 4 weeks from the onset of the disease, subject to a negative polymerase chain reaction test), he established a special asthenoneurotic symptom complex with severe asthenia and cognitive dysfunction (memory, attention, executive functions) as a characteristic of a long-term multisystem postcovid syndrome, which is often joined by prolonged anxiety-depressive symptoms. This psychopathological symptom complex is detected in almost a third of all patients and in two thirds of patients with severe coronavirus infection and hospitalization [17, 19, 20].

Cognitive impairments within the framework of postcovid syndrome are mainly represented by memory and attention disorders regardless of age [21, 23]. 18% of patients who have had COVID-19 have new or increased memory problems and 16% - with concentration [22, 24]. An online survey in the USA revealed more than 50% of cognitive impairments after COVID-19, especially long-lasting difficulties in concentration [25]. 28-56% of patients with a mild or asymptomatic course of COVID-19 found postcovid cognitive impairment, mainly in the form of impaired attention and executive functions (planning, goal setting, problem solving) [26, 28]. Complaints include difficulty concentrating, articulating thoughts, and making decisions ("brain fog"). There is a correlation between cognitive deficits and the severity of the disease (Fig. 1). There is evidence that COVID-19 worsens the understanding of the text and the

meaning of words (gnosis) [27, 29]. Delirium in the acute period of coronavirus infection is a significant risk factor for the development of postcovid cognitive impairment [30].

Conclusion

The development of postcovid neuropsychiatric disorders is associated with the combined influence of neurotropy of the virus, systemic inflammation and stressful psychological factors. The polymorphism of the clinical consequences of infection caused by SARS-CoV-2 makes it difficult to diagnose and organize medical care for patients who have undergone COVID-19. There is no unified approach to the interpretation of numerous phenotypic manifestations of postcovid and generally accepted terminology. A wide range of different patient examinations and an integrative interdisciplinary approach to treatment and rehabilitation care are needed, combining traditional pharmacotherapy, non-pharmacological methods of treatment, behavior and lifestyle changes.

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