

Profile of Psychiatric Disorders among COVID-19 Patients Admitted at COVID-designated Medical College and Hospital

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ABSTRACT

Introduction: There is sparse literature on psychiatric disorders among Coronavirus (COVID-19) disease patients at tertiary health care centers.

Aims and objectives: To study the profile of psychiatric disorders among COVID-19 disease patients admitted at COVID-designated medical college and hospital and to assess demographic factors like age, sex, referring units, psychiatric diagnosis, and psychiatric intervention.

Materials and methods: A retrospective study was conducted among patients admitted for COVID-19 disease referred to psychiatry department for consultation liaison psychiatry services from April 2020 to November 2020 (First wave) in COVID-designated medical college and hospital fulfilling the inclusion and exclusion criteria. Case records of adult patients admitted at COVID-designated hospital with reference for psychiatry were eligible for the study. Case records with incomplete data were excluded from the study. A predesigned data collection form was used to assess demographic factors such as age, sex, referring units, psychiatric diagnosis, and psychiatric intervention. Institutional Ethics Committee (IEC) clearance was obtained. The data were tabulated in Excel sheet and analyzed with descriptive tests.

Results: A sample size of 121 referrals was assessed; out of which, 4 patients' records were incomplete and not diagnosed with psychiatric disorders nor psychological problems and were nil active from psychiatry. Hence, their records were excluded from the study. In the final analysis, 117 case records were included. We found that 76 (64.96%) were males and 41 (35.04%) were females; the mean age of the sample was 47.4 years; 62.39% were confirmed cases of COVID-19 disease, whereas 37.61% were probable cases of COVID-19 disease. The maximum number of referrals were received in the month of July (36.75%). The referrals were received mostly from COVID isolation wards (53.85%) followed by COVID high dependency unit (23.93%) and COVID intensive care unit (22.22%). The commonest psychiatric disorders among the referred patients were adjustment disorder (34.62%) followed by organic delirium (26.92%). Escitalopram was the most medication prescribed followed by clonazepam.

Conclusion: We conclude that psychiatric disorders were found to be prevalent in patients with COVID-19 disease admitted at COVID-designated medical college and hospital and had a distinct profile with relevant clinical and research implications as per our study setting.

Keywords: COVID-19, Profile, Psychiatric disorders.

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INTRODUCTION

The World Health Organization (WHO) declared the Coronavirus (COVID-19) disease outbreak on January 30, 2020, as a public health emergency of international concern. Since then, the pandemic has impacted the physical and mental health of millions of people globally.¹ COVID pandemic has spotlighted psychiatric and mental health issues in persons suffering from COVID-19 disease especially when in self-isolation.² There is also growing concern over how the pandemic, as well as measures put in place to curb the pandemic, will impact people with mental disorders over long term.³ COVID-19 disease presents with its unique set of challenges for psychiatry, especially the neuropsychiatric, consultation liaison, and psychosocial aspects.⁴

Consultation liaison (C-L) psychiatry as a subspecialty has been characterized as the domain of clinical psychiatry that includes psychiatrists and associated mental health professionals' clinical, teaching, and research activities in non-psychiatric divisions of a general hospital.⁵ The role of consultation liaison psychiatry (CLP) is to integrate all information available from all the sources and provide optimal health care which should be in sync with the needs of patients.⁶ Consultation liaison psychiatry has a significant role in the psychiatric as well as psychological care of patients admitted with COVID-19 disease at relevant hospital settings. Consultation liaison psychiatrists can work collaboratively in the multidisciplinary

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care of acutely ill COVID-19 disease patients for mental health-related issues.⁷

AIMS AND OBJECTIVES

The aim of this study is to study the profile of psychiatric disorders among COVID-19 disease patients admitted at COVID-designated medical college and hospital.

The objectives of this study are to assess demographic factors like age, sex, habits, reasons for referral, referring units, psychiatric diagnosis, and psychiatric intervention.

MATERIALS AND METHODS

This was a retrospective record-based study conducted at Department of Psychiatry of COVID-designated medical college and hospital. It was conducted by reviewing the records of inpatients admitted for COVID-19 disease referred to psychiatry department for a period from April 2020 to November 2020 (first wave) in COVID setup at MGM Medical College, Navi Mumbai, India. The inclusion criteria comprising the records of patients admitted for COVID-19 disease from April 2020 to November 2020 were included. Records of patients admitted for COVID-19 disease with incomplete data were excluded. A predesigned data collection form was used to assess the following variables comprising demographic factors such as age, sex, referring units, psychiatric diagnosis, and psychiatric interventions. Institutional Ethics Committee Clearance was obtained. The data were collected, tabulated in Excel format, and analyzed using descriptive analysis.

RESULTS

We found that a total of 121 patients who were admitted for COVID-19 disease at the COVID-designated medical college and hospital had been referred to the psychiatry department for consultation liaison psychiatry services during the study period. Out of the $n = 121$ referred, 4 patients' records were incomplete and not diagnosed with psychiatric disorders nor psychological problems and were nil active from psychiatry. Hence, their records were excluded from the study. One hundred and seventeen case records were included in the final analysis. We found that the mean age of patients referred to psychiatry department was 47.4 ± 15.7 years with an age range of 18–87 years. The majority of patients belonged to 41–50 years (23.93%), followed by 23.07% patients belonging to 31–40 years. About 64.96% patients were males and 35.04% patients were females. Out of 117 cases referred to psychiatry department, 62.39% were confirmed cases of COVID-19 disease, whereas 37.61% were probable cases of

COVID-19 disease at the time of the reference (reports awaited) (Table 1). The majority of patients were referred from COVID isolation wards (53.85%), whereas 23.93 and 22.22% cases were referred from COVID high dependency unit (COVID HDU) and COVID intensive care unit, (COVID ICU), respectively (Fig. 1).

The various reasons for referral to psychiatry as per records were talking irrelevantly (18.80%), violent behavior (10.26%), restlessness (30.77%), low mood (25.64%), disturbed sleep (3.42%), and psychiatric dose adjustment in known case of psychiatric illness (11.11%) (Fig. 2). The commonest psychiatric disorders among the patients referred following COVID-19 disease were adjustment disorder (34.62%), followed by organic delirium (26.92%), generalized anxiety disorder (11.54%), acute stress reaction (8.65%), panic disorder (4.81%), alcohol-use disorder (3.85%), and insomnia (3.85%). Depression (2.88%), psychosis (1.92%), and mixed anxiety depression (0.96%) were the least common psychiatric comorbidities observed in our study. Unitwise analysis showed that the most common psychiatric diagnosis was adjustment disorder from the isolation wards, while organic delirium was the most common psychiatric diagnosis from COVID

Table 1: Demographic profile of sample

Baseline variables	Frequency (n = 117)	Percentage (%)
Age (years)		
18–30	16	13.68
31–40	27	23.07
41–50	28	23.93
51–60	21	17.95
>60	25	21.37
Sex		
Male	76	64.96
Female	41	35.04
COVID status at the time of reference		
Confirmed cases	73	62.39
Probable cases (results awaited)	44	37.61
Habitat		
Rural	60	51.28
Urban	24	20.51
Semiurban	33	28.21

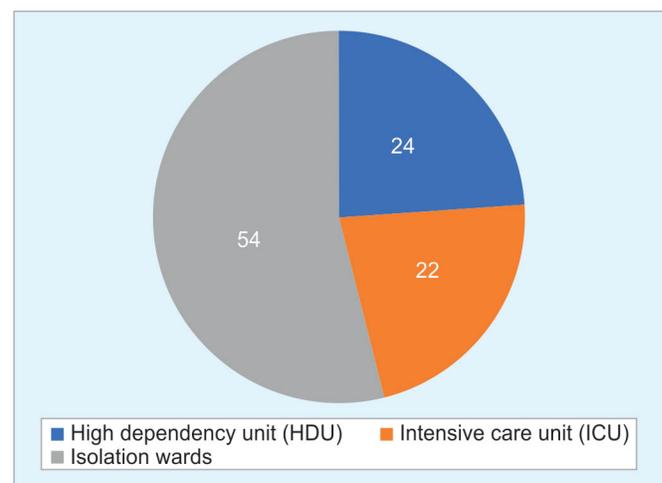


Fig. 1: Profile of referring units for consultation liaison psychiatry services for patients with COVID-19 disease

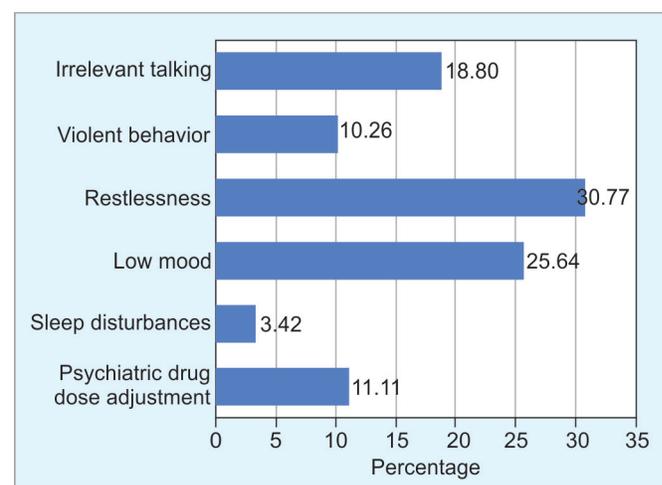


Fig. 2: Profile of reasons for referral for consultation liaison psychiatry services in patients with COVID-19 disease

Table 2: Profile of psychiatric disorders diagnosed in patients with COVID-19 disease referred for consultation liaison psychiatry services

Psychiatric disorders	Total (n = 104)		Male (n = 73)		Female (n = 31)	
	n	%	n	%	n	%
Adjustment disorder	36	34.62	23	31.50	13	41.94
Organic delirium	28	26.92	24	32.88	4	12.90
Generalized anxiety disorder	12	11.54	7	9.59	5	16.13
Acute stress reaction	9	8.65	6	8.22	3	9.68
Panic disorder	5	4.81	5	6.85	0	0
Alcohol-use disorder	4	3.85	4	5.48	0	0
Insomnia	4	3.85	3	4.11	1	3.22
Depression	3	2.88	0	0	3	9.68
Psychosis	2	1.92	0	0	2	6.45
Mixed anxiety depression	1	0.96	1	1.37	0	0

Table 3: Profile of known case of psychiatric disorders in patients of COVID-19 disease referred for consultation liaison psychiatry services

Psychiatric disorders	Total (n = 13)		Male (n = 3)		Female (n = 10)	
	n	%	n	%	n	%
Schizophrenia	4	30.77	1	33.33	3	30
Depression	4	30.77	1	33.33	3	30
Generalized anxiety disorder	5	38.46	1	33.33	4	40

ICU as well as COVID HDU. Among males, organic delirium (32.88%) followed by adjustment disorder (31.50%) were the most common psychiatric disorders, whereas adjustment disorders (41.94%) followed by generalized anxiety disorder (16.13%) were the most common psychiatric illness among females (Table 2). The observed difference in psychiatric disorders between males and females was statistically significant ($p < 0.05$). Known case of psychiatric illness was seen in 11.11% ($n = 13$) of the patients, which included schizophrenia (30.77%), depression (30.77%), and generalized anxiety disorder (38.46%) (Table 3).

Tablet escitalopram was the most common drug prescribed from psychiatry in patients with COVID-19 disease followed by tablet clonazepam. The starting dose of escitalopram used was 10 mg, whereas the most common dosage of clonazepam was 0.5 mg. Injectables in the form of haloperidol (5 mg) and promethazine (25 mg) combined were given intramuscularly for acute control as per relevant indication for $n = 18$ subjects. All patients in our study ($n = 117$) had received additional tele-counseling services for supportive care and mental well-being.

DISCUSSION

The COVID-19 disease pandemic has affected not only the physical health of an individual but also affected mental health and psychological well-being of the affected individual and their caregivers. Literature highlights that as the patient is isolated away from family for the period of illness, anxiety, depression, and post-traumatic stress are reported to be higher in such patients.¹ Consultation liaison (C-L) psychiatry has a relevant role in care of patients with COVID-19 disease to provide optimal psychiatric and mental health care to the patients as part of multidisciplinary collaborative team work.⁷

In our study, the mean age of patients with COVID-19 disease along with psychiatric disorder was 47.4 ± 15.7 years, and the majority were in the age group of 41–50 years (23.93%). We observed male predominance in referral patterns in our study as per the records of referred patients with COVID-19 disease for consultation liaison psychiatry. Certain authors mention that there could be inherent biological factors which could link to immune responses as well as psychosocial, epidemiological, and attitudinal factors which could be linked to male predominance across studies.⁸ Although there is no gender difference in the proportion of patients infected with severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2), males are at a much higher risk of severe sickness and mortality than females, according to a study by Peckham et al.⁹ A review study on epidemiology of patients with COVID by Hossain et al. found that women were at a higher risk of developing mental health problems compared to men.¹⁰ Kragholm et al. found that 47.1% were men in their study sample.¹¹ Our study sample was record of referred profile of patients who were admitted at COVID-designated hospital for consultation liaison psychiatry, and we found that males were referred (64.96%) in the referred sample as per our study settings.

SARS-CoV-2 may cause delirium during the acute stage in a considerable number of patients. Certain literature highlights that there could be a possibility of depression, anxiety, fatigue, post-traumatic stress disorder, and rarer neuropsychiatric syndromes emerging over longer term, which needs careful monitoring and regular evaluation and appropriate treatment.¹² Deng et al. found that 45% of COVID-19 disease patients reported depression, 47% experienced anxiety, and 34% experienced sleep difficulties.¹³ However, we found adjustment disorder (34.62%) followed by organic delirium (26.92%) to be the most common disorders in our study, which is relevant as per our study setting.

A systematic review and meta-analysis on different coronaviruses (SARS, Middle East respiratory syndrome (MERS), and SARS-Cov2) by Cénat et al. showed that 14–61% of infected individuals face serious psychiatric and neuropsychiatric problems [such as depression, impaired memory, insomnia and sleep disorders, anxiety, and post-traumatic stress disorder (PTSD), etc.] during the illness, and 14.8–76.9% experience these problems afterward.¹⁴

The neuropsychiatric sequelae of COVID-19 disease pandemic is a cause of concern, which can increase the neuropsychiatric burden and includes conditions such as encephalopathy, delirium, mild cognitive impairment, mood swings, insomnia, suicide, and psychosis based on a review study by Dinakaran et al.¹⁵

COVID can affect cognitive functioning and lead to cognitive impairment and delirium. It can also link to mental state disorders (depression, anxiety, and PTSD) and physical impairment in affected individuals.¹⁶

Post-COVID, the survivors showed a higher-than-average incidence of PTSD, major depression, and anxiety as per study by Mazza et al.¹⁷

Rebora et al. found out that about one in seven patients aged 65 years or over, hospitalized with COVID-19 disease, had delirium.¹⁸ Guo et al. showed that COVID-19 disease patients had higher levels of depression ($p < 0.001$), anxiety ($p < 0.001$), and post-traumatic stress symptoms ($p < 0.001$) compared to non-COVID controls.¹⁹

Rogers et al. found that the most common symptoms among patients admitted to hospital for COVID-19 disease included confusion (27.9%) depressed mood (32.6%), anxiety (35.7%), impaired memory (34.1%), and insomnia (41.9%).

COVID-19 disease can bring its own set of stress, anxiety, and depression, which can lead to disturbed sleep patterns.²⁰

Bo et al. found that post-traumatic stress symptoms associated with the COVID-19 disease were quite high (96.2%) in their study on COVID. They also found that nearly half of the participants (49.8%) considered psycho-educational services helpful.²¹ Iqbal et al. found that the consultation liaison team diagnosed delirium ($n = 13$), non-affective psychosis ($n = 9$), acute stress reaction ($n = 8$), anxiety disorder ($n = 8$), mania ($n = 8$), and depression ($n = 8$) in 49 of 50 patients with COVID-19 disease.²²

We found that the most common reasons for referral were talking irrelevantly (18.80%), violent behavior (10.26%), restlessness (30.77%), low mood (25.64%), disturbed sleep (3.42%), and psychiatric dose adjustment in known case of psychiatric illness (11.11%). The most common reason for referral according to study by Arbelo et al. was psychiatric drug dose adjustment (38.8% of all consultations), and the least was suspected substance abuse (1.4%).²³

Our study found that adjustment disorders was most common diagnosis overall followed by organic delirium. Varatharaj et al. found that 59% of patients with COVID-19 disease had altered mental status, which fulfilled the clinical case definitions for psychiatric diagnoses, out of which 9% had exacerbations of existing enduring mental illness, 43% had new-onset psychosis, 26% had neurocognitive (dementia-like) syndrome, and 30% had another psychiatric disorder (mania, catatonia).²⁴

Our study had found that tablet escitalopram and tablet clonazepam were prescribed in the majority of cases. Yue et al. had found that 13.1% of patients were given supportive psychotherapy in their study, and 86.9% of patients were prescribed psychotropic medicines in addition to psychotherapy. They found that 26.2% were prescribed antidepressants, 22.6% benzodiazepines, 10.7% antipsychotic drugs, and 54.8% non-benzodiazepine sedative-hypnotics.²⁵

All patients in our study had received additional tele-counseling services for supportive care and mental well-being. Timely mental health care is of utmost importance during such tough times. This can be done effectively by the establishment of multidisciplinary mental health teams, consultation liaison psychiatry services, counseling for patients, staff, etc. These can be further linked to

digital psychiatry and telemedicine and tele mental health services, which can help improve the outreach of the services via digital technology.²⁶

COVID-19 disease can cause significant effects on mental health of the affected individual as well as the general population at large across various psychosocial domains. There is a high priority for multidisciplinary mental health science research in COVID.²⁷ Tele mental health and tele psychiatry services have also emerged significant for mental health services during the COVID pandemic. Online mental health services can also be utilized for improving the quality and timely effectiveness of psychiatric interventions in times of the COVID pandemic.²⁸

The strengths of the study include relevance to COVID-19 disease and psychiatry conducted at COVID-designated medical college and hospital with consultation liaison psychiatry clinical services. The limitations of the study were retrospectively record based. Furthermore, there were no correlations done with relevant neuropsychiatric, laboratory, and medical aspects of COVID-19 disease.

CONCLUSION

Our study effectively studies the profile of psychiatric disorders among COVID-19 disease patients admitted at tertiary health care center. The most common age group was 41–50 years with male predominance (64.96%). About 62.39% were confirmed cases of COVID-19 disease, and 37.61% were probable cases of COVID-19 disease at the time of reference awaiting their reports. The majority of the references were contributed by the COVID isolation wards (53.85%). The commonest psychiatric disorder was adjustment disorder followed by organic delirium, and tablet escitalopram was the most common pharmacological medication followed by tablet clonazepam. Our study has relevant findings as per our study setting. Further research in COVID from neuropsychiatry, consultation liaison psychiatry, and psychosocial perspective is needed. Further studies can look into neurobiological aspects of COVID and psychiatric disorders. Post-COVID neuro-psychiatric sequelae and psychosocial impact of long COVID syndrome are interesting areas for future research.

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