

Post-COVID–Long COVID—What More?

Sashi B Gupta¹, Preeti S², Suganya PP Krishna Pillai³, Subramanyam M⁴, Garapati N Sowmya⁵, Chandrashekar M⁶

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ABSTRACT

Coronavirus disease-2019 (COVID-19) has influenced our lives in all possible ways and continues to morph it. The impact has been on social, economic, occupational, educational, and not only on health, as is usually the case with a virus. The mental health is impacted severely by the long COVID-19. The guidelines to manage such a long-term impact shall be helpful, failing which healthcare workers and the people would be helpless.

Keywords: Coping strategies, Lockdown, Long COVID-19 syndrome.

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As we are writing this paper, we are still in the midst of third wave of COVID-19 pandemic and further waves of the pandemic are still speculated. We as a developing country immunized more than 100 crores of population and helped in immunization drive across the globe. The pandemic initially was categorized into mild, moderate, and severe disease with severity based mostly on respiratory symptoms. The diagnosis was based on RT-PCR reporting of naso-pharyngeal swab and if possible the CT scan of the chest. The severe cases usually would take three to four weeks for recovery, and if gets complicated, ICU admission was necessary, and ventilator care was needed. The mild case was perceived to get better in a week or two.¹

As the people got tested positive, the fear of severe illness to themselves and fear of spreading the disease to others at risk grappled. Because of the stigma, the patient turning positive would hide their status while visiting healthcare facility for some other acute/chronic comorbidities. As people recovered, they faced the stigma of being positive and the milder symptoms persisted mostly in the form of breathlessness, dyspnea, and other nonspecific symptoms. The discrimination was a psychological stress for them.

People from the social media formed a group on Facebook called Long COVID Facebook group with over 20,000 members and they started sharing their experience which caught the attention of the National Institute of Health Research. Other researchers across the globe particularly from the Western world and China tried to understand the long COVID-19 symptoms. There were no diagnostic criteria or any treatment protocol available for understanding the long COVID-19 symptoms. People were feeling ignored by healthcare workers since their symptoms made no diagnosis, and no further evaluations were done. Honigbaum and Krishnan in their article in the *Lancet* pointed out that pandemics always remind us about the limitation of narrow biomedical models and the importance of listening to patients' narratives of illness.²

The review done by Yelin et al. in September 2020 revealed that the most prevalent long-term symptoms associated with COVID-19 were fatigue, dyspnea, chest pain, joint pain, palpitations, anosmia and dysgeusia, hair loss, cognitive symptoms (memory and attention deficits), and psychosocial distress (loneliness, anxiety, depression, and sleep disorders).³ Psychiatric symptoms like low mood, mood swings, hopelessness, heightened anxiety, sleep/wake cycle dysregulation, and neurocognitive disturbances

¹⁻⁶Department of Psychiatry, Spandana Nursing Home, Bengaluru, Karnataka, India

Corresponding Author: Chandrashekar M, Department of Psychiatry, Spandana Nursing Home, Bengaluru, Karnataka, India, e-mail: chandrashekar_spandana@yahoo.co.in

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including brain fog, difficulties with memory, concentration, and executive function have been reported. Posttraumatic stress disorder symptoms have also been reported. In fact up to 25–56% of patients report psychiatric symptoms (Nalbandian et al., 2021), and this is consistent with past SARS pandemics.⁴

The social media discussion of the long COVID-19 symptoms along with research by different scientific institutes led to meeting at the international level at WHO. The meeting was the first in a series aimed at developing a global consensus on the case definition, diagnosis, prevention, and management of post-COVID-19 condition.⁵ Further such meetings are warranted to come to comprehensive guidelines for long COVID-19 diagnosis and management failing which this would be pandemic of pandemics as appropriately said by Dr Carlsen from the Oxford University.⁵

The COVID-19 pandemic has not just been a respiratory or multisystem disorder but has affected the human lives in an unprecedented way and may be considered different as compared to earlier pandemics. The damage to health had put restrictions on economy of families as well. In the postindependence India, first lockdown brought worst economic contraction in the history of country which increased the economic inequality between India and the world. Also, the income and wealth inequality increased in India doubling the number of poor in the country. An estimated 230 million people in India have fallen into poverty as a result of the first wave of the pandemic.⁶

The wave of pandemic is occurring every year with different strains of the virus. The strategies adopted by the government over the globe were different with lockdown being the most

frequent measure. Lockdown included restriction on national and international travel, closure of schools, universities, and shops. The offices, hotels, malls, and gyms were closed. Social distancing, use of mask, and frequent sanitization behavior were advertised. Those behaviors were followed depending on awareness and acceptance level of various communities. This medical ritual of screening for temperature, use of mask, and frequent hand sanitization has become so common in society that obsessive symptoms of compulsive hand washing may get confused. The various measures taken by the government to control the pandemic have also made them susceptible to criticism by public.

Gradually, the society and government had developed more sustainable coping strategies as complete lockdown had poor impact on economy, education, and mental health. The vaccination became available. The stigma and fear of COVID-19 infection have gradually deescalated. The enforcement of partial lockdown was more acceptable.

Post-COVID-19 world looks a little different than pre-COVID-19 and it's a matter of time which would decide what behavioral and cognitive changes would persist. Few of them worth mentioning are:

- The violence against frontline healthcare workers has increased across the globe, however, because of strict law amendment, it was low in India.⁷
- Work from home has been an option for employees.
- Syllabus of schools and colleges is being completed through online classes.
- The rise in teleconsultation for healthcare and other service sectors. The teleconsultation may have an impact on doctor-patient relationship which is difficult to foresee. Even the court proceedings switched to virtual mode.
- The religious and political gatherings which used to be norm are under legal scrutiny for now and future of such guidelines is not clear.
- The screening of individual before entering any social building through temperature and mask monitoring is a new norm, which is further getting reinforced by vaccination certificates.
- The restriction on regular exercise and workup at gyms is complicated. People are not able to continue their regular exercise

sometimes because of lockdown while at other times the long COVID-19 symptom restricts the stamina. Also, death of a few celebrities has panicked the public from cardiac workup at gyms.

CONCLUSION

Coronavirus disease-2019 has influenced our life in all possible ways and continues to morph it. The impact has been on social, economic, occupational, educational, and not only on health as is usually the case with a virus. The mental health is impacted severely by the long COVID-19. The guidelines to manage such long-term impact shall be helpful, failing which healthcare workers and the people would be helpless.

ORCID

Sashi B Gupta  <https://orcid.org/0000-0002-4409-8164>

Preeti S  <https://orcid.org/0000-0001-9911-7927>

Suganya PP Krishna Pillai  <https://orcid.org/0000-0003-1960-4579>

Subramanyam M  <https://orcid.org/0000-0001-6837-3442>

Garapati N Sowmya  <https://orcid.org/0000-0002-8192-2466>

REFERENCES

1. Ahmad MS, Shaik RA, Ahmad RK, et al. "LONG COVID": an insight. *Eur Rev Med Pharmacol Sci* 2021;25(17):5561–5577. DOI: 10.26355/eurrev_202109_26669.
2. Honigsbaum M, Krishnan L. Taking pandemic sequelae seriously: from the Russian influenza to COVID-19 long-haulers. *Lancet* 2020;396(10260):1389–1391. DOI: 10.1016/S0140-6736(20)32134-6.
3. Yelin D, Margalit I, Yahav D, et al. Long COVID-19—it's not over until? *Clin Microbiol Infect* 2021;27(4):506–508. DOI: 10.1016/j.cmi.2020.12.001.
4. Llach CD, Vieta E. Mind long COVID: psychiatric sequelae of SARS-CoV-2 infection. *Eur Neuropsychopharmacol* 2021;49:119–121. DOI: 10.1016/j.euroneuro.2021.04.019.
5. Murray T. Unpacking "long COVID". *CMAJ* 2021;193(9):E318–E319. DOI: 10.1503/cmaj.1095923.
6. Azim Premji University. State of Working India 2021: one year of Covid-19. 2021. p. 1–234.
7. Manoj MA, Padubidri JR, Saran J, et al. Violence against healthcare personnel in India: Covid-19 prompts stricter laws. *Med Leg J* 2021;89(4):260–263. DOI: 10.1177/00258172211006276.