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Letter to the editor

COVID-19 and mental disorders: Toward promotion of preventive care



COVID-19 et les troubles mentaux : vers une promotion des soins préventifs

To the Editor,

We have read with great interest this comment suggesting an in-depth reflection based on both recent and pathophysiological data. We fully agree with the conclusions of the authors suggesting that patients with schizophrenia should be considered at high risk for Covid-19 transmission, poor prognosis, and infectivity. New studies need to explore larger populations including hospitalized and non-hospitalized patients and then provide a full understanding of the relationship between schizophrenia and COVID-19.

In agreement with the authors, we would like to insist on the importance of real-life studies, as already carried out in other subjects in mental disorders [1]. It would be possible to conduct observational studies based on validated standards using data from the healthcare institutions systems of information (*i.e.*, the pooling of clinical and therapeutic data available in clinical data warehouses from different institutions within a country but also between countries) and national medico-administrative databases [2].

Three real-life studies have been recently published adding interesting information on mental disorders and COVID-19.

The first study was performed by our team in France on hospitalized COVID-19 patients (823 patients with schizophrenia and 49 927 patients without a diagnosis of severe mental illness), suggesting the existence of disparities in health and health care between schizophrenia patients and patients without a diagnosis of severe mental illness [3]. We reported an increased in-hospital mortality and a decreased intensive care unit admission rate in patients with schizophrenia. However, the association was not straightforward and these disparities differed according to the age and clinical profile of patients with schizophrenia, suggesting the importance of personalized COVID-19 clinical management and health care strategies before, during, and after hospitalization.

A second study was performed in the United States on hospitalized and non-hospitalized patients (among 15,110 COVID-19 patients in their database, 5450 had a lifetime diagnosis of a mental disorder and 3430 had a recent diagnosis of a mental disorder). Their findings confirmed our results on the French national study with an increased mortality in schizophrenia. In addition, they identified individuals with mental disorders as a highly vulnerable population for COVID-19 infection, exacerbated by ethnic and gender disparities.

The last study was also performed in the United States on hospitalized and non-hospitalized patients (62,354 patients diagnosed with COVID-19) reporting bidirectional associations between COVID-19 and psychiatric disorder [4]: a psychiatric diagnosis

might be an independent risk factor for COVID-19 and survivors of COVID-19 appear to be at increased risk of psychiatric sequelae.

To conclude, the consistency and complementarity of these results confirm the conclusions of this commentary. These findings call for the need to support a strategy of systematic COVID-19 detection, to prevent delays in health care provision, to improve hospitalization care (especially consider the sorting of intensive care unit admission), and to propose a regular follow-up after critical illness in patients with mental disorders. In addition to this view focused on improving the quality of care in patients with mental disorders, preventive approaches must now be strengthened. In particular, we consider with De Hert et al. that people with severe mental illness should be prioritized for COVID-19 vaccination [5].

Disclosure of interest

The authors declare that they have no competing interest.

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