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Letter to the editor

COVID-19 & psychiatric care: Need of a plan to prevent follow-up discontinuation



COVID-19 et soins psychiatriques : nécessité d'un plan pour éviter l'arrêt du suivi

Dear Editor,

The Coronavirus disease-2019 (COVID-19) was declared an international public health emergency by the World Health Organization on 11th March 2020. In recognition of the worldwide threat, numerous countries imposed a lockdown to restrict the spread of the virus. The main priority of health authorities largely consisted of avoiding, controlling, and reducing the transmission of COVID-19. This included modifying the healthcare system through the closure or partial closure of inpatient facilities, with outpatient care often restricted to emergency cases only. This situation resulted in some potential disregard of the mental health and wellbeing of the population, at least during the initial phases of the outbreak.

Along with the mental health needs of the general population, the ones of people with psychiatric diagnosis were also somewhat underestimated. In many parts of the world, psychiatric wards were converted to cater the non-psychiatric COVID patients. The units that remained caring for people with a psychiatric diagnosis promoted physical distancing by using isolation rooms, lowering the overall number of available beds, imposing larger intake restrictions, and minimizing the length of stay. At the same time, impedance to travel to healthcare facilities, largely due to the unavailability of public transit, coupled with the people's unwillingness to visit hospitals due to the fear of getting infected by the virus, were accompanied by a decrease in the number of follow-up patients [1]. In addition, relatives of the hospitalized psychiatric patients also faced difficulties in visiting them due to the lockdown.

There is now a global call to acknowledge and care for the population's mental health wellbeing and take all necessary measures to mitigate the adverse impact of the pandemic. Sustainable modifications in mental health care delivery systems should be created by researchers, practitioners, and service users, and explicitly designed to reduce inequalities in health care delivery. Psychiatric care units, including nurses, physicians, care managers, psychiatrists, and social workers, need to be set up to provide mental wellbeing support to the affected individuals. Governments and health organizations should ensure that safe and interactive knowledge-sharing platforms are used to include and facilitate therapeutic therapy in telepsychiatry, facilitate legal information, and reduce isolation cases [2].

Telepsychiatry has become vital in the ongoing pandemic and many forms of online mental health programs have been introduced to alleviate psychological distress [3]. These include online surveys to allow health authorities to allocate health resources and establish adequate therapies and online mental health education. For example, in Australia, telephone-based screening questionnaires were conducted, and appointments were updated based upon the conditions of emergency, health and risk,

and emergency plans were placed in advanced [4]. In India, telepsychiatry has proven to be highly effective and clinically endorsed in managing the follow-up of patients, with more than 80% of clinically stable patients being successfully managed solely through it [5].

To conclude, health policymakers should devise a mechanism to cater the needs of both COVID-19 and non-COVID-19 patients so that no patient should hesitate in reaching out to the concerned source of relief due to the fear of being infected by the virus.

Disclosure of interest

The authors declare that they have no competing interest.

Authors' contributions

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I. Ullah

*Kabir Medical College, Gandhara University,
Peshawar, Pakistan*

D. Shabbir

Jinnah Medical and Dental College, Karachi, Pakistan

R. Ramalho
Department of Social and Community Health, School
of Population Health, University of Auckland,
Auckland, New Zealand

M. Irfan
Internal Medicine, Hayatabad Medical Complex,
Peshawar, Pakistan

R. de Filippis*
Psychiatry Unit, Department of Health Sciences,
University Magna Graecia of Catanzaro, Viale Europa,
88100 Catanzaro, Italy

*Corresponding author. Psychiatry Unit,
Department Health Sciences, University Magna
Graecia of Catanzaro, Viale Europa, 88100
Catanzaro, Italy.

E-mail addresses: irfnullahecp2@gmail.com
(I. Ullah), daniashabbir@yahoo.com (D. Shabbir),
r.ramalho@auckland.ac.nz (R. Ramalho),
irfanjamal2k18@gmail.com (M. Irfan),
defilippisrenato@gmail.com (R. de Filippis)

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Comment on “Increased in-hospital mortality from COVID-19 in patients with schizophrenia”. Considering the prevalence and protective factors of COVID-19 in patients with schizophrenia



Commentaire sur « Augmentation de la mortalité intra-hospitalière liée au COVID-19 chez les patients avec schizophrénie ». Prise en compte de la prévalence et des facteurs de protection du COVID-19 chez les patients atteints de schizophrénie

To the Editor,

We read with great interest the paper by Fond et al. [1] which reports that schizophrenia is not overrepresented among COVID-19 hospitalized patients compared to the prevalence of schizophrenia in the general population. The authors also report that their findings fail to suggest that patients with schizophrenia are more at risk of COVID-19 than the general population, contrary to what could have been expected. We think that this study is clinically important to understand the relationship between schizophrenia and COVID-19 and may contribute to the studies on the pathogenesis of COVID-19 [1]. Therefore, we wish to reveal the possible explanations for the finding of a lower prevalence of COVID-19 in patients with schizophrenia than expected.

Firstly, a higher level of human coronavirus anti-strain antibodies were found in patients with schizophrenia spectrum when compared with non-psychiatric controls [2]. This finding suggests that patients with schizophrenia may have a strong serological response to the coronavirus family including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). In prenatal and postnatal periods, exposure to several pathogens rather than a single microorganism has been suggested as an aetiological factor for schizophrenia [3,4]. Hence, acquired serological immunity for several viruses may play a protective role against COVID-19 in patients with schizophrenia.

Schizophrenia susceptibility genes were reported to be implicated in virulence and life cycles of viral pathogens. These genes and their interactions with the immune system and viral pathogens might make patients more resistant to COVID-19. More recently, it has been found a 117-base pair SARS-CoV-2 sequence in the human genome with 94.6% identity. The sequence was in chromosome 1p within the netrin G1 (*NTNG1*) gene. The sequence matched a sequence in the SARS-CoV-2 Orf1b gene. Human *NTNG1* encodes a pre-protein which acts to guide axon growth during neuronal development. Polymorphism in this gene has been suggested as a contributing factor to genetic risk for schizophrenia [5,6].

Another possibility is that increased angiotensin-converting enzyme (ACE) activity reported in patients with schizophrenia may be a protective factor against COVID-19 [7]. ACE converts angiotensin I to angiotensin II. SARS-CoV-2 attaches to ACE II receptor, especially in low pH conditions. Subsequently, it enters the human cell and causes infection. Angiotensin II can produce a high pH even after strong acid loading [8]. Therefore, high angiotensin II levels produced by high ACE activity in patients with schizophrenia may reduce virulence and viral load of SARS-CoV-2 via alkalinising effect.

According to the National Institute on Drug Abuse, smoking rate in patients with schizophrenia ranges from 70% to 80%, while it is 19–20% in the general population. Recently, smoking was suggested as a protective factor against COVID-19 in a French study [9]. However, this interesting finding should be replicated and its causality should be confirmed with studies involving larger sample sizes.

In conclusion, patients with schizophrenia should still be considered at high risk for transmission, poor prognosis, and infectivity despite the possibility of COVID-19 being less frequent in these patients. However, the prevalence, protective and predisposing factors of COVID-19 need to be studied in a larger population included hospitalized and non-hospitalized patients to understand true relationship between schizophrenia and COVID-19 and to contribute to the studies on the pathogenesis of COVID-19.

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