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COVID-19 Associated Mental Health Complications

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ABSTRACT

Patients in Wuhan, China, reported having viral pneumonia caused by an unknown microbial pathogen in December 2019. The World Health Organization (WHO) declared the development of a novel coronavirus (2019-nCoV) a public health emergency of international concern on January 30, 2020. Clinical features of COVID-19 range from asymptomatic state to severe acute respiratory distress syndrome and multi organ dysfunction. According to previous research, pandemics and the actions taken to prevent them have an impact on the physical as well as mental health of persons who are affected. Maladaptive behavior, emotional distress, and defensive responses, anxiety, fear, frustration, loneliness, rage, boredom, sadness, and stress are all psychological reactions to pandemic. During this epidemic, a syndrome described as "headline stress disorder" has been seen. When compared to control patients, SARS survivors reported higher stress levels during the outbreak. Survivors who worked in health care reported higher levels of stress and psychological suffering than survivors who did not work in health care. 3 months after discharge, 34 percent of 279 COVID-19 patients reported memory loss and 28 percent reported decreased concentration, according to a study of 279 patients. Following research, it was shown that olfactory epithelial cell, which provides metabolic support for olfactory sensory neurons, is most likely implicated, rather than the neurons themselves. As a result, direct SARS-CoV-2 CNS infection is more likely to occur at the blood-brain barrier (BBB) via (1) transcellular migration (via host endothelial cells); (2) paracellular migration (via tight junctions); and (3) an immune system "trojan horse" cell crossing across the BBB.

Keywords: Mental health, covid-19, psychological reactions, post-traumatic stress, SARS pandemics, quarantine, asymptomatic

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