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Anxiety: As Post-COVID Complication and its Management

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ABSTRACT

COVID-19 is linked to neuropsychiatric issues, the most common of which is anxiety. Anxiety is influenced by a variety of biological and psychosocial factors in COVID-19. Stress, genetics, gender, immune system, resilience, anosmia, hypogeusia, and SARS-CoV 2 infection of the central nervous system are all important biological factors. Understanding the anxiety risk factors is crucial for focusing on quick therapies because anxiety can be a complication of and exacerbate the COVID-19 course. Because COVID-19 causes an inverse relationship between resilience and anxiety, efforts should be undertaken to boost resilience in COVID-19 patients. A key anxiety mechanism in COVID-19 is neuro-inflammation, which is triggered by immune system activation and the cytokine storm that results. In COVID-19, the general approach to anxiety management should be compassionate, similar to what is employed during trauma or tragedy, with an emphasis on establishing a sense of hope and resilience. The stress response and immune system consequences should be considered when choosing pharmaceutical treatment for anxiety. In patients with respiratory issues, medications with cardio-respiratory side effects should be avoided. Anxiety is a disorder that will require at least one month of follow-up after COVID-19. Because nothing is known about COVID-19 complications in the 2-5 years after recovery from infection, requirement is of a long-term examination of anxiety in subjects who have had COVID-19, especially if it was complicated by ARDS or ICU stay, which is traumatic.

Keywords: anxiety, SARS (severe acute respiratory syndrome), hypogeusia, insomnia, COVID-19, SARS-CoV 2, neuroinflammation.

Abbreviations:

SARS: Severe Acute Respiratory Syndrome

PTSD: Post-Traumatic Stress Disorder

MERS: Middle East Respiratory Syndrome

ARDS: Acute Respiratory Distress Syndrome

