

# Diagnostic and therapeutic challenges of psychosis treatment during COVID-19 pandemic

**Diagnostic and therapeutic challenges of psychosis treatment during COVID-19 pandemic**  
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**Introduction**  
Treatment of psychotic disorders during COVID-19 pandemic is complicated. According to WHO's Department of Mental Health and Substance Use and its message for mental and psychosocial wellbeing during COVID-19 outbreak urgent mental health complaints should be managed within emergency or general health care facilities and these new protocols should be followed. (1,2) Escalation of

**Case report**  
46-year-old male outpatient with Dg: F25 (treated for 10 years in stable remission with first generation antipsychotic)  
Due to traffic restrictions and isolation measures he developed emotional distress with constant fear of being infected because he

**Results**  
RTG pulmonum et abdomen - without any signs of consolidation of the parenchyma or morphological changes.  
Native CT of the brain was with cortical atrophy and two ischemic lesions with traction of the posterior horn of the left lateral ventricle

**Course and discussion**  
The patient was admitted in general hospital according to the protocol and complete blood count, PCR test, basic metabolic panel was done in order to determine glycaemia, electrolyte and fluid balance and kidney function and lipid status and liver enzymes. CT was performed the third day because of the severity of the aggressive behavior and

**Conclusion**  
During Covid 19 crisis range of psychiatric morbidities with psychomotor excitement, psychotic symptoms or delirium were presented. This patient represents challenges in treatment of mental health disorders when there is a need for hospital psychiatric treatment and they are febrile. First we must rule out SARS-CoV-2

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## ABSTRACT

Introduction: Treatment of psychotic disorders during COVID-19 pandemic is complicated. First there can be diagnostic problems with presentation of new psychotic symptoms in already diagnosed patients. Second because in situations with need of urgent psychiatric hospitalization there are new protocols which should be followed. [1,2] According to WHO's Department of Mental Health and Substance Use and its message for mental and psychosocial wellbeing during COVID-19 outbreak urgent mental health complaints should be managed within emergency or general health care facilities. AIM: to present the difficulties in providing adequate psychiatric care during COVID pandemic. Methods: Case report of 46-year-old male outpatient diagnosed and treated as schizoaffective disorder for 10 years in stabile remission with first generation antipsychotic. Due to traffic restrictions and isolation measures he developed emotional distress with constant fear of being infected because he was at heightened risk as a patient with four stentings of RCA after myocardial infarct and two cerebrovascular insults ten years ago. After the tele-psychiatry consultation and correction of therapy he began to misuse benzodiazepines and was non-compliant with the prescribed therapy. In the next two weeks he developed acute delusional state with euphoric mood and severe agitation and aggressive behavior. At the same time his body temperature raised to 37,8 C so according to protocols he was directed to regional COVID isolation center. Results: PCR tests for detection of corona virus was negative. Laboratory test showed leukocytosis with granulocytes (88%), hyponatremia=120mmol/L and hypokalemia=3,3 mmol/L and Cl-85mmol/L. In order to provide treatment because of the present aggression he was treated with intramuscular application of FGA (although SGA are preferred in possible COVID infection). Native CT of the brain was with cortical atrophy and two ischemic lesions with traction of the posterior horn of the left lateral ventricle that was more voluminous than the right but without signs of hydrocephalus. After four days of parenteral application of FGA and symptomatic therapy he was more cooperative, without aggression, and Na+ was 134mmol/L, K+ 3,5mmol/L. After the second negative PCR test without any symptoms of COVID infection he was dismissed as organic manic episode (F06.31) for further treatment at the University Psychiatry Clinic until reduction of symptomatology. Conclusion: Some patients may be more vulnerable than others to the psychosocial effects of pandemic especially patients with severe mental disorders (SMD) and comorbid somatic illnesses. With actual pandemic hospitalization in urgent psychiatric situations is complicated especially when they have raised body temperature even in the absence of any other respiratory symptoms. The need for isolation in such cases is sometimes in the general hospitals that are COVID centers. Although there is close cooperation with psychiatry units the treatment is far from adequate for the patients with SMD [3]. Beyond stresses inherent to the illness itself, restrictions and the constant fear of exposure to the virus of themselves and their families, there are numerous emotional outcomes and more severe psychotic episodes that should be properly addressed. [4] References [1] World Health Organization., 2020. Mental health and psychosocial considerations during the COVID-19 outbreak. Interim guidance, Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-MentalHealth-2020.1> (Accessed: 6 July 2020) [2] United Nations., 2020. COVID-19 and the Need for Action on Mental Health. Available from: <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf> (Accessed: 6 July 2020) [3] Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., Cheung, T., Xiang, Y. T., 2020. Progression of Mental Health Services during the COVID-19 Outbreak in China. *Int J Biol Sci* 16(10), 1732-1738. [4] Pfefferbaum, B., North, C.S., 2020. Mental Health and the Covid-19 Pandemic. *N Engl J Med*. [published online ahead of print, 2020 Apr 13] doi:10.1056/NEJMp2008017