

A PSYCHIATRIST'S OWN EXPERIENCE OF LONG COVID: LOOKING BEYOND THE PSYCHOSOMATIC PERSPECTIVE

Barış Sancak^{1,*} & Cenk Kılıç²

¹Acibadem Mehmet Ali Aydınlar University, Faculty of Medicine,
Department of Psychiatry, Istanbul, Turkey, barissancak@gmail.com

²Akşehir State Hospital, Department of Psychiatry, Konya, Turkey

*correspondence author

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Dear Editor,

As the world continues to struggle with the COVID-19 pandemic, the prolonged effects of the disease have begun to attract attention. COVID-19, which was initially considered a respiratory disease, seems to affect multiple systems and cause chronic complications. One of the most striking of these complications is the Long Covid, which can be defined as the persistence of COVID-19 symptoms several weeks after acute infection (Mahase 2020). A survey conducted by the British Medical Association has found that a third of the doctors have treated patients with Long Covid symptoms, such as fatigue, dyspnea, and chest pain (Rimmer 2020). An early study on persistent symptoms found out that 55.1% of patients had 3 or more symptoms after 60 days. Also, a worsened quality of life was observed in 44.1% of the patients (Carfi et al. 2020). As a result of the growing evidence on this topic, Chronic Covid Syndrome is recommended as a medical term (Baig 2020). We would like to discuss a different aspect of this clinical phenomenon, which we believe to be mostly overlooked by clinicians, based on the experience of one of the authors.

Our patient is 30 years old male, works as a psychiatrist in a public hospital, and does not have any chronic illness history. He presented with complaints of high fever, weakness, and muscle aches at the emergency room in early April 2020. His blood tests showed high CRP and lymphopenia, and thorax CT revealed the specific ground glass opacities. He was hospitalized with COVID-19 diagnosis for 5 days as a precaution and took the antiviral treatment used in Turkey at the time. Although no pathological findings were present at the routine follow-up examinations and tests, his fatigue, muscle aches, and subfebrile fever continued months after discharge.

Our patient discovered that people with similar complaints gather on a Facebook group to share their stories and support each other. Many of them expressed their sadness of being referred to a psychiatrist by doctors who could not explain their symptoms. As a psychiatrist, our patient also received similar advice from colleagues which resulted in feelings of frustration. He has never had a history of psychiatric illness, and his psychiatric examination was within normal limits.

Although he returned to work after two weeks, he needed to take sick leaves in relapses. There was a significant deterioration in his social functionality due to persistent fatigue. During the 7-month follow-up, his symptoms progressed in many relapses and he is still experiencing various symptoms.

As a phenomenon not yet fully defined, Long Covid manifests with symptoms that can most often be interpreted as somatization, such as fatigue, muscle aches, tingling, breathlessness, and headaches (Carfi et al. 2020). The presence of symptoms that we do not yet understand does not mean that they are purely psychosomatic. Without an appropriate history and mental examination findings, trying to explain physical symptoms as a psychiatric condition causes negative thoughts in patients, such as not being understood and believed. These disconfirming thoughts combined with the uncertainty of the Long Covid and constantly changing symptoms can lead to greater mental stress. Fluctuations of the illness cause a "constant cycle of disappointment" in both patients and people around them, which may result in anxiety disorders and depression (Nabavi 2020). Epidemiologist Paul Garner, who is one of the first people who shared his story of Long Covid, states that many Long Covid patients only need support and love from the community around them (Garner 2020). As mental health professionals, we should try to understand and support Long Covid patients while not missing the signs of depression and anxiety.

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