

Psychiatric sequelae of potentially lethal pandemic illness, understanding the needs and timely treatment of our most vulnerable patients – a case report.

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Case History

A 49 year old man was brought into the Accident and Emergency department via ambulance after his elderly father, who lived abroad, had visited him and found him in a state of severe self-neglect with faecal incontinence and several body sores. His father had become increasingly worried about him over the preceding 9 months, since the start of the Covid-19 global pandemic as he had been avoiding phone calls and when they visited, they noted increasing self-neglect. He was not known to mental health services previously.

On admission he reported low mood, rated 3/10 and was objectively depressed. His eye contact and engagement was poor. He was orientated to time, place and person but had poor attention and concentration. He was ambivalent about the future.

He was treated simultaneously for osteomyelitis with IV antibiotics, and depression with an antidepressant. He was detained under the MHA section 2 for NG feeding due to complete refusal to eat and drink with an intent to end his life. His mood initially improved however declined rapidly following diagnosis of covid-19 and pneumonia. He was discharged home upon his request to recover at home, after 3 months of stay in hospital, with 24hr care at home and referral to CMHT.

MDT involvement

- Liaison Psychiatrist
- General medicine doctors
 - Liaison Psychologist
- Psychiatric liaison nurses
 - Physiotherapist
- Occupational therapist
 - Dietician
- Ward activity co-ordinator
- Clinical support workers

Investigation	Result
Bloods (FBC, U&Es, CRP, LFTs, Bone profile)	Low haemoglobin, low iron, low haematocrit, low albumin, Raised CRP
MRI Feet	Acute osteomyelitis of second toe phalanges and possible osteonecrosis or insufficiency fractures involving second and third metatarsal heads/proximal phalanx bases.
CT Thorax, Abdomen, Pelvis	Cavitating lesions with surrounding fibrosis in the lungs (present on scan from 2017), large bilateral pleural effusions.
HIV/Auto-antibody screening	Negative
Covid-19	Initially negative, but became positive during admission

Challenges of treatment

- Distinguishing the symptoms of depression with the symptoms of Covid-19 and deciding which to prioritise in treatment
- Recognising the impact of low mood on physical health and rehabilitation and the impact of covid-19 infection on mood
- Parallel working of liaison psychiatry and general medical teams
- Use of the Mental Capacity Act vs. Mental Health Act

Discussion

A Lancet study found a bidirectional association between Covid-19 and psychiatric disorders in 62 354 cases of Covid-19. In those with no psychiatric history, Covid-19 was associated with an increase in incidence of first episode of psychiatric illness within 90 days of Covid-19 infection.

The study also found that a psychiatric diagnosis in the previous year was associated with a higher incidence of COVID-19 diagnosis.

Conclusion

Emerging evidence demonstrates a link between Covid-19 and mental illness. There is also a significant overlap in the symptoms of depression and the symptoms of Covid-19 and the presence of one may worsen the other. Good quality nursing care, a focus on nutrition and a compassionate holistic approach were the key factors in the supportive treatment of this patient. This case study has demonstrated some of the barriers that clinicians may face in liaison psychiatry while treating patients with both conditions simultaneously and the possible approaches to overcoming these.