Neuropsychiatric sequelae similar for severe COVID-19, SARI

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The neuropsychiatric sequelae are similar for severe COVID-19

infection and for other severe acute respiratory infections (SARI), according to a study published online May 11 in *JAMA Psychiatry*.

Ashley Kieran Clift, M.B.B.S., from the University of Oxford in the United Kingdom, and colleagues quantified the risks of new-onset neuropsychiatric conditions and new neuropsychiatric medication prescriptions after discharge from a COVID-19-related hospitalization and compared them with risks after discharge from hospitalization with other SARI among patients identified in databases from Jan. 24, 2020, to July 7, 2021.

The researchers found that 16,679 (0.02 percent) and 32,525 (0.03 percent) of the 8.38 million adults survived a hospital admission for SARI and COVID-19, respectively. Survivors of SARI and COVID-19 hospitalization had increased risks of subsequent neuropsychiatric disorders compared with the remaining population. The hazard ratios for anxiety were 1.86 and 2.36 for survivors of SARI and COVID-19 infection, respectively; the corresponding hazard ratios for dementia were 2.55 and 2.63. For all medications analyzed, the findings were similar; for example, the hazard ratios for first prescriptions of antidepressants were 2.55 and 3.24 for survivors of SARI and COVID-19, respectively. When directly comparing the COVID-19 group with the SARI group, there were no significant differences observed, apart from a lower risk of antipsychotic prescriptions in the COVID-19 group (hazard ratio, 0.80).

"These results may help refine our understanding of the postsevere COVID-19 phenotype and may inform postdischarge support for patients requiring hospital-based and intensive care for SARI regardless of causative pathogen," the authors write.

More information: Abstract/Full Text