

COVID-19 increases risk of psychiatric diagnoses in the months after infection, study finds

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A recent Oregon State University study found that COVID-19 patients had a roughly 25% increased risk of developing a psychiatric disorder in

the four months following their infection, compared with people who had other types of respiratory tract infections.

The findings support previous research on [psychiatric disorders](#) among post-COVID patients, though the current study found a smaller effect than the earlier studies, said co-author Lauren Chan, a Ph.D. student in nutrition in OSU's College of Public Health and Human Sciences.

For the current study, published in *World Psychiatry*, researchers used data from the National COVID Cohort Collaborative (N3C) to match 46,610 COVID-19 positive individuals with control patients who were diagnosed with a different respiratory tract infection so they could compare how COVID specifically affected patients' mental health.

They looked at the rate of psychiatric diagnoses for two time periods: from 21 to 120 days after patients' COVID diagnosis, and from 120 to 365 days after diagnosis, limited to patients with no previous mental illness.

Researchers found that COVID patients had a 3.8% rate of developing a psychiatric disorder compared with 3.0% for other respiratory tract infections. The 0.8% difference amounts to about a 25% increased relative risk.

They looked specifically at anxiety disorders and [mood disorders](#) and found a minor but significant increase in risk for [anxiety disorders](#) and no change in risk for mood disorders.

The large sample size and the fact that this data cohort draws from across the U.S. gave researchers a unique window into post-COVID side effects, Chan said.

The results speak to the need for both patients and [health care providers](#)

to be more proactive when it comes to addressing mental health concerns following COVID infection, she said.

"For people that have had COVID, if you're feeling anxiety, if you're seeing some changes in how you're going through life from a psychiatric standpoint, it's totally appropriate for you to seek some help," Chan said. "And if you're a care provider, you need to be on the proactive side and start to screen for those psychiatric conditions and then follow up with those patients."

When patients leave a doctor's office, sometimes care stops there, but Chan recommended that providers consider calling in two weeks for a check-in.

"There could certainly be people who are struggling with new things like this, and they need that additional support or push to seek some help," she said. "I don't want to say that every single person who gets COVID is going to have this type of problem, but if you start to have concern for yourself or a family member, it's not unheard of. You should definitely seek care for yourself or others around you."

In the larger context of COVID and health care in the U.S., any increase in the amount of people seeking care, especially [psychiatric care](#), will add further strain to a system that is already stretched to maximum capacity, Chan said.

"We already had struggles in trying to identify a professional to work with, and we're going to keep having difficulties getting people the care they need," she said. "If we do see this kind of increase in post-COVID psychiatric conditions, and people are recognizing them and trying to seek care, it poses some concern."

More information: Ben Coleman et al, Risk of new-onset psychiatric

sequelae of COVID -19 in the early and late post-acute phase, *World Psychiatry* (2022). [DOI: 10.1002/wps.20992](https://doi.org/10.1002/wps.20992)

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