

Editorial on Impact of COVID-19 on Schizophrenia

Zalik Nuryana*

Department of Islamic Education, Ahmad Dahlan University, Special Region of Yogyakarta, Indonesia

Editorial

As of March 2021, the new coronavirus disease-2019 (COVID-19), which is caused by the highly infectious severe acute respiratory coronavirus 2 (SARS-CoV-2), has killed over 2 million people worldwide, with the global fatality rate continuing to grow. SARS-CoV-2 infection has a wide range of clinical presentations, from asymptomatic or moderate flu-like symptoms to deadly results such as respiratory syndromes requiring mechanical ventilation, multiorgan failure and death. Men, the elderly and those with pre-existing comorbidities such as cardiovascular disease (CVD), diabetes mellitus (DM), renal and respiratory disorders have a higher risk of COVID-19-related unfavourable clinical outcomes, according to epidemiological research. Furthermore, a large body of research suggests that host variables, rather than viral genetic diversity, are more likely to determine the severity of SARS-CoV-2 infection.

Only a few studies looked directly at viral infections. Overall, the publications revealed that there was a greater risk of pneumonia and death. Although community-acquired pneumonia is not contagious, it might suggest a lack of immunity. As a result of our research, we believe that this demographic is at an increased risk of respiratory infections, particularly when concomitant medical problems and lifestyle risk factors are present.

COVID-19 individuals with advanced age and clinical comorbidities had higher fatality rates. More than 70% of all schizophrenia patients have at least one clinical illness, such as type 2 diabetes, pulmonary chronic disease, or hypertension/coronary heart disease.

Estimates of smoking prevalence among schizophrenia patients range from 50 to 90 percent, compared to 20-30 percent in the general population and include higher smoking intensity, another potential risk factor for respiratory complications, though it is unclear whether smokers have worse COVID-19 outcomes. Patients with schizophrenia have reduced lung function and they are more likely to be diagnosed with restrictive and obstructive pulmonary disorders, according to spirometric testing. In addition, schizophrenia patients had greater rates of critical care unit hospitalizations, severe respiratory failure, mechanical ventilation and in-hospital death than other patients when hospitalised for pulmonary diseases. When admitted to the critical care unit, they also have a greater risk of acute organ dysfunction than the general population, regardless of the cause. Most schizophrenia patients would fall into at least one identified COVID-19 risk group and should be regarded at elevated risk of poor clinical results if admitted to a hospital [1,2].

The COVID-19 crisis may aggravate schizophrenia symptoms. The pandemic, according to a case study, may cause coronavirus-related hallucinations and delusions, as well as mood swings. The patient in the report had a positive response to the drug. The story, however, emphasises the need of persons with schizophrenia, as well as their caretakers, being aware

of the pandemic's possible impacts on mental health. While having a mental illness does not raise a person's chance of developing COVID-19 directly, it does increase their likelihood of being unwell or suffering severe symptoms indirectly.

For example, smoking rates in people with schizophrenia are significantly greater than in the overall population. COVID-19 may be more vulnerable in smokers trusted Source. Also, those with mental illnesses are more likely than others to be homeless or live in unstable housing. This can increase the risk of sickness and make it more difficult to treat and follow up with sick people. There is no aetiology of schizophrenia, according to research. Schizophrenia is considered to be caused by a combination of genes and a variety of environmental circumstances. The onset and progression of schizophrenia may be influenced by psychosocial variables. Heavy cannabis usage is linked to a higher chance of developing the disease.

The COVID-19 pandemic is expected to impose a significant pressure on community mental health clinics and state psychiatric hospitals. These clinics have little capability for screening or treating medical problems and few have established relationships with local or state public health organisations. It is critical for these organisations to build continuity-of-operations strategies to guarantee that they can maintain crucial services in the event of staff injuries or psychotropic medication shortages. Individuals with schizophrenia may disregard fundamental self-care habits such as eating a balanced meal and getting adequate sleep as their symptoms deteriorate. They could also forget to keep a safe distance and wash their hands properly. Substance abuse is also a possibility. These variables raise the chance of infection much more. COVID-19 patients who have an underlying disease are more likely to die. Over 70% of persons with schizophrenia have one or more medical problems that may increase their chance of developing the disease [3-5].

Conclusion

After 5 months of isolation, patients with schizophrenia fared better symptomatically if they were given regular information about COVID-19 and if they were religious.

Acknowledgement

None.

Conflict of Interest

No potential conflict of interest was reported by the authors.

References

1. Cowan, Henry R. "Is schizophrenia research relevant during the COVID-19 pandemic?" *Schizophr Res* 220 (2020): 271-272.
2. Palomar-Ciria, Nora, Patricia Blanco Del Valle, Miguel Ángel Hernández-Las Heras and Ricardo Martínez-Gallardo, et al. "Schizophrenia and COVID-19 delirium." *Psychiatry Res* 290 (2020): 113137.
3. Brown, Ellie, Richard Gray, Samantha Lo Monaco and Brian O'Donoghue, et al. "The potential impact of COVID-19 on psychosis: A rapid review of contemporary epidemic and pandemic research." *Schizophr Res* 222 (2020): 79-87.
4. Zhand, Naista and Ridha Joobor. "Implications of the COVID-19 pandemic for

*Address for Correspondence: Zalik Nuryana, Department of Islamic Education, Ahmad Dahlan University, Special Region of Yogyakarta, Indonesia; E-mail: zalik_nuryanam@pai.uad.ac.id

Copyright: © 2022 Nuryana Z. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 03 April, 2022, Manuscript No. JMT-22-65451; **Editor Assigned:** 05 April, 2022, Pre QC No. P-65451; **Reviewed:** 11 April, 2022, QC No. Q-65451; **Revised:** 15 April, 2022, Manuscript No. R-65451; **Published:** 22 April, 2022, DOI: 10.37421/2471271X.2022.08.209

- patients with schizophrenia spectrum disorders: Narrative review." *BJPsych Open* 7 (2021).
5. Hamada, Kareem and Xiaoduo Fan. "The impact of COVID-19 on individuals living with serious mental illness." *Schizophr Res* 222 (2020): 3.

How to cite this article: Nuryana, Zalik. "Editorial on Impact of COVID-19 on Schizophrenia." *J Ment Disord Treat* 8 (2022): 209.