

Risk of COVID-19: Mental and Neurological Disorders

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Editorial

Individuals who have recovered from Coronavirus Disease 2019 (COVID-19) are likely to experience long-term mental health impacts. For everyone affected by the worldwide pandemic, there is a global reaction for recognition and preparation on how to deal with mental health difficulties. This includes not just COVID-19 patients, but also the general public and health-care providers. It's also important to comprehend the virus's involvement in the pathophysiology of mental health illnesses and long-term mental health consequences. COVID-19 patients may have neurological symptoms such as headaches, altered awareness and paraesthesia, according to new findings. An autopsy revealed oedema in the brain tissue as well as partial neurodegeneration. There are also indications that the virus has the ability to harm the neurological system.

These findings suggest that the virus may have a role in the development of COVID-19's acute mental symptoms and long-term neuropsychiatric consequences. COVID-19 infection-related brain diseases are anticipated to have a long-term influence on cognitive functioning. Other viral respiratory illnesses, such as Severe Acute Respiratory Syndrome (SARS), have shown that mental disorders, long-term neuropsychiatric diseases and cognitive impairments can occur. We will analyse and assess the available data of COVID-19's acute and long-term neuropsychiatric symptoms in this study. Possible pathophysiological causes will be discussed, as well as the implications for developing a long-term plan to monitor and manage such individuals.

'These are actual patient data from a big number of people.' They

corroborate the high prevalence of mental diagnoses following COVID-19 and demonstrate that significant nervous system problems (such as stroke and dementia) also occur. While the latter are much rarer, they are significant, especially in those who had severe COVID-19. 'Although individual risks for most disorders are small, the effect on health and social care systems as a whole may be substantial due to the pandemic's scale and the fact that many of these conditions are chronic.' As a result, health-care systems must be resourced to meet predicted demand in both primary and secondary care settings.' Since the beginning of the COVID-19 epidemic, there has been rising fear that survivors may be more susceptible to neurological diseases. COVID-19 survivors had an elevated risk of mood and anxiety problems in the first three months following infection, according to a prior observational study by the same research group. However, no large-scale data on the risks of neurological and mental diagnoses in the six months following COVID-19 infection has been published too far.

Hypoxemia, which is common in patients with severe COVID-19, as well as metabolic derangements caused by organ failure and pharmaceutical side effects, are likely to play a role in many individuals with encephalopathy. A unique pathophysiology is not suggested by neurochemical signs of astrocytic and neuronal insult seen in plasma of individuals with mild and severe COVID-19. A neuropathological case series of COVID-19 patients demonstrated acute hypoxic ischemic damage in virtually all of them, as well as hemorrhagic and bland infarcts, microglial activation with microglial nodules and neuronophagia in a number of them. Neuroimaging results in other series looked to be compatible with a delayed post-thyoxic leukoencephalopathy and were comparable to those observed in individuals with ARDS unrelated to COVID-19.

How to cite this article: Park, Wonhyoung. "Risk of COVID-19: Mental and Neurological Disorders." *J Ment Disord Treat* 7(2021): 182.

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Received 16 November 2021; **Accepted** 21 November 2021; **Published** 26 November 2021