Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Abstract: Background: The SARS-CoV-2 virus has infected over 20 million people worldwide, and while much about the virus remains uncertain, it is evident that long-term effects of COVID-19 infection have affected a significant portion of survivors. Prior studies have shown neurocognitive complaints from long-term sequelae of the virus, which co-occur frequently with psychiatric symptoms of depression, anxiety, and fatigue. This group has previously published on neuropsychiatric findings from an assessment of 60 participants who’ve recovered from acute COVID-19, and showed that 27% had impairment on neuropsychological (NP) testing. Since many survivors of COVID have these complaints, it is important to determine if any sort of screening tool is able to detect neurocognitive impairments. The authors chose to use the Montreal Cognitive Assessment due to ease of use, availability, and prior studies. We aimed to determine if the MoCA was sensitive and specific for detecting neurocognitive impairment post-COVID-19.

Methods: This study looked at a sample of 60 participants who had recovered from acute COVID-19, recruited primarily from Westchester County, New York. Participants underwent a neuropsychological testing battery, as well as sociodemographic, psychiatric, and medical screenings, in addition to completing the MoCA.

Results: Over one third of the participants scored as impaired (< 26) on the MoCA, with Delayed Recall being the subcategory most impaired. MoCA score was significantly correlated with the Chalder Fatigue score and PHQ-9. Based on results from the neuropsychological testing battery, we found that the MoCA had an accuracy of 63.3% at detecting any NP impairment, with a sensitivity of 50.0% and specificity of 83.3%. However, it had an accuracy of 73.3% at detecting severe NP impairment, and was 68.8% sensitive and 75.0% specific. In a logistic regression model we found that the MoCA was the most significant predictor of severe NP impairment, and that for each unit increase in Total MoCA score, the odds of severe NP impairment decreased by 47%.

Discussion: We found that the MoCA was effective at detecting severe NP impairment at patients who have recovered from acute COVID-19 infection, however it was not very sensitive at detecting mild NP impairment. Despite this, the MoCA was the most significant predictor of severe NP impairment. The authors conclude that the MoCA is an important first step in identifying cognitive impairment in patients post-COVID-19, however, if a patient has cognitive complaints and a normal MoCA score, it may still warrant further NP testing.

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Abstract: Substance use and psychiatric disorders among admitted burn patients before and after the emergence of the COVID-19 pandemic

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Abstract: Substance use and psychiatric disorders among admitted burn patients before and after the emergence of the COVID-19 pandemic

Learning objective: Identify the potential effect that a mass trauma event such as the COVID-19 pandemic has on rates of substance use and psychiatric disorders in burn inpatients.
Background: In 2020, increased prevalence of psychiatric and substance use disorders were observed in trauma surgery populations, with the COVID-19 pandemic posited as the major contributing factor (Ohliger, 2020. McGraw, 2021). Burn patients, similar to trauma surgery patients, have increased rates of substance use and psychiatric disorders when compared to the general population, and these are known risk factors for burn injuries (Logsetty, 2016). Accordingly, this study aims to determine if a change in the prevalence of substance use, substance use disorders and mental illness occurred among burn inpatients admitted to a large, verified, burn center the year before and after the onset of the COVID-19 pandemic.

Methods: A retrospective study using data from an institutional burn center registry and patient records was performed. Demographic, burn characteristics and outcome data was collected on all adults admitted to a large academic burn center between March 29, 2019 and March 28, 2021. For this study, the onset of the COVID-19 pandemic was identified as March 29, 2020, as this is the date the stay-at-home order went into effect in our state. Rates of burn patients with substance use, psychiatric and substance use disorders at the time of admission were compared pre- and post-pandemic.

Results: Data analysis will be complete by August 2022.

Discussion: After data analysis, we will compare the results of our study to previously published work among similar populations that have been impacted by the COVID-19 pandemic and/or other mass trauma events, highlighting similarities and differences.

Implications: Data from this study will allow burn clinicians and psychiatric consultants to more accurately anticipate future public health needs, to implement preventive measures, and to allocate support and resources accordingly to burn and other vulnerable patient populations in the setting of a mass trauma event.

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(45) Barriers to Care in Guyanese Patients with Alcohol Withdrawal and Suicidal Ideation in the Medical Setting: A Case Series

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Abstract: Background: Guyana features one of the highest suicide rates in the world, driven by a high prevalence of alcohol use, limited mental health resources, and widespread stigma (Groh et al, 2018). Guyanese in the US have higher substance use rates than those in Guyana (Chrysoya et al, 2022). The Guyanese community is the 4th largest NYC immigrant group, yet their mental health needs are inadequately understood, particularly due to low rates of care utilization. We have experienced that consultation-liaison psychiatry (CLP) may be the only mental health care touchpoint for members of this and other immigrant communities. We report three Guyana-born male patients presenting with alcohol withdrawal and suicidal ideation, illustrating barriers to care.

Cases:
1. 58-year-old single male with prior alcohol withdrawal presented with breakthrough seizures while intoxicated and nonadherent with antiepileptics. He admitted to drinking excessively while grieving, endorsing poor mood, insomnia, and passive suicidal ideation. He initially declined resources, vaguely committing to...