

CoVID-19 impacts: schizophrenia and psychosis

RANDALL F. WHITE, MD, FRCPC

Isolation and social distancing

- Further reduction in available social connections
- Reduced community services, e.g. clubhouses
- Reduced mobility, e.g. less transit service
- At baseline, less access to internet and mobile phones

Adherence to protective measures

- Less willing to receive vaccine
- Less able to remain in confinement or self-isolation
- Not less willing to wash hands
- Reduced mask adherence
- Possible tendency toward diminished perception of infection risk
- Less access to primary care, possibly CoVID tests

Coronaviruses and psychosis

- Very little research
- 2011 study in US
 - 106 people with psychosis, 196 controls
 - Antibodies indicating previous infections
 - 4 coronaviruses (not CoVID-19) more common compared to controls

Complications from CoVID-19

- Insomnia, anxiety, depression, fatigue
- Pulmonary disease and smoking
- Pneumonia and antipsychotics
- Delirium in critically ill
 - 30%+ in ICU
- Medication interactions
- Steroids and psychosis
- Meningoencephalitis
- Stroke

Clozapine

- For patients who don't get better with other treatments
- Requires frequent blood tests
- Reduction in blood test frequency if safe
- Acute infection = risk of higher blood levels, toxicity
 - Sedation
 - Seizures
 - Pneumonia

Clinical service impacts

- Reorganization of inpatient services
- Reduced health care staffing
- Reduced access to substance use harm reduction
- Risk of missing medication injections
- Need to reduce exposure risk
 - Staff wearing PPE
 - Remote service, televisits
 - Reduced ECT availability