

Practices for screening or reducing
psychological symptoms in individuals
with a post-COVID-19 condition

English summary

Une production de l'Institut national
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SUMMARY

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Introduction

The SARS-CoV-2 pandemic, where the infection can be asymptomatic or result in coronavirus 2 disease (COVID-19), was declared an international public health emergency by the World Health Organization (WHO) in March 2020. The prolonged pandemic and health measures aimed at reducing its spread are having different economic, social, health and psychological consequences for the entire population. Beyond the general population, those infected with the virus are more likely to experience a range of effects on their physical and psychological health.

Some individuals infected with the virus experience one or more signs and symptoms that last for several weeks to several months, regardless of the clinical presentation at the time of initial infection. In addition to various signs and symptoms affecting different systems (e.g., cardiorespiratory, neurological, musculoskeletal), the available literature indicates that a significant proportion of individuals with a post-COVID-19 condition report psychological symptoms of depression, anxiety and posttraumatic stress. Furthermore, their social functioning may be limited, given the many ensuing difficulties (e.g., loss of employment, family difficulties and isolation). With the current state of available knowledge, it is difficult to determine whether or not these symptoms stem from the condition's etiology. Various factors could contribute to the development, exacerbation or maintenance of psychological symptoms, such as their severity, the presence of comorbidities, a stay in intensive care, and vulnerabilities associated with the pandemic situation.

The Ministère de la Santé et des Services sociaux (MSSS) therefore asked the Institut national d'excellence en santé et en services sociaux (INESSS) to produce a state-of-knowledge report on screening tools for psychological symptoms, the best nonpharmacological practices for reducing such symptoms, and the practices to be avoided in individuals with a post-COVID-19 condition.

Methodology

A synthesis of the available scientific and experiential knowledge was conducted through 1) a literature review (scientific articles and clinical practice guidelines) and 2) consultations with nine medical and psychosocial experts involved with individuals with a post-COVID-19 condition.

Results

Screening and monitoring tools for psychological symptoms

With regards to tools for screening and monitoring psychological symptoms, no scientific studies were found that present validated tools for individuals with a post-COVID-19 condition or, more broadly, for individuals in the acute phase of COVID-19. However, five clinical practice guidelines on post-COVID-19 conditions present various tools which could be relevant with such clientele, including tools commonly used to screen for anxiety, depression and posttraumatic stress. There is also a consensus among the experts consulted to the effect that psychological symptoms should be screened and monitored in individuals with a post-COVID-19 condition, the same way as physical and cognitive symptoms. However, these experts are faced with the absence of specific screening and monitoring tools for psychological symptoms in this particular patient population and the lack of psychosocial professionals with the necessary skills to manage them.

Nonpharmacological practices for reducing psychological symptoms

No scientific studies on nonpharmacological practices for reducing psychological symptoms in individuals with a post-COVID-19 condition were found. However, six scientific studies on the effectiveness of practices to reduce psychological symptoms of individuals in the acute phase of COVID-19 were considered. Among these studies, eleven nonpharmacological practices aiming to reduce psychological symptoms of individuals in the acute phase of COVID-19 were evaluated. When described, these practices are based mainly on 1) the cognitive-behavioural approach, 2) relaxation/meditation activities, and 3) individual psychological care. These practices can be self-administered or carried out by different professionals (a physician, nurse or psychologist). They are generally provided over a brief period of time, and the sessions are short. In general, the use of practices aimed at reducing anxiety symptoms or depressive symptoms seems to be effective for individuals in the acute phase of the infection. However, with the current state of scientific knowledge, we are unable to rule on the effectiveness of practices for reducing posttraumatic stress symptoms in individuals in the acute phase of infection.

Moreover, three clinical practice guidelines recommend providing psychological support, as needed, at all stages of the follow-up for post-COVID-19 conditions. The clinical practice guidelines also recommend that psychological services for symptoms of anxiety, depression and posttraumatic stress be provided to individuals with a post-COVID-19 condition and moderate to severe psychological symptoms. No publication has reported practices to avoid in the management of psychological symptoms in persons with a post-COVID-19 condition.

Several issues regarding the management of psychological symptoms in individuals with a post-COVID-19 condition were reported during the consultations performed with medical and psychosocial experts. The main challenges discussed were the accessibility barriers and the lack of specialized mental health resources, the uncertainty experienced by clinicians due to the paucity of scientific evidence, and certain prejudices that might

remain towards those with persistent symptoms. Given these issues, the persons consulted suggested potential solutions, such as raising health professionals' and the general population's awareness of the psychological symptoms of post-COVID-19 conditions, creating an online service, and considering nonpharmacological management practices that have been validated for other chronic health problems.

Conclusion

With the current absence of scientific studies specific to individuals with a post-COVID-19 condition, the findings of this report are based on the literature more broadly concerning people infected with COVID-19 to identify screening and monitoring tools for psychological symptoms and nonpharmacological practices for reducing them. Therefore, the work done in this state-of-knowledge report does not allow to rule on the generalizability of the findings to individuals with a post-COVID-19 condition. It should also be noted that little information on the management of psychological symptoms is currently presented in the clinical practice guidelines on post-COVID-19 conditions.

As well, the analysis of the perspectives shared by psychosocial and medical experts during consultations makes it possible to document issues relating to the management of psychological symptoms in individuals with a post-COVID-19 condition. However, these consultations do not allow to claim the saturation of the perspectives.

Despite certain limitations, this state-of-knowledge reports is a source of information for health and social services network personnel about the screening and monitoring tools and nonpharmacological practices currently in use, and about the issues encountered by stakeholders. Unfortunately, the knowledge from the literature and the consultations is limited, which makes it difficult to recommend tools and practices for managing psychological symptoms associated with post-COVID-19 conditions.

Beyond the scientific monitoring for new publications on the subject, further work is needed to determine whether certain tools and practices for individuals with common mental disorders or chronic illnesses could be adapted and used to meet the needs of those with a post-COVID-19 condition.

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