

“THOUGHTS THAT COUNT”

Dr Paul Skirrow

Senior Lecturer & Consultant Clinical Neuropsychologist
Pūkenga Matua / Kaimātai Hauora Hinengaro
NZ College of Clinical Psychologists / Otago University
Paul.Skirrow@otago.ac.nz

Dr Lucy Morris

Clinical Psychologist and Neuropsychologist
Kaimātai Hauora Hinengaro
Active+ Rehabilitation
Lucy.Morris@activeplus.co.nz

PSYCHOLOGICAL PROCESSES AND OUTCOMES
IN RECOVERY FROM COVID-19

(NEURO) PSYCHOLOGICAL IMPACTS OF COVID-19

- UK Office of National Statistics COVID-19 Study (May 2022 data):
 - 2.8% of UK population currently experiencing PACS > 120 days.
 - 57% of those experiencing symptoms for > 1 year.
 - 4.3% to 7.3% of *double-vaccinated* people report 'activity limiting' PACS > 90 days after infection with Omicron BA.1
- 3rd most commonly reported issue (after fatigue and shortness of breath) is cognitive dysfunction.
- High levels of anxiety, depression and post-traumatic stress disorder amongst those attending (adult) PACS clinics.*
 - 74% with a GAD score > 8 (clinical anxiety).
 - 73% with a PHQ-9 score > 10 (clinical depression).
 - 15% with trauma symptoms indicative of PTSD.
 - 14% with suicidal ideation.
 - Sleep disturbance commonly reported.
 - Other significant impacts, including relationship difficulties, difficulties coping, impacts on children and dependents.

• * Data kindly provided by Liverpool Heart & Lung NHS Trust

• ** Please note that this is almost entirely data for *adults*.

THINGS THAT CAN IMPACT UPON PSYCHOLOGICAL RECOVERY

"Nobody is taking me seriously"

"It's just like a cold, no big deal"

"My doctor says there's nothing wrong with me"

"Am I going to have a heart attack?! Am I developing dementia?"

"What if I make myself worse?"

- Actual physical recovery.
- Availability of structured rehabilitative and psychological supports.
- Presence of Acute Respiratory Distress (PTSD, additional issues)
 - Breathing support, admission to ICU, presence of delirium in ICU.
- Expectations of recovery (person themselves and others).
 - Minimisation of impact of COVID-19
 - Pressure to return to work/exercise/family roles quickly
 - Catastrophic interpretation of symptoms/fear of triggering further symptoms
 - Self-blame (or stigma from others) at catching COVID-19.
- Psychosocial supports and resources (social, financial, occupational, previous physical and mental health).

"I'm never going to get better!"

"I'm the one who looks after everyone else, I feel useless"

"I can't go to work and provide for my family, I need to 'man up'"

"It's my own stupid fault, I should have been more careful"

WHAT WE THINK CAN HELP

- People are likely to need support with BOTH the process (expectations, adjustment, navigating services) and the outcomes (managing symptoms of distress).
- Clients need access to timely, good quality information and well-informed MDT support to help them (and others) form realistic expectations of their recovery, as well as to help manage their symptoms.
- Experience suggests that positive contact with others who are experiencing similar issues is *extremely* helpful for that process- making coordinated group- and peer-based approaches of particular benefit.
- ‘The process’ may not be the same for everyone. We need to give particular consideration to support for Māori.
- There is strong research evidence for individual and group-based programmes to help people manage many of the commonly reported issues:
 - Anxiety, depression, sleep, fatigue management, breathlessness, pain, managing cognitive issues, adjustment to injury.
 - Research studies are not specific to PACS (too early) but anecdotally clinics/services overseas report good success with these approaches.
- Given the high number of people experiencing symptoms of trauma/PTSD, suicidal ideation and cognitive difficulties, many clients may need to be supported to access more intensive (neuro) psychological interventions.

Thank you!

Dr Paul Skirrow

Senior Lecturer & Consultant Clinical Neuropsychologist
Pūkenga Matua / Kaimātai Hauora Hinengaro
NZ College of Clinical Psychologists / Otago University
Paul.Skirrow@otago.ac.nz

Dr Lucy Morris

Clinical Psychologist and Neuropsychologist
Kaimātai Hauora Hinengaro
Active+ Rehabilitation
Lucy.Morris@activeplus.co.nz