Editorial

Treatment concerns for psychiatric symptoms in patients with COVID-19
with or without psychiatric disorders

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Summary

Many psychiatric patients have been infected with COVID-19, and patients with COVID-19 may develop psychiatric symptoms after treatment with antiviral drugs. Given the tolerability and minimal P450 interactions, antidepressants (e.g., citalopram, escitalopram etc.), antipsychotics (i.e., olanzapine) and valproate can be considered to be safe in combination with antiviral drugs.

Keywords

Antipsychotics; antiviral; psychotic disorders; coronavirus; drug interactions and side-effects.

Since December 2019, the novel coronavirus disease 2019 (COVID-19) has spread from Wuhan to other cities in China and around the world, including Japan. As of 17 February 2020, there have been 70,673 confirmed cases in China. The National Health Commission of China (NHCC) has published guidelines for treatment of COVID-19. Recommended antiviral drugs by the NHCC include interferon-α, lopinavir/ritonavir and ribavirin.1

As psychiatrists, we are particularly concerned about two aspects of this situation. First, many patients with psychiatric disorders have been infected with COVID-19, and second, patients with COVID-19 infections may develop a number of psychiatric symptoms, including anxiety, fear, depression and insomnia, after treatment with antiviral drugs. This is concerning because Wuhan Mental Health Center, the largest psychiatric hospital in Hubei province, reports that more than 80 staff and patients have been infected with COVID-19.3

If a patient with psychiatric disorder is infected with COVID-19, antiviral drugs must be used in combination with psychotropic drugs. Special care should be taken to ensure that drug–drug interactions are prevented when psychotropic drugs are used in combination with antivirals.

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Author contributions

K.Z. and K.H. conceived of the presented idea. K.Z. wrote the manuscript. X.Z., H.L. and K.H. revised the manuscript. All authors discussed and contributed to the first manuscript.

Declaration of interest

None.

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References