Multidisciplinary collaborative guidance on the assessment and treatment of patients with Long COVID: A compendium statement

TABLE 12: Symptom-specific assessment and management considerations for mental health symptoms in patients with Long COVID

Assessment Element	Assessment Details
History 	• Differentiate/ask whether symptoms are related to a DSM-V disorder versus other underlying cause o E.g., is lack of interest due to fatigue versus anhedonia (i.e., low mood and reduced pleasure in previously enjoyable things)? o E.g., are palpitations due to dysautonomia versus panic/anxiety? • If symptoms are impacting function or quality of life, assess severity using validated instruments such as:† o PHQ-9‡ or PHQ-2 (Depression) o GAD-7 (Anxiety) o PCL-5 (PTSD) • If mental health symptoms present, perform suicide risk screening o E.g., C-SSRS • Medications that may impact mental health signs or symptoms (e.g., anti-arrhythmic, diuretic, or autonomic medications) • Other potential symptom triggers: o Pain, sleep dysfunction, physical/cognitive symptoms o Menstrual cycle, alcohol or drug use • Therapeutic response and possible adverse effects to prior treatments tried (patient-directed and prescribed) • Existing social, emotional, and logistical support
Physical exam	• Symptom-specific focused exam to evaluate for physical sequelae of Long COVID which could be masquerading as, or exacerbating, mental health symptoms o E.g., 10-minute stand test to assess for signs of dysautonomia that could be masquerading as panic disorder (e.g., palpitations, tachycardia)
Treatment Element	**Treatment Details**
Non-pharmacologic management	• Largely mirrors mental health treatment in the absence of Long COVID o Validate experience, create a therapeutic alliance o Psychotherapy (e.g., supportive, cognitive behavioral, group, or exposure therapy) » If dysautonomia is present, use caution with exposure therapy (for PTSD) o Free apps available by the VA (https://www.veteranshealthlibrary.va.gov/HealthyLiving/Stress/) • Treat coexisting pain, sleep disorders (including poor sleep hygiene and insomnia), and neurologic symptoms, if present • Mental health symptoms can be worsened by (and can worsen) other Long COVID symptoms
Pharmacologic management	• Consider psychotropic medication management based on symptoms and severity, per standard approaches outside the Long COVID setting • Consider weaning/de-prescribing anti-hypertensive and sedating medications (e.g. benzodiazepines, sleep-promoting medications) • See Table 5 for commonly used medications for Long COVID
Referral, as needed	• To emergency department, if expresses thoughts of harm to self or others, with a plan, means, and intent • To mental health specialist, if symptoms of psychosis, significant PTSD, passive suicidal ideation, or active substance addiction o E.g., social worker, therapist, counselor, neuropsychologist, clinical psychologist, and/or psychiatrist

†These instruments have not been validated specifically in the Long COVID population.

‡For patients with a high PHQ-9 score, clinicians should obtain additional history to identify whether the high score is attributable to anhedonia (which would suggest true depressive symptoms) versus fatigue or other physical sequelae of Long COVID (in which case, a diagnosis of depression should not be given).

Abbreviations: DSM-V (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), PHQ (Patient Health Questionnaire), GAD (generalized anxiety disorder), PCL-5 (PTSD Checklist for DSM-V), PTSD (post-traumatic stress disorder), C-SSRS (Columbia-Suicide Severity Rating Scale), VA (United States Department of Veterans Affairs).