

TABLE 1: Mental health assessment recommendations for patients with PASC.

#	Assessment recommendation statements
1	<p>Patients should be screened for signs and symptoms of new or worsening depression, anxiety, or PTSD using validated tools and instruments, as appropriate.</p> <p>Note: Clinicians should consider suicide risk screening for patients who screen positive for mental health conditions and should have an established suicide plan in place prior to screening.</p>
2	<p>Clinicians should conduct a comprehensive patient history including:</p> <ul style="list-style-type: none">• Current mental health symptoms, and comparison to premorbid symptoms (if any);• Current physical and cognitive health symptoms impacting mental health symptoms that warrant further evaluation or testing and potential subspecialty referral, and comparison to premorbid symptoms (if any);• Previous experiences and responses to patient-directed resolution attempts and prescribed treatments/interventions—what has been tried, what has helped, what has exacerbated physical or mental health symptoms;• Medication history: evaluate for medications that may impact symptoms, signs, or assessment parameters (e.g., medications with anti-arrhythmic, diuretic or autonomic impact); and• Functional history to include activities of daily living, instrumental activities of daily living, school, work and avocational activities (i.e. hobbies), and quality of life.
3	<p>Clinicians should consider a review of factors contributing to symptom presentation or exacerbation. This review should include both symptom triggers (e.g., external stressors, menstrual cycle, alcohol and drug use) in addition to psychosocial factors (e.g., financial, housing, un/employment, safety, social isolation and/or other major concerns of living) and availability of a support system and resources to provide emotional, logistical, and other support.</p>

TABLE 2: Treatment recommendations for patients with mental health symptoms in PASC.



#	Treatment recommendation statements
1	For patients with symptoms that are impacting everyday life/function and are outside the scope of practice of the treating clinician, consider referral to an appropriate specialist (examples include: social work, therapist, counselor, neuropsychologist, clinical psychologist, and/or psychiatrist) with formal expertise in psychological/psychiatric assessment and treatment. Note: Clinicians should discuss with the patient that mental health symptoms can be worsened by (and can worsen) other coexisting PASC symptoms.
2	In collaboration with appropriate specialists and/or primary care, consider initiation of pharmacologic and nonpharmacologic interventions.
3	In collaboration with appropriate specialist(s) and/or primary care, treat underlying medical conditions, such as pain, insomnia/sleep disorders (including poor sleep hygiene), and neurologic issues, which may be contributing to mental health symptoms.
4	In collaboration with prescribing or primary care clinician consider reduction of polypharmacy and medications that may worsen mental health symptoms.
5	Based on overall treatment plan, consider a follow-up plan to ensure symptoms are responding to treatment and intervention is progressing.

TABLE 3: Pharmacologic agents used in depression, anxiety, and PTSD.⁸²⁻⁸⁵

Agent	Uses	Therapeutic Dose Ranges (mg/day)	Side and adverse effects
Selective serotonin reuptake inhibitors (SSRIs)			
Citalopram	<ul style="list-style-type: none"> • GAD • Depression 	20–40	Gastrointestinal effects (nausea, vomiting, and changes in bowel habits), sedation, sexual dysfunction, increased risk of bleeding ^{85,86}
Escitalopram	<ul style="list-style-type: none"> • GAD • Depression 	10–20	
Fluoxetine	<ul style="list-style-type: none"> • GAD • PTSD • Depression 	20–80	
Fluvoxamine	<ul style="list-style-type: none"> • Depression 	50–300	
Paroxetine and paroxetine ER	<ul style="list-style-type: none"> • Chronic PTSD • GAD • Depression 	20–60	
Sertraline	<ul style="list-style-type: none"> • PTSD • GAD • Depression 	50–200	

TABLE 3: Pharmacologic agents used in depression, anxiety, and PTSD.⁸²⁻⁸⁵ (continued)

Agent	Uses	Therapeutic Dose Ranges (mg/day)	Side and adverse effects
Selective serotonin noradrenaline reuptake inhibitors (SNRI)			
Desvenlafaxine	<ul style="list-style-type: none"> • Depression 	50	Gastrointestinal effects (nausea, vomiting, constipation), anorexia/weight loss, anxiety, dizziness, hypotension, insomnia, sexual dysfunction
Levomilnacipran	<ul style="list-style-type: none"> • Depression 	40–120	Gastrointestinal effects (nausea, vomiting, constipation), anorexia/weight loss, palpitations, hypotension, sexual dysfunction
Duloxetine	<ul style="list-style-type: none"> • GAD • Depression 	30–60	Similar adverse effects as SSRIs. In addition, dry mouth, blurry vision, increased sweating, urinary retention, constipation, and dose-dependent increases in blood pressure (more so with venlafaxine) ⁸⁶
Venlafaxine, extended release	<ul style="list-style-type: none"> • PTSD • GAD • Depression 	75–225	
α-Adrenergic antagonists			
Prazosin	<ul style="list-style-type: none"> • PTSD (trauma-related nightmares and sleep disruption) 	3–15 mg/night	Serious adverse effects: First dose hypotension, orthostatic hypotension, syncope, intraoperative floppy iris syndrome, priapism Common adverse effects (5% to 10% of patients): dizziness, headache, drowsiness, lack of energy, weakness, palpitations ⁸⁷
Second-generation (atypical) antipsychotic medications			
Quetiapine	<ul style="list-style-type: none"> • Depression • Anxiety • PTSD 	100 ng/mL to 1000 ng/mL	Tachycardia, dyspnea, cough, pharyngitis, rhinitis and nasal congestion, dry mouth, constipation, dyspepsia, abdominal pain, leukopenia, neutropenia, lethargy, hyperlipidemia, hyperglycemia, peripheral edema, sedation, weight gain, tardive dyskinesia ⁸⁸

TABLE 3: Pharmacologic agents used in depression, anxiety, and PTSD.⁸²⁻⁸⁵ (continued)

Agent	Uses	Therapeutic Dose Ranges (mg/day)	Side and adverse effects
Gabapentinoid			
Pregabalin	• GAD	150–600	Drowsiness, dizziness, vertigo, weight gain ⁸⁹
Other anxiolytics and benzodiazepines			
Buspirone	• Anxiety, GAD • Depression	15–60	Dry mouth, insomnia, increased anxiety, gastrointestinal upset, sweating, hypertension ⁹⁰
Alprazolam	• Anxiety, GAD	1–4	Drowsiness, tiredness, dizziness, sleep problems (insomnia), memory problems, poor balance or coordination, slurred speech, trouble concentrating, irritability, diarrhea, constipation, increased sweating, headache, nausea, vomiting, upset stomach, blurred vision, appetite or weight changes, swelling of hands or feet, muscle weakness, dry mouth, stuffy nose, loss of interest in sex, worsening depression, hypomania, decreased mental alertness ⁹¹
Lorazepam	• Anxiety, GAD	2–10	Sedation, dizziness, asthenia, ataxia, respiratory depression, hypotension, fatigue, amnesia, confusion, disinhibition, irritability, libido changes, menstrual irregularities, diplopia, dysarthria, appetite changes, constipation, incontinence, urinary retention, dystonia, AST and ALT elevation, In rare instances, lorazepam can cause acute liver injury (cholestatic pattern). ⁹²
Chlordiazepoxide	• Anxiety, GAD	15–100 (multiple doses)	Fatigue, sedation, depression, dizziness, ataxia, slurred speech, weakness, confusion, forgetfulness, nervousness, hyperexcitability, and pain at the injection site ⁹³
Oxazepam	• Anxiety, GAD	30–60	Sedation, fatigue, depression, confusion, memory impairment, dizziness, ataxia, slurred speech, hyperexcitability, nervousness, and weakness. Less frequently encountered adverse effects may involve hypotension, hallucinations, mania, dry mouth, hypersalivation, edema, leukopenia, decreased libido, incontinence, rash, menstrual irregularities, jaundice, and diplopia. ⁹⁴

TABLE 3: Pharmacologic agents used in depression, anxiety, and PTSD.⁸²⁻⁸⁵ (continued)

Agent	Uses	Therapeutic Dose Ranges (mg/day)	Side and adverse effects
Serotonin-modulating antidepressants and others			
Bupropion	<ul style="list-style-type: none"> • Depression 	150–450	Tachycardia, insomnia, agitation, dizziness, tremor, constipation, dry mouth, rhinitis, pharyngitis, headache, diaphoresis, weight loss, nausea, blurred vision ⁹⁵
Mirtazapine	<ul style="list-style-type: none"> • PTSD • GAD • Depression 	15–45	Weight gain, sedation (appears to be less marked at higher treatment doses) ⁹⁶
Vilazodone	<ul style="list-style-type: none"> • Depression 	20–40	Nausea, vomiting, diarrhea, insomnia
Vortioxetine	<ul style="list-style-type: none"> • Depression 	5–20	Nausea, vomiting, diarrhea, constipation, flatulence, dry mouth, dizziness, unusual dreams, sexual dysfunction in males and females

Abbreviations: GAD generalized anxiety disorder; PTSD post-traumatic stress disorder.