



Scientific Letter

Holistic approach to COVID-19 aftermath

Since the beginning of the pandemic, the focus on the acute effects of COVID-19 has overtaken the longitudinal view of the process and its consequences. Although some authors posit a wave of emotions,¹ general strategies have focused on a strictly somatic approach to the pandemic and its consequences on the individual.

After the first few months of the pandemic, not only did a wide range of sequelae become evident following infection, but specific care processes were established to deal with this aftermath. In the case in point, the Castilla y León Health Service (Sacyl) established an integrated care process to address what has been termed “long COVID syndrome”.² This process aims to establish general guidelines for the management of patients who have suffered from COVID infection and their long-term follow-up.

Since June 2020, we have been responsible for the mental health care of all consequences of the pandemic. Not only the emotional consequences of the trauma experienced, the affective consequences of which are reported by the CDC³ and other national reports,⁴ but also any disturbance of the functioning of the individual that is directly related to COVID-19. Mental health was always compromised given the heightened uncertainty caused by the virus, generating sustained frustration that has been linked to increased suicidality compared to previous years.⁵ What were initially predominantly complicated grieving processes due to the alienating situations experienced, may now be post-traumatic stress disorders or adaptive disorders due to the socio-economic consequences of the pandemic.

This programme, unsurprisingly, has had to be re-evaluated and adapted to new needs. It is worth highlighting how support for health professionals has increased, with increasingly more acute and fewer chronic cases, which denotes a good therapeutic alliance, and the importance of early care to achieve good results. Since August 2020, we have started to see a percentage of patients with somatic symptoms secondary to the infection, and these cases are now more frequent.⁶ Of course, these patients were examined and consulted by the respective specialists in pulmonology, internal medicine, and rheumatology, but a percentage of them had no explainable organicity given the presenting clinical picture. The clinical presentation of long Covid patients is wide ranging, from dyspnoea to chronic fatigue⁷ in many cases without functional tests to demonstrate these symptoms.

Through our community's integrated care process, we are sharing the clinical experience of this year and a half of work, during which we have had to adapt our clinical practice to known entities for which there is solid scientific evidence to provide useful tools for our patients. The presence of a large number of patients who

have lost functionality without a solution to their symptoms is linked to a traumatic experience during the pandemic and suggests the presence of an important psychosomatic component.

In our programme, we follow a multidisciplinary approach in close contact with the specialities most involved in long COVID syndrome, with good results in the application of psychopharmacological treatments based on chronic fatigue.^{8,9} Given the current uncertainty, limited knowledge about the virus and the maelstrom of super-specialised scientific evidence on these symptoms, it is perhaps important to assess previous knowledge of similar entities, such as central sensitisation or chronic fatigue in disorders such as fibromyalgia, where we have more background and experience with noradrenergic drugs such as duloxetine.⁸ This clinical practice involves assessing potential somatisation, for which tools such as the Modified Somatic Perception Questionnaire¹⁰ can be very useful in clinical practice.

For us, it is important not only to understand the direct affective impact of the pandemic, but also that this situation sustained over time generates learned helplessness and could trigger a series of manifestations of a psychosomatic nature^{7,11} that justify the presence of mental health professionals not only as support during the infection and its consequences, but also when explicability of the sequelae is insufficient and people are still suffering.

References

1. Troyer EA, Kohn JN, Hong S. Are we facing a crashing wave of neuropsychiatric sequelae of COVID-19? Neuropsychiatric symptoms and potential immunologic mechanisms. *Brain Behav Immun*. 2020;87:34–39.
2. Sacyl. Proceso asistencial integrado: COVID persistente. [consulted 16 Jun 2022]. Available at: <https://www.saludcastillayleon.es/profesionales/es/procesos-asistenciales/procesos-asistenciales-gerencia-regional-salud/covid-19>.
3. Czeisler MÉ. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020. *MMWR Morbidity and Mortality Weekly Report*. 2022;69 [consulted 24 Ene 2022] Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>.
4. Ayuso-Mateos JL, Mediavilla R, Rodríguez KR, Bravo MF. Informing the response to COVID-19 in Spain: Priorities for mental health research. *Rev Psiquiatr Salud Ment (Engl Ed)*. 2021;14:79–82.
5. Jerónimo MÁ, Piñar S, Samos P, et al. Intentos e ideas de suicidio durante la pandemia por COVID-19 en comparación con los años previos. *Rev Psiquiatr Salud Ment*. 2021, <http://dx.doi.org/10.1016/j.rpsm.2021.11.004>.
6. Ercoli T, Lutzoni L, Orofino G, Muroli A, Defazio G. *Functional neurological disorder after COVID-19 vaccination*. 42. Neurological Sciences: Springer-Verlag Italia srl; 2021:3989–3990.
7. Wang J-A. Psychosomatic diseases and COVID-19. *Heart and Mind*. 2021;5:101.
8. Arnold LM, Blom TJ, Welge JA, Mariotto E, Heller A. A Randomized, Placebo-Controlled Double-Blinded Trial of Duloxetine in the Treatment of General Fatigue in

10. Bianchini KJ, Aguerrevere LE, Guise BJ, et al. Accuracy of the Modified Somatic Perception Questionnaire and Pain Disability Index in the Detection of Malingered Pain-Related Disability in Chronic Pain. *Clin Neuropsychol*. 2014;28:1376–1394, <http://dx.doi.org/10.1080/13854046.2014.986199>.
11. Joos A. Psychosomatic Medicine and Covid-19 Pandemic. Vol. 89 *Psychotherapy and Psychosomatics*. S. Karger AG. 2020:263–264.

Sergio Nuñez Sevillano*

Coordinador del Programa de Atención Integral a las Secuelas Psíquicas por COVID, Complejo Asistencial de León, León, Spain

* Corresponding author.

Correo electrónico: snunezs@saludcastillayleon.es