



## “Covid-19 Management” Induced Mania! A Call for Alert and Further Research

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COVID-19 is a highly contagious infectious disease caused by a new coronavirus, first time detected and reported in Wuhan, China that very soon became pandemic. In the recently passed outbreak, all the Iranian health systems were involved. Doctors with different specialties like sport medicine, surgery or gynecology were obliged to involve the covid-19 treatment. The hospitals were highly crowded and many of the “not well” patients were managed as outpatients. In this letter to the editor, we want to highlight the psychiatric side effect of routine management for covid-19.

In Roozbeh Hospital, a referral psychiatric hospital belonging to Tehran University of Medical Sciences, we noticed a significant increase in referral patients, shortly after being affected by COVID-19, presenting serious psychiatric symptoms, especially manic syndrome. Most of them had been treated as inpatient or outpatient with anti-inflammatory (corticosteroids such as IV Dexamethasone or oral Prednisolone) and antiviral (*e.g.* IV Remdesivir) combination therapy and most of them had history of a psychiatric disorder especially bipolar disorders. In management of psychiatric symptoms in these patients some were hospitalized due to intensity of psychotic or mood symptoms.

This phenomenon might be related to the 1) Covid-19 infection itself, 2) psychiatric reaction for being sick, 3) an unknown side effect of antiviral therapy and/or 4) as a side effect of corticosteroids. We believe that prescription of the corticosteroids especially with high dose can play a significant role in these kinds of relapsing symptoms. This theory comes from the fact that all these patients faced symptom relapse after being treated with high doses of corticosteroids. One of the most prevalent side effects of corticosteroids is psychiatric and cognitive symptoms, which depend on dose and duration of therapy. Symptoms include emotional lability, elevated or depressed mood, psychosis, delirium, confusion or disorientation (1-3). Corticosteroids can cautiously be used in psychiatric patients, preferably with low dose and short term, or taper up psychiatry treatments to prevent mental illness flare up (4-5).

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We are aware of the challenging time for saving lives. As psychiatrists we also have concerns about this issue affecting our patients and increasing load of hospitalization. Herein, we call for research on the fact of psychiatric symptom relapse after covid-19 treatment to evaluate the contribution of each possible factor. Also, we want to express an alert

on Covid-19 treatment. We highly recommend our colleagues caring Covid-19 patients, to review the past psychiatric history as well as family history of infected patients before prescribing corticosteroid. If any positive or suspicious history is noted, special caution should be taken including a consultation to a psychiatrist if it is possible.

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