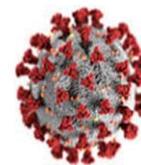


## Introduction

- ❖ COVID-19 has had dramatic effect on delivery of healthcare
- ❖ Interruptions in regular care and access to treatments
- ❖ Effect of public health crises on mental health are not always uniform
- ❖ Those with psychotic disorders are at increased risk of decompensation
- ❖ Effects of COVID-19 on mental health are varied and multifaceted
- ❖ Prevalence of psychotic disorders in US ~ 0.25 – 0.64 of the general population
- ❖ Incidence of psychosis in those infected by a virus during an epidemic/pandemic ~ 0.9% - 4%
- ❖ We identify pandemic related barriers to care in our cases and suggest potential remedies for each



## Case Descriptions

- 36 year old male with Schizophrenia who decompensated due to inability to receive Haldol Decanoate injections for three months
- 50 year old female with Schizophrenia, noncompliant with medications, who decompensated after her appointments changed to telehealth
- 55 year old female with Schizoaffective Disorder who decompensated after becoming paranoid about traveling to work during the pandemic
- 59 year old female with Schizoaffective Disorder who decompensated after her clinic closed and she could not receive her Haldol Decanoate
- 19 year old male with Schizophrenia who decompensated after his clinic closed and he became noncompliant with his medications

## Discussion

We identified several ways in which patients' care was interrupted due to the impact of COVID-19. These interruptions caused each patient in our case series to decompensate and require inpatient hospitalization.

Stabilizing Factor	Change Caused By Pandemic
Long acting injectable antipsychotic	Inability to receive LAI (due to difficulty traveling, office closures, etc...)
Regular in person appointments	Appointments were changed to phone only
Adherence to medication and follow up appointments	Increased paranoia due to anxiety and fears about COVID
Adherence to medication and follow up appointments	Access to medication became difficult

## Interruption in care → Decompensation and hospitalization

### Conclusion – Possible Remedies

- Home administration of injection, switch to oral medication until in person appointment is feasible
- Weigh risks/benefits of telehealth case by case, provide patients with video capable device or dedicated space for telehealth visits
- Proactively check in with patients during situations such as public health crises
- Consider home delivery of medications

**Some of these suggestions may be worth consideration even outside the context of a pandemic or public health crisis.**

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