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Assessment of the Emotional-Volitional Sphere in the Post-Covid Period and Treatment Tactics

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ABSTRACT: Coronavirus disease-2019 (COVID-19) is a new epidemic infectious disease characterized by relatively high contagiousness and the likelihood of developing serious complications in the form of acute respiratory distresssyndrome, acute respiratory and multiple organ failure. The pathogenesis of the new coronavirus infection is not sufficiently studied, it is spreading around the world for the second year. The virus is neurotropic, that is, when it enters the nervous system through olfactory receptors in the upper nasal concha, it can directly damage brain structures such as the limbic system and hypothalamus [6]. Doctors in many countries note that among the various complications after a previous illness, a significant part of patients may also develop cognitive disorders: memory, attention, concentration, or speed of thought processes [2, 4]. According to a recent non-selective survey of the US population conducted by According to the American Psychiatric Association, almost half of the respondents experience a serious level of anxiety and 40% are afraid that they or their loved ones may become seriously ill with COVID-19 and die [1, 5]. The prevalence of moderate to severe symptoms in COVID-19 тяжелыхwas as follows: anxiety-12-20%, depression-15-25%, insomnia-8% , and traumatic stress-35-49% [3]. Based on these data, emotional-volitional disorders in the post-covid period are of great interest and require the development of treatment tactics.

KEYWORD: infection, tolerance,immunity, clinic , diagnostics.

Research. The aim of the study is to study the manifestation of a violation of the emotional-volitional sphereof ah, substantiate new directions of differentiated therapeutic tactics for various manifestations of emotional-volitionaldisordersof ah, taking into account the dynamics of clinical and sociological parameters of the disease.

Material and methodsы of research. The emotional-volitional sphere in the post-covid period was studied in 46 patients. The average age of the patients was 45 years. All patients were divided into two groups: the first group received basic therapy with no tropic drugs, and the second group, in addition to basic therapy with no tropic drugs, was prescribed the antidepressant redefine (paroxetine) at a dose of 20 mg once a day for 3 months. After 3 months of YAC, the effectiveness of treatment of patients in both groups was evaluated.

Resultsanddiscussions.

Rexetinh was administered at a dose of 20 mg in the morning for 30 days. Patients ' conditionwas assessed before taking the drug (1st visit) and after1-5 days(2nd visit) and 30 days (3rd visit) of

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treatment. To assess the effectivenessof correction of emotional and volitional spheres, weuseda point scale of subjective characteristics, a personal and situational scale of anxiety and depression.KEach patient was treatedwith a complex-individual approach.When assessing personal and situational anxiety on the scale of Spielberg-Haninin the post-covid period, in the case of active anxiety, ahigh level of anxiety prevailed, and in the case of low-leveloй anxiety, allow level of anxiety prevailed.

Table 1 Scale of personal and situational anxiety Spielberg-Hanin in the post-covid period before treatment

Typeofanxiety	Low level of anxiety		Average level of anxiety		High level of anxiety	
	Abs.	%	Abs.	%	Abs.	%
Situational anxiety	12	26.1	14	30.4	20	43.5
Personal anxiety	10	21.7	24	52.2	12	26.7

After treatment, on day 30, the indicators in both groups on the scale of situational and лpersonaloй anxietyand witha high levelof m anxietyturned into a low level of anxiety. Most patients who have had COVID-19наблюдалсяexperience severe asthenia, anxiety, depression, and fear of death.

Table 2 Spielberg-Hanin scale of personal and situational anxiety in the post-covid period after treatment

Typeofanxiety	Low level of anxiety		Average level of anxiety		High level of anxiety	
	Abs.	%	Abs.	%	Abs.	%
Situational anxiety	26	56.5	11	23.9	9	19.6
Personal anxiety	29	63.1	9	19.5	8	17.4

Among the hospitalized patients, anxiety, confusion, depressed mood andinsomnia, as well as impaired attention and memory were observed in approximately 35 %.

Table 3 Scale for assessing the level of reactive and personal anxiety Ch. D. Spielberg and Yu. L. Khanina

Patientgroup	The test of Ch. D. Spielberg and Yu. L. Khanin	
	Beforetreatment	After treatment
Comparison group	44.6,6±0.77	31.4,4±0.7*
Main group	46,5,5±0,88	19,7,7±0,55*,**

Note: - significantly compared to pretreatment P<0.001; - significantly compared control P<0.001

Emotional disorders led to a reduced quality of life and disrupted job security. Approximately 66.0 % of patients suffered from insomnia, and approximately 2.0% had suicidal thoughts. 50%больных of the patients had depression, 55% - anxiety, about 60% - psychosomatic symptoms.

Table 4 Severity of asthenicx disorders in the post-covid period

Variants of the syndrome	Severity of asthenic disorders		
	Moderate symptoms	Pronounced symptoms	Total
Asthenic	4	5	9
Astheno-depressive	7	7	14

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Asthenic-hysterical	3	2	5
Asthenic-obsessive	5	3	8
Astheno-hypochondriac	4	2	6
Asthenic with personality changes	3	1	4
Total	26	20	46

Clearly visible we observed an increase in asthenoadynamicsymptoms from 7-12 days of treatment. Against the background of these disorders, a headache appeared that had a classic "neurasthenic" color. Patients became incapable of emotional, intellectual, and physical exertion, and emotional pain increased. liability, sensitivity, tendency to react inadequately to all kinds of psycho traumatic effects. The development of asthenia and emotional tension was characterized by a cyclical pattern. More often in the morning, within 6-12 hours, against the background of severe hypothermia it emerged and quickly covered the entire emotional sphere.

According to the results of objectivex and subjectivex tests, the symptoms of emotional volitional disordersотмечаwere noted as early as on the 3rd day of the disease and persisted even 30 days after treatment. Assessment of mood according to the results of the Hamilton test and asthenia (according to the Apathy and asthenia Scale) was observed in both groups.The main symptomsof asthenia were observed in patients in the form of loss of appetite-34%,restlessness-32%, нunstablemood-22%, пexcessiveexcitabilitywith subsequentexhaustion-29% andпexcessivefatigue-22.5%.

In the combination treatment group, the average improvement rates were higher than in the basic therapy group. According to the apathy and asthenia Scale, a significantly greater decrease in the severity of asthenia symptoms, such as absent-mindedness, mood instability, increased excitability with subsequent exhaustion, and increased fatigue was observed in the combined treatment group compared to the basic therapy group.

Table5 QOL indicators at

Criteria quality of life	Notrop (n=32)		Notrop+ rexetin(n=22)	
	day 1, day	30day	1	, day 30Day 30
The overall health	of 46.7±2,3	54,6±1,3	47,4±4,6	69,7±2,3
Physical activity	45,9±3,9	52,1±3,4	46,1±3,8	70,9±3,9
the functioning ofthe regulation, related tothe identified Phiwith man's physical-standing	48,9±2,7	55,4±2,1	49,6±3,6	68,9±2,7
Functioning, connected with the emotional state	5of 4.3±2.4 GHz	59,4±2,8	53,2±4,8	74,3±2,4
Social functioning	55,1±3,2	60,7±2,5	54,2,2±3,7	68,1±3,2
ИнтенсивPain intensity	56,7±3,1	59,8±1,3	56,8±4,5	66,7±3,1
Vital activity	46,6±2,9	52,0±1,4	47,5±3,5	68,6±2,9
Mental health	49,5±2,8	53,5±1,2	48,3±4,4	65,5±2,8

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The evaluation of the therapeutic efficacy of rexetin in the post-covid period was carried out on the basis of the Hamilton scale (HDRS). When using recoxetine against the background of improved mood, a more pronounced regression of emotionaldisorderswas noted. In the main group of patients, severe sedation occurred, emotionale disturbances were smoothed out, and there was no increase in fear and anxiety in the evening. Along with a mild sedative effect, in the first days of treatment, rexetin caused a positive trend in relation to depression. Patientsbecameanimatedandmade real plans for their work.

There was a significant improvement in comparison with the control group not only on the scales for assessing depression, but also on those evaluating cognitive functions. Before treatment with rexetin in the main group, the severity of depressive disorder was 25.6±5.4 points in the main group. By the end of the course of therapy, the average group scores on the Hamilton scale significantly improved, reaching 7.9±1.3 points. In the placebo group, this dynamics was less significant: 24.4±3.8 and 18.9±1.7 points, respectively. In clinically stable patients with COVID-19, up to 95.6% are diagnosed with psychological problems and symptoms of stress disorders. Psychological distress in the form of depression, hopelessness, and nervousness was found 52in 5.2%of patients.CStatisticallyдостоверноesignificant improvement in performance was observed only after 30 days.Atthe time of illness, approximately40 % of patients showed neurosis-like symptoms: insomnia - 42 %, impaired attention or concentration-38 %, anxiety-36 %,memory impairment-34 %,depressiveндisorder-33 %, confusion-28 % andalteredccognition-21 %.

Conclusion. Treatment of patients who have had COVID-19 and have disorders of the emotional-volitional sphere should includeьcorrection and therapy of the emotional state, cane used in the treatment of patients who have had COVID-19 and have emotional disorders. When correcting the emotional-volitional sphere, one should use SSRI from the group – the safest and most effective class of drugfor patients inthis group. Patients who have had COVID-19 area risk group due to their physiological and mental characteristics, and this infection may also be a risk factor for relapse of emotional and volitional disorders. Priority is given to early diagnosis of emotional-volitional disorders, as wellas the use of pathogenesis treatment methods in combination with basic symptomatic therapy, antidepressants and no tropic drugs with provenэeffectiveness.

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