

ACUTE CONFUSIONAL SYNDROME AND COVID-19 DISEASE. CLINICAL AND SOCIODEMOGRAPHIC DIFFERENCES WITH OTHER COMORBID DISEASES.

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Background and Aims

Coronavirus Disease 19 (COVID-19) was declared a pandemic by the World Health Organization (WHO) in March 2020. Since the outbreak, neuropsychiatric presentations such as delirium have been developing.

Our aim is to describe the sociodemographic and clinical differences between inpatients cursing with Acute Confusional Syndrome (ACS) with and without COVID-19 pneumonia.

Methods

This is an observational-descriptive study. All patients attended by the liaison psychiatry service of Hospital del Mar, between February and April 2020, with ACS diagnosis were included. The sample was divided in 2 groups (with and without COVID-19 pneumonia). Sociodemographic and clinical variables including sex, age, previous somatic or psychiatric history, risk factors associated with ACS, ACS subtype and pharmacological treatment used were compared. Chi-square and U Mann Whitney tests were used for comparisons.

Results

The total sample was 62 patients. 43.5% were women with a mean age of 71,7 (SD 11,3).

Covid pneumonia group included 26 patients.

There was a higher percentage of Hypoxemia in Covid pneumonia patients ($p<0,001$). There were also significant differences between Covid pneumonia group and ACS in relation to: a previous diagnosis of Ischemic Heart Disease ($p=0,007$), Heart Failure ($p=0,029$) and Nephropathy ($p=0,022$).

Dexmetomidine ($p=0,001$) was highly used for ACS treatment in Covid pneumonia patients.

Conclusions

In this sample, patients with ACS and Covid pneumonia had a bigger rate of Dexmetomidine using, hypoxemia and a previous history of Ischemic Heart Disease, Heart Failure and Nephropathy compared to the rest of ACS patients. More studies would be necessary to assess the significance.

