

# Editorial note on Special issue Psychopharmacological treatment of Delirium in Patients who are COVID-19+

Sarilla Gowthami\*

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## EDITORIAL NOTE

Over the past few months, hospitals around the world have observed an **alarming** number of coronavirus patients suffering from **symptoms** of delirium, including terrifying hallucinations and paranoid visions. Delirium, an acute condition characterized by confusion and reduced awareness, is relatively common in cases of illness requiring intensive care, especially among older patients.

About 20–30% of Covid-19 patients experience delirium; in severe cases, the number rises to 60–70% regardless of age. This prevalence is consistent where delirium occurs to 60–70% in patients admitted to the intensive care unit (ICU).

The first report of Covid-19 delirium dated back to a China study published on April 10, 2020. It is not just Covid-19; **about 75%** of delirium cases in critically ill patients, in general, were not diagnosed. Why? because ICU patients undergoing intubation **cannot speak**, so verbal tests are challenging. Second, delirium is **no single disease**, but three with a subsyndromal form: Hyperactive delirium, Hypoactive delirium, Mixed delirium, Subsyndromal delirium.

As a result, of late reporting, there may have been a chance of delayed or missed diagnoses, wherein delirium is the chief symptom of Covid-19. Also, the prognosis of Covid-19 with delirium might have been undervalued, leading to inadequate supervision and increased mortality. Because delirium might be a sign of **impending and sudden respiratory failure** from the shutdown of the brain's cardiorespiratory Centre.

Hence, we are pleased to present this Special Issue entitled "Psychopharmacological treatment of Delirium in Patients who are

COVID-19+", which focuses on key leading areas related to Delirium, Hypokinetic delirium, Agitation and psychopharmacological options for clinicians. The main subject in this Special Issue focuses on Pharmacological treatments for delirium in patients who are COVID+.

The treatment options provided by Authors Pavone F, et al. was drawn from the experience from clinicians in Italy, which was the initial epicenter of the outbreak in Europe. This information which is readily accessible in the long run may help the clinicians to treat delirium promptly in COVID+ patients given its potential to alleviate distress in patients, and allow for healthcare systems not to be unduly distracted by patients who present with delirium and agitation.

The manuscript submitted to this Special Issue were peer-reviewed following the standard procedures of the Pulsus Clinical Psychiatry and Neuroscience; as a result, the paper included here aim to provide treatment options for clinicians managing a large number of severely unwell patients with SARS-CoV-2 infection, and who present with delirium/ and or psychosis. Authors are leading experts coming from universities, research centers, and hospitals located all around the world in Europe. In summary, the objective of this Special Issue is to build a bridge among various stakeholders in the psychiatry and neuroscience community.

Lastly, we would like to express our sincere gratitude to all the authors for their efforts and contributions to this Special Issue. We also thank Prof. In Kim, Editors-in-Chief of the Clinical Psychiatry and Neuroscience as well as the reviewers for their contribution towards this article.

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Department of Biochemistry, Osmania University, India

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\*Correspondence: Sarilla Gowthami, Department of Biochemistry, Osmania University, India, Telephone number: 04023532470, E-mail: gouthamianand285@gmail.com

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