



A Psychosomatic Framework for Considering the Long-term Sequelae of COVID-19

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Advancing Integrated Psychiatric Care for the Medically Ill



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Disclosure: Jeffrey P. Staab, MD, MS

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Introductions

- Jeffrey Staab, MD, MS, FACP -- Professor of Psychiatry, Mayo Clinic, Rochester, MN
 - Overview
- Ryan Hurt, MD, PhD -- Professor of Medicine, Mayo Clinic, Rochester, MN
 - Phenotypes of post-acute sequelae of SARS-CoV-2 infection (PASC)/Long-COVID
- Brandon Hamm, MD, MS -- Instructor, C-L Psychiatry, Northwestern University, Chicago, IL
- Andrew Coulter, MD, MA -- Associate Staff Psychiatrist, Cleveland Clinic Foundation, Cleveland, OH
 - C-L Psychiatrist's Perspective on Long-COVID
- Ewa Bieber, MD -- Child and Adolescent Psychiatrist, Lurie Children's Hospital, Chicago, IL
 - Effects of COVID pandemic on children and adolescents

Overview – Risk Factors

- Severe, acute COVID-19
 - Male
 - Older age
 - Non-white
 - Pre-existing conditions
 - Obesity
 - Cardiovascular disease
 - Respiratory disease
 - Hypertension
- Not returning to “usual health”
 - Age > 49
 - # pre-existing conditions
 - Hypertension
 - Obesity
 - Immunosuppressive condition
 - Psychiatric condition (OR=2.32)
- Long COVID
 - Female (24% vs 21%)
 - Age 35-49 years (27%)
 - Pre-existing conditions (asthma)
 - Acute severity (conflicting data)

Crook H, et al., *BMJ* 2021;374:n1648

Overview – Psychosomatic concepts

- Fully interactive biopsychosocial model
 - Psychosocial factors affect distress and impairment in patients with long-term illnesses.
 - A psychosomatic/clinical health psychology perspective is needed for long-COVID.
 - Together with, not instead of, biomedical concepts.
 - Will require data to back theory.
- Predisposing factors
- Precipitating factors
- Provoking factors
- Perpetuating factors

- Predisposing factors
 - Temperament – expressive/dramatic, obsessive/anxious
 - Lifetime adversity – risk factor or symptom amplifier
 - Pre-existing psychiatric illness
- Precipitants
 - Structural injury – type and severity
 - Including autonomic, immunologic, etc.
 - Psychological injury
 - traumatic stress, loss, social disruption
- Provoking factors
 - Illness-related beliefs and behaviors
 - Excessive body vigilance, catastrophic thinking
 - Acute recovery environment
- Perpetuating factors
 - Recovery from structural injury
 - Illness perceptions & fear-avoidance
 - Primary and secondary psychiatric comorbidity (<> XXX due to another medical condition)
 - Long-term social environment