

Results: On our ward, the patient showed poor insight with persistence of delusions. The impression was delusional disorder. He was treated with olanzapine up to 5 mg/day and sertraline up to 100 mg/day, with a progressive resolution of symptoms.

Conclusions: There are other case reports on COVID-19 delusional themes in patients with schizophrenia and patients with no history of mental illness, which means that this phenomenon is not exclusive to affective disorders. In this case, different from the literature, the patient has never had covid. An area of clinical concern is the potential of the pandemic's psychological context to trigger psychotic disorders and influence their symptomatology. A review of contemporary epidemics and pandemics psychosis research found no evidence of changes in the form and content of psychotic symptoms. Further research should examine those biopsychosocial COVID-related factors that predispose to, precipitate, and perpetuate psychosis.

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EPV0370

COVID-19: Neurologic complications and management of neurological symptoms

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Introduction: Neurologic complications in patients with COVID-19 are common in hospitalized patients. More than 80 percent of hospitalized patients may have neurologic symptoms at some point during their disease course. Rates vary by geographical location and patient characteristics.

Objectives: The aim of this research is to evaluate the frequency of neurological complications in patients with covid-19.

Methods: A literature review was made using the Pubmed Platform and the keywords: neurological symptoms, Covid-19 pandemic

Results: Myalgias, headache, encephalopathy, and dizziness may be most common, occurring in approximately one-third of patients in China, Europe, and the United States. Neurologic symptoms such as dysgeusia or anosmia may be less common, but accurate ascertainment of symptoms may be limited in patients with severe cognitive or cardiorespiratory dysfunction. Stroke, movement disorders, motor and sensory deficits, ataxia, and seizures appear uncommon

Conclusions: Reports of severe neurological involvement such as encephalitis, encephalopathy, status epilepticus, ischemic and hemorrhagic strokes and severe neuropathies (Guillain-Barré syndrome) in COVID-19 are increasing, which makes this problem particularly relevant to neurological critical care therapy.

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Neuropsychiatric consequences of Covid 19- CASE REPORT

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Introduction: SARS-CoV-2 is a virus with a multisystem effect, and it can cause numerous neuropsychiatric disorders, both in the acute phase of infection and in the period after the disease has passed. According to Nalbandian et al. (2021), post-acute COVID-19 syndrome is a condition of persistent symptoms and/or delayed long-term complications caused by SARS-CoV-2 infection lasting longer than four weeks after the onset of symptoms.

Objectives: To indicate the possible role of the SARS-COV 2 virus in the development of long-term neuropsychiatric and cognitive consequences of COVID-19.

Methods: We undertook a search of the available medical literature in the period after 2020 with the keywords COVID 19 and neuropsychiatric complications

Results: Case report: Female patient, 40 years old, unemployed, married, mother of two children. She was admitted for the first hospital treatment at the Psychiatry Clinic of the UCC of Niš due to psychological disturbances in the form of experiencing her own body changes and changes in the environment, moodiness, anxiety, the conviction that she is suffering from incurable diseases, the experience of being centered and existentially threatened, insomnia. In 2020, one month after the recovery from COVID-19, she was treated at the Neurology Clinic of the UCC of Niš for a crisis of consciousness, diagnosis at discharge: encephalitis, encephalopathy. At the end of the treatment, cognitive-mnemonic deficits remain. In April 2021, after reinfection with the SARS-COV2 virus, a depressive-interpretive syndrome developed, which is the reason for the current hospitalization. Depersonalization and derealization phenomena, time disorientation, hypochondrial delusions, ideas of self-accusation, cenesthetic hallucinations, impaired volitional-instinctual dynamism and deficits in cognitive-mnemonic functioning are observed during hospitalization. NMR of the endocranium with contrast shows changes in the form of encephalomalacia, porencephaly, which indicates a condition after a cerebrovascular insult. She was treated with low doses of haloperidol (2 mg pd), antimemoria and vasoactive therapy, which led to a reduction of psychotic symptoms as well as an initial improvement in cognitive-mnemonic functioning.

Conclusions: This case report confirms the neurotoxicity of the SARS-CoV-2 virus and it is in accordance with the available literature. The neuropsychiatric and cognitive complications that accompany COVID-19 are different and have a significant impact on the health of people who recovered from COVID-19. It is necessary for the health system to recognize this problem in time and provide organized neuropsychiatric and cognitive monitoring to patients suffering from COVID-19.

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