

Rational Polypharmacy in Manic Patients with COVID-19: Case Series

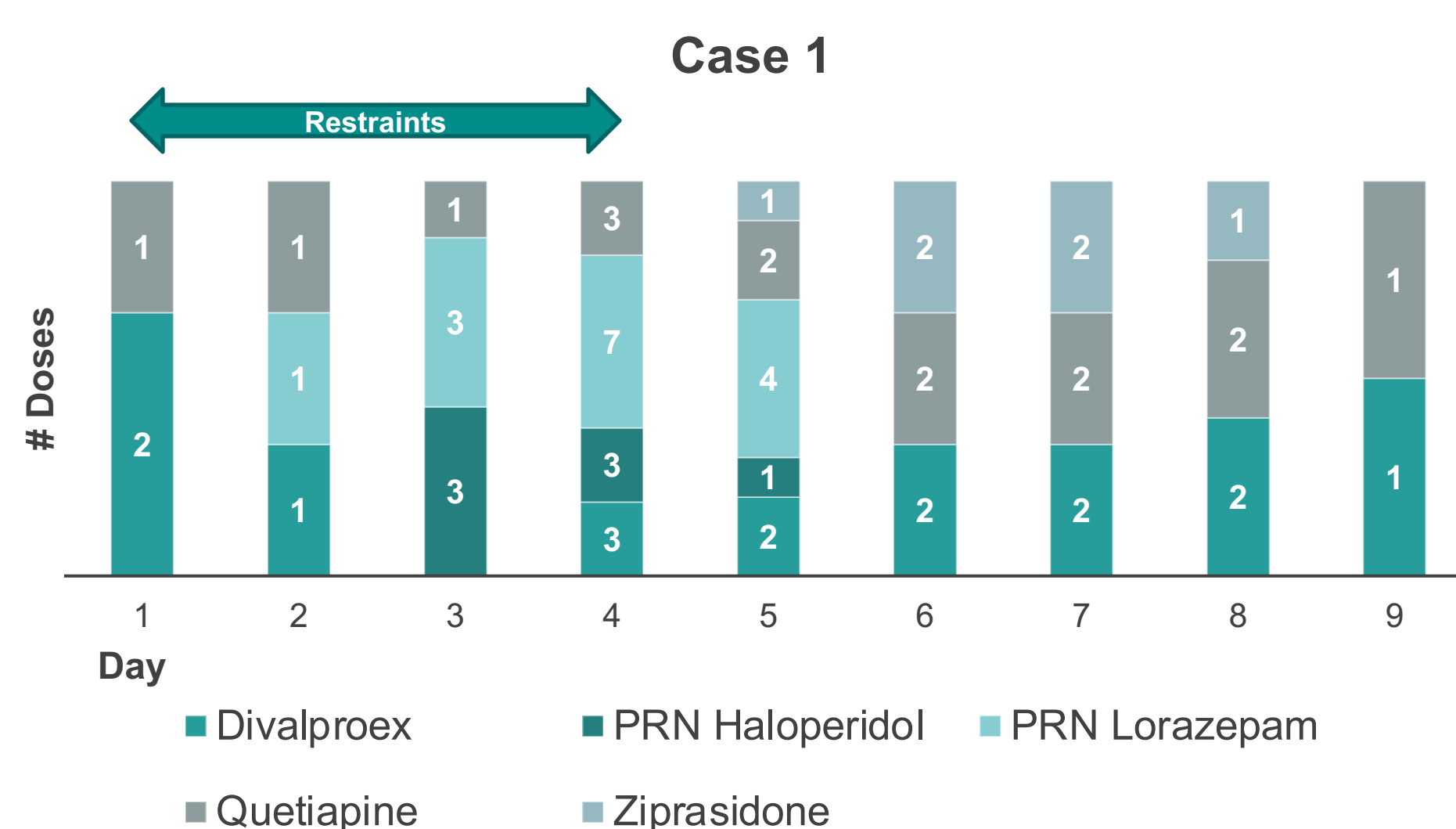
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Background

- Psychiatric emergencies in patients with COVID-19 place a unique burden on the healthcare system.
- There is sparse literature on management of COVID-19 (+) patients with mania on medical floors.
- The following asymptomatic COVID-19 (+) patients required inpatient level of care and were transferred to medicine service per hospital guidelines.

Case 1

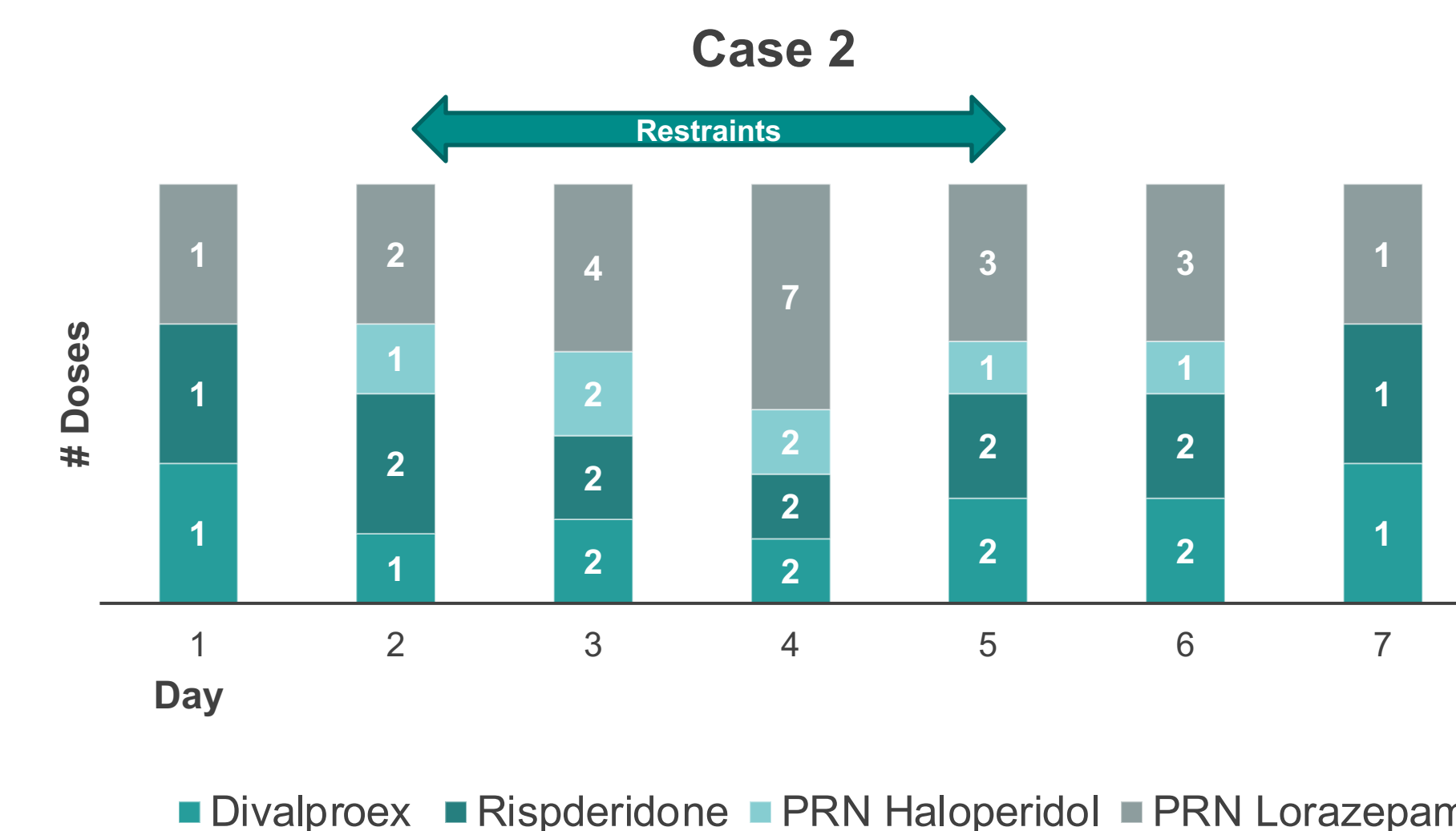
- 51-year-old male with schizoaffective disorder, bipolar type presented with mania.
- Patient's developed agitation, homicidal threats, and attempted to **ambulate** and **elope**.
- The patient's mania was managed with:
 - Quetiapine, Ziprasidone** (home meds), and PRN **Haloperidol**: manic symptoms, agitation, sedation.
 - Divalproex sodium** (home med): mood stabilization.
 - Lorazepam**: manic symptoms, agitation, sedation.



- Restraints** discontinued after patient was stabilized.
- Patient's manic episode resolved, and he no longer required psychiatric hospitalization.

Case 2

- 24-year-old male with a history of bipolar disorder with psychotic features presented with mania.
- Patient became increasingly agitated and paranoid with multiple attempts to **elope**.
- Patient's mania was managed with:
 - Risperdal** and PRN **Haloperidol**: manic symptoms, agitation, sedation.
 - Divalproex sodium**: mood stabilization.
 - Lorazepam**: manic symptoms, agitation, sedation.



- After stabilization, **restraints** were discontinued.
- Patient's manic episode resolved, and he no longer required inpatient psychiatric admission.

Discussion

- There are practical and ethical challenges involved in managing mania in patients with COVID-19.
- Verbal de-escalation** remains first line for agitation.
 - Difficult when wearing proper PPE and minimizing time in patient room.
 - A conservative approach may risk spread of infection.

- Literature on agitation in COVID-19 encourages judicious use of medications and **avoidance of restraints**.



- Agitation and elopement attempts **risk spreading infection** to others.

Rational polypharmacy

- Allowed mechanical restraints to be discontinued as quickly as possible.
- Prevented further aggressive behavior and elopement attempts.
- In both cases, the **manic episode resolved** prior to discharge.



First line Treatment for Acute Mania⁵

Monotherapy	Lithium, valproate, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone
Combination therapy	Lithium or valproate with short-term administration of atypical antipsychotics
Behavioral disturbance, short-term	Benzodiazepines (e.g., lorazepam) or antipsychotics

- Medication risks** must be weighed against the risk of spreading infection.

- The patient in Case 1 experienced urinary retention and a fall.
- These side effects were appropriately managed, and his medication regimen was continued.



- Acute mania in COVID-19 (+) patients requires balance of **non-maleficence** and **general welfare**
 - Maintain a low threshold for polypharmacy.
 - Close surveillance for side effects.

Conclusion

- Managing patients with acute mania on medical floors is difficult under normal circumstances.
- In COVID-19 (+) patients, the balance of appropriately treating the patient for their psychiatric condition while mitigating risk of infection of others becomes even more precarious.
- We propose utilizing rational yet aggressive polypharmacy when managing acute manic patients with COVID-19 on medical floors.

References

