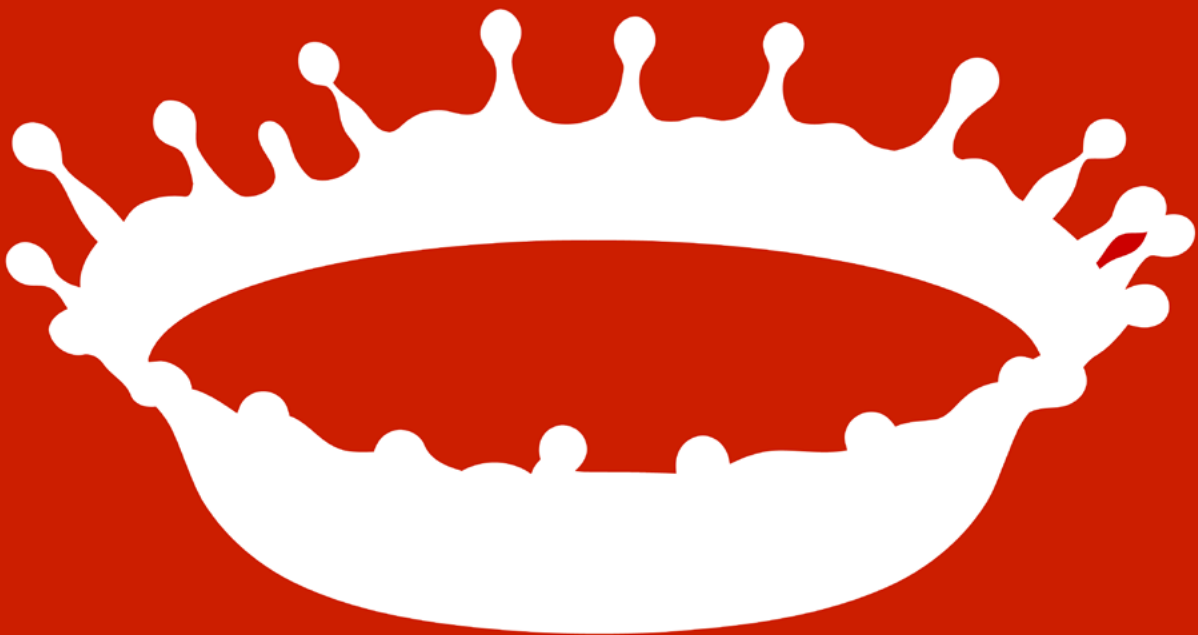




ripple effects





Long-Term Health

As the COVID-19 death toll numbers continue to alarm, severe illnesses and other health-related consequences of the pandemic that are raising their own concerns are also emerging.
By Jeffery Fraser

Recovery from a critical illness does not always mean patients are in the clear, particularly if they've spent time in a hospital intensive care unit. COVID-19 survivors are no exception. "We're seeing patients with COVID-19 who have physical manifestations of post-intensive care syndrome, often a significant lack of endurance, exercise tolerance, some degree of muscular weakness and often a feeling of shortness of breath that accompanies any sort of exertion," said Dr. Brad Butcher, critical care physician and co-founder of the Critical Illness Recovery Center at UPMC Mercy hospital.

Most COVID-19 patients recover completely, often within one or two weeks. But some have complications after initial recovery, even some who had mild symptoms.

And evidence of possible longer-term health issues has been reported, including scarring in the lungs, damage to the heart muscle, blood clots and strokes among young adults who had COVID-19. But how such conditions relate to the coronavirus, their prevalence among survivors and their duration remains unclear. The virus is new, and researchers have less than a year of clinical experience to draw on.

Having to battle a severe illness such as COVID-19 in the ICU can itself invite cognitive, psychiatric and social disabilities after recovery. Such outcomes have been difficult to predict among coronavirus patients.

"We've seen critically ill patients who required five to 10 days in the ICU and lots of life-support machines, and their cognitive function is pretty normal," said Tammy Eaton, a UPMC critical care nurse and co-founder of the Critical Illness Recovery Center at Mercy. "Then, we've had patients 30 to 40 years old who didn't require mechanical ventilation or all the other things, and they have significant cognitive dysfunction — inattention, memory loss, poor concentration."

Anna Lewis, a senior social worker at the clinic, recalled one patient who didn't know how she contracted the virus, and was so gripped with anxiety that she jumped when someone touched her arm and promptly scrubbed it clean.

"We're also seeing a lot of depression with the inability to return to that prior level of functioning," Ms. Lewis said. "The frustration that comes with that is high."

Such symptoms can also be seen among families of ICU patients, and in the era of COVID, the rates of that are high.

"You can imagine," Dr. Butcher said, "how anxiety-provoking it can be if you know your loved one is in an intensive care unit, sedated on a ventilator on the verge of death, and there is no way for you to visit them, hold their hand."



Mental Health Impact

The first two months of the pandemic were deceptive. Stay-at-home orders, social isolation and fear challenged many people's mental health. But for those already struggling with behavioral and mental health disorders, the risks are particularly acute. UPMC Western Psychiatric Hospital braced for a spike in patients. What it saw was a slight drop in demand for in-patient services.

That didn't last long.

"At the beginning, I think people were trying to isolate at home," said Dr. Scott Lewis, director of in-patient units. "But we saw a very quick rebound. By summer, people had been isolating so much their symptoms were exacerbated, and they needed to come into the hospital for stabilization. The volume is there and it's staying consistent."

A similar pattern of lower-than-expected demand was seen by the Allegheny County Department of Human Services (DHS). From March through July, services offered by its providers were down about 2 percent from the same period last year. But suicides were 18 percent higher from March to May compared to the previous three pre-pandemic months.

The more than 300 service providers DHS relies on were deemed essential workers and kept their doors open when business and revenue were slack. That, in turn, posed financial risks.

"It immediately became a challenge to figure out how to keep those services open financially, support those providers,

and make sure people stay connected and can access them," said Denise Macerelli, deputy director, DHS Office of Behavioral Health. Changes to state and county payment methods were required to resolve the issue.

While the storm they expected hadn't yet hit, mental health experts worried one was gathering. The pandemic incites anxiety and fear and heightens uncertainty. It has delivered near-record unemployment. And it

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Denise Macerelli, deputy director
DHS Office of Behavioral Health

disrupts normal means of coping. Social contact so critical to treatment is restricted or looks differently, such as when therapy is delivered as telemedicine, rather than face-to-face with a therapist or a group.

"This is a traumatic event," Ms. Macerelli said. "It taps our primal fear of loss, fear of abandonment, fear of the unknown. Most of us have not lived through this kind of thing."

Calls for help to the county's resolve Crisis Services were down slightly from April through June compared to what they were during the second quarter of last year. But the number of calls in June alone had jumped 5 percent, raising concern that a deeper crisis was on the horizon.



Domestic Abuse and Drug Use

The number of calls for support that the Women's Center and Shelter of Greater Pittsburgh was getting from domestic abuse victims belied what Nicole Molinaro knew was happening. In March, when the coronavirus arrived, it received 48 percent fewer calls than the year before. In June and July, when social restrictions were relaxed, calls still lagged by 33 percent.

But the 48-bed shelter has been filled, stays have grown longer, and the nonprofit has been putting women up in hotels to accommodate demand. Domestic abuse hasn't waned. It's harder for victims to report it when they're home with their abuser.

"We know it's increasing," said Ms. Molinaro, the nonprofit's president and chief executive officer. "We know that because our clients are going through it and talking about it."

Abuse has triggers. One is when an abuser feels a loss of power and control. "In the pandemic, we all feel some loss of control," Ms. Molinaro said. "At the same time, the isolation we are all experiencing is increasing victims' inability to reach out for help."

The Women's Center and Shelter started a text/chat line as another way for victims to reach out to it. In July, the number of texts/chats received was more than double what the nonprofit received in May and June. Ms. Molinaro said Childline referrals for protection from child abuse suggest more children are intervening to try to stop an assault on their mother.

“We’re anticipating being crushed as the pandemic progresses.”

Nicole Molinaro, president and CEO
Women’s Center and Shelter of Greater Pittsburgh

And, after declining early in the pandemic, the number of filings for protection from abuse orders in Allegheny County is rising. In the early weeks of August, as much as 10 percent more women were filing for protection orders than in the same time period a year before.

“We’re anticipating being crushed as the pandemic progresses,” she said.

Domestic abuse isn’t the only social ill the pandemic threatens to exacerbate. The pandemic provides plenty of risks for those struggling with substance abuse, such as higher stress, joblessness, isolation, and the lack of face-to-face support that can be critical to recovery support, or the reluctance to take part in it.

Calls for help from county residents to the statewide substance use disorder call center have been exceeding normal volumes by about 20 percent since May, according to the Allegheny County Department of Human Services. Fatal overdoses, which had been rising before the pandemic, were 18 percent higher from March to May compared to the previous three months. But the medical examiner’s data lags by several months, leading DHS officials to worry that fatal overdoses will exceed last year’s toll in the months ahead.



Insurance Challenges

Getting tested for COVID-19 raises immediate questions other than whether you have the virus. Do you need a referral from a doctor? Where do you go to have the test done? Is it free? Does your insurance cover it? Can you get tested if you don’t have insurance? How much does it cost and can you afford it?

People with low incomes and individuals who are undocumented immigrants have long been among the most likely to live without health insurance. But the pandemic has changed that, throwing the country into recession and tens of millions of Americans out of work.

Projections of whether the pandemic will swell the ranks of the uninsured are grave. An Urban Institute study warned that 10 million Americans would lose their employer insurance and more than a third of them would be without coverage during the last quarters of the year. Families USA, a consumer advocacy group, estimated that 5.4 million workers lost their insurance between February and May—more than the number who typically lose coverage in a year.

Pennsylvania Medicaid enrollment increased by 244,603, or 8.6 percent, from February to October. But enrollment trends in the state insurance marketplace barely budged during the first half of the year. One reason, state marketplace data suggest, is that most furloughed workers kept their employer insurance, at least temporarily.

Confusion is another concern. Finding health insurance isn’t easy to the unfamiliar. Options include choosing from plans available in insurance marketplaces that emerged under the Affordable Care Act, keeping employer insurance under COBRA, and enrolling in Medicaid and the Children’s Health Insurance Program. Costs vary. Eligibility requirements can be tricky.

“One of the challenges we’re seeing is that some people who are out of work need to understand that they can apply for Medicaid,” said Laurie Johnson-Wade, a Pittsburgh community navigator with an initiative started by the Pennsylvania Health Law Project with CARES Act (Coronavirus Aid, Relief, and Economic Security) funding to help vulnerable populations secure health insurance.

For those populations, the pandemic heightens health risks that were already high. Some 6.8 percent of Pittsburghers and 5 percent of Allegheny County residents didn’t have health insurance last year.

“People who are uninsured probably don’t have a primary care provider,” said Callie Perrone, who also works with the outreach initiative. “If they become symptomatic, they may not have access to a doctor to call for advice about where to get tested. And they’d be ineligible to be tested at all of the sites that require a referral from a provider.” **h**

“[The uninsured would be] ineligible to be tested at all of the sites that require a referral from a provider.”

Callie Perrone, outreach representative
Pennsylvania Health Law Project