

# Researchers find possible link between self-perceived cognitive deficits and symptomatic long COVID

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People who perceived that they had cognitive difficulties such as memory problems during COVID were more likely to have lingering

physical manifestations of the disease than people who did not report cognitive issues, new UCLA research suggests.

More than one in three people experiencing long COVID symptoms perceived such cognitive deficits, which have been found to be related to anxiety and depression.

The findings indicate that psychological issues such as anxiety or depressive disorders may play a part in some people who are experiencing long COVID, technically known as post-COVID-19 condition, or PCC.

"This perception of cognitive deficits suggests that affective issues—in this case anxiety and depression—appear to carry over into the long COVID period," said senior author Dr. Neil Wenger, professor of medicine in the division of general internal medicine and health services research at the David Geffen School of Medicine at UCLA. "This is not to say that long COVID is all in one's head, but that it is likely not a single condition and that for some proportion of patients there is likely a component of anxiety or depression that is exacerbated by the disease."

The study will be published May 5 in *JAMA Network Open*.

Long COVID is described as experiencing persistent symptoms of the disease more than four weeks after [initial infection](#). The researchers' aim was to determine if there was a link between their patients' perceived [cognitive difficulties](#) during the acute COVID illness and later physical manifestation of long COVID.

The researchers surveyed 766 patients enrolled in UCLA's SARS-CoV-2 Ambulatory Program who had confirmed symptomatic COVID infection and had either been hospitalized at UCLA or at one of 20 local health care facilities or were referred to the program by a primary care

physician and been treated as outpatients.

Patients were surveyed by telephone at 30 days, 60 days and 90 days following hospital discharge or, in the case of non-hospitalized patients, after the date of a positive COVID test to ascertain if they felt their health was back to normal. They were asked if they experiencing physical symptoms of long COVID. For instance, could they complete activities such as running, moving a table or climbing one flight of stairs or carry groceries, or did they continue to have fever, chills, loss of smell or fatigue?

They were also asked three questions related to cognitive function: whether they had trouble getting organized or concentrating on activities such as watching television or reading a book, or had forgotten what they discussed in a telephone conversation during the prior four weeks.

The researchers found that 276 (36.1%) of the patients surveyed perceived during the acute illness or the following weeks that they had cognitive difficulties. In addition, these patients were twice as likely as those without perceived cognitive deficits to report also experiencing [physical symptoms](#) at 60 and 90 days.

There are some limitations to the findings, the researchers note. These include a lack of objective cognition measures because the survey relied on subjective responses about cognitive deficits. Also, the researchers did not have data on participants' possible cognition, depression, and anxiety prior to COVID infection. In addition, the findings may not apply to other patient cohorts given that participants were treated at an academic medical center and were referred to the program based on physicians referring them based on their belief that the patients were at clinically high risk for cognition deficits.

Still, the findings "may help us disentangle the complex construct that is

PCC," the researchers write. "These findings suggest a substantial psychological component for long lasting SARS-CoV-2 symptoms for at least some patients."

**More information:** Perceived Cognitive Deficits in Patients With Symptomatic SARS-CoV-2 and Their Association With Post-COVID-19 Condition, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.11974](https://doi.org/10.1001/jamanetworkopen.2023.11974)

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