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BRIEF19

A daily review of covid-19 research and policy

RESEARCH BRIEFING

Psychiatric disease and covid-19 risk.

Researchers at Yale have published a new study in [JAMA Network Open](#) attempting to assess whether psychiatric disorders had an effect on covid-19 related mortality. Prior research has shown that patients with psychiatric disorders have a life expectancy approximately 10 years shorter than those without, while hospitalized patients with depression have higher mortality rates. This study finds an additional correlation between psychiatric illness covid-19 mortality.

The study took data from the five Yale New Haven Health Systems hospitals early in the pandemic, between February 15 and April 25. During that time, 1685 patients were hospitalized for covid-19, 28 percent of whom carried a psychiatric diagnosis prior to admission. That subgroup tended to be white, female, with medical comorbidities such as cancer, heart failure, HIV, kidney and liver disease.

Overall, 318 of the 1685 patients died (19 percent), and 144 had a psychiatric comorbidity. Additionally, psychiatric patients had a higher mortality at two weeks (36 percent vs 15 percent), three weeks (41 percent vs 22 percent) and four weeks (45 percent vs 32 percent), amounting to a 2.3 times greater fatality risk, and 1.5 times greater controlling for demographics.

These data appear to be yet another example of high-risk populations being in danger of higher morbidity and mortality due to covid-19.

—*Christopher Sampson MD, FACEP*

POLICY BRIEFING

FLOTUS makes a covid-19 statement, falsely implying vitamins have a role in treatment.

First lady of the United States Melania Trump released a [statement](#) entitled “My experience with COVID-19” on Wednesday in which she described her ordeal around her recent covid-19 illness. Additionally, the statement confirmed reports that her son teenage Barron had also contracted the disease, and had been fortunate to have had remained asymptomatic.

Mrs. Trump’s message describes her symptoms, which taken together appear to qualify as mild disease. However, her message contained several specific inaccuracies. First, she stated that President Trump was taken to Walter Reed Hospital as a precaution. Multiple accounts contradict this contention and the validity of such a statement is impossible to square with reality. The White House can provide hospital-level care, negating the need for most transfers. This means that a person who would require hospitalization under normal civilian circumstances might be able to receive such care at the President’s residence, where intravenous medications for example can be easily provided. Indeed, President Trumps transfer to Walter Reed Hospital was widely seen as necessary.

Later, Mrs. Trump states that she “chose” to treat her covid-19 via the “natural route,” which included “vitamins and healthy food.” Both statements are problematic. In the first, vitamins have not been shown to have an impact on covid-19 outcomes in any clinical trial.

Secondly, food is not medicine. *The White House.*

—*Jeremy Samuel Faust MD, MS*

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.