

# The Global Pandemic Of Insanity - The World Is Going Nuts And Science Proves It Has A Cause

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## The Global Pandemic Of Insanity

In the Hollywood feature film: '*I Am Legend*', a vaccine turns everyone on Earth into slobbering murderers.

In the real world, everyone does seem to be turning into slobbering madmen. Airplane and mass transit violence has doubled since 2019. Mass shootings have doubled. People going up to strangers on the street and beating them has tripled. California homeless people with insanity has quadrupled.

Murders have risen. Beatings have risen. Sudden, insanity-like, public violence incidents have increased. Watch a few days of the videos on [www.itemfix.com](http://www.itemfix.com) and you will be terrified about the future.

As the effectiveness of all of the shots ends, things are looking bad.

In a true sci-fi scenario, what if everyone on Earth went insane? What if the eventual result of the long, plodding, slow, eventual nature of the pandemic is global madness?

Early on, patients with both mild and severe Covid-19 say they can't breathe. Now, after recovering from the infection, some of them say they can't think.

Even people who were never sick enough to go to a hospital, much less lie in an ICU bed with a ventilator, report feeling something as ill-defined as "Covid fog" or as frightening as numbed limbs. They're unable to carry on with their lives, exhausted by crossing the street, fumbling for words, or laid low by depression, anxiety, or PTSD.

As many as 1 in 3 patients recovering from Covid-19 could experience neurological or psychological after-effects of their infections, experts told STAT, reflecting a growing consensus that the disease can have lasting impact on the brain. Beyond the fatigue felt by "long haulers" as they heal post-Covid, these neuropsychological problems range from headache, dizziness, and lingering loss of smell or taste to mood disorders and deeper cognitive impairment. Dating to early reports from China and Europe, clinicians have seen people suffer from depression and anxiety. Muscle weakness and nerve damage sometimes mean they can't walk.

"It's not only an acute problem. This is going to be a chronic illness," said Wes Ely, a pulmonologist and critical care physician at Vanderbilt University Medical Center who studies [delirium during intensive care](#) stays. "The problem for these people is not over when they leave the hospital."

## Increased risk of some neurological and psychiatric disorders remains two years after COVID-19 infection

New diagnoses of disorders including psychosis, dementia, seizures and 'brain fog' remain commoner two years after COVID-19 than after other respiratory infections, whereas the increased risks of depression and anxiety after COVID-19 are short-lived and there is no overall excess of cases.



Published in [The Lancet Psychiatry](#), the new study from the University of Oxford and the National Institute for Health and Care Research (NIHR) Oxford Health Biomedical Research Centre investigated neurological and psychiatric diagnoses in over 1.25 million people following diagnosed COVID-19 infection, using data from the US-based TriNetX electronic health record network.

The study reports on 14 neurological and psychiatric diagnoses over a 2-year period and compares their frequency with a matched group of people recovering from other respiratory infections. It also reports data in children and older adults separately, and compares data across three waves of the pandemic. To our knowledge, these are the first robust data addressing these important questions.

Confirming previous studies, many of the disorders are more common after COVID-19. Notably, the increased risk of anxiety and depression subsides within two months of COVID-19 and, over the whole 2-year period, are no more likely to occur than after other respiratory infections. In contrast, diagnoses of many neurological disorders (such as dementia and seizures), as well as psychotic disorders and 'brain fog', continue to be made more often after COVID-19 throughout the 2 years.

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Results in children (under 18) showed similarities and differences to adults. The likelihood of most diagnoses after COVID-19 was lower than in adults, and they were not at greater risk of anxiety or depression than children who had other respiratory infections. However, like adults, children recovering from COVID-19 were more likely to be diagnosed with some conditions, including seizures and psychotic disorders.

More neurological and psychiatric disorders were seen during the delta variant wave than with the prior alpha variant. The omicron wave is associated with similar neurological and psychiatric risks as delta.

The study has several limitations. It is not known how severe, or how long-lasting, the disorders are. Nor is it clear when they began, since problems may be present for some time before a diagnosis is made. Unrecorded cases of COVID-19 and unrecorded vaccinations introduce some uncertainty into the results.

[Professor Paul Harrison](#), Department of Psychiatry, University of Oxford, and Theme Lead, NIHR Oxford Health Biomedical Research Centre, who headed the study, said: 'It is good news that the excess of depression and anxiety diagnoses after COVID-19 is short-lived, and that it is not observed in children. However, it is worrying that some other disorders, such as dementia and seizures, continue to be more likely diagnosed after COVID-19, even two years later. It also appears that omicron, although less severe in the acute illness, is followed by comparable rates of these diagnoses.'

[Dr Max Taquet](#), NIHR Academic Clinical Fellow, University of Oxford, who led the analyses, said: 'The findings shed new light on the longer-term mental and brain health consequences for people following COVID-19 infection. The results have implications for patients and health services and highlight the need for more research to understand why this happens after COVID-19, and what can be done to prevent these disorders from occurring, or treat them when they do.'

The new paper, '[Neurological and psychiatric risk trajectories after SARS-CoV-2 infection: an analysis of 2-year retrospective cohort studies including 1,284,437 patients](#)' can be read in [The Lancet Psychiatry](#).

Funding: NIHR Oxford Health Biomedical Research Centre and MQ Mental Health Research/Wolfson Foundation.

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## When Covid-19 hits the brain, it can cause strokes, psychosis and a dementia-like syndrome, new survey shows

Doctors have concerns that patients may also suffer lasting damage to their [heart](#), kidneys, and liver from the inflammation and blood clotting the disease causes.

No one can yet tell patients with neurological complications when, or if, they'll get better, as doctors and scientists strive to learn more about this coronavirus with each passing day. Their guideposts are the experience they've gained treating other viruses and delirium after ICU stays, sparse results from brain autopsies, and interviews with patients who know something is just not right.

"We would say that perhaps between 30% and 50% of people with an infection that has clinical manifestations are going to have some form of mental health issues," said Teodor Postolache, professor of psychiatry at the University of Maryland School of Medicine. "That could be anxiety or depression but also nonspecific symptoms that include fatigue, sleep, and waking abnormalities, a general sense of not being at your best, not being fully recovered in terms of the abilities of performing academically, occupationally, potentially physically."

John Bonfiglio, 64, counts himself among the fortunate ones. He remembers nothing between sitting in Newton-Wellesley Hospital's emergency department with a fever and waking up 17 days later in the Massachusetts hospital's ICU. He'd been on a ventilator, lying prone until his failing kidneys meant he needed to be flipped over onto his back for dialysis. Weak and confused from his ordeal after moving to a regular hospital floor, he tried to slip around his bed's guardrails and slid to the floor. Nurses would routinely ask his name and if he knew where he was. One day he answered "Las Vegas."

Bonfiglio chalks that up to post-ICU disorientation that included his feeling more emotional. Ordinarily "not a crier," as he put it, he would choke up sometimes. More troubling were the persistent dizziness, muscle weakness, and tremors in his hands that made it impossible to put his contact lenses in his eyes.

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He was discharged to Spaulding Rehabilitation Hospital in nearby Charlestown, Mass., where he spent the balance of his 51-day hospitalization — during which he saw no family members since suggesting to his daughter that she go home from the emergency room that night in April.

From his early days in rehab, when sitting up in bed was exhausting, to learning how to walk again with a walker, to finally going home to Waltham, Mass., Bonfiglio lost 40 pounds — "all muscle." He's regained some of his strength, and weight, now. His dizziness and tremors are gone. And his mind is clear.



John Bonfiglio visits the Newton-Wellesley Hospital ICU where he was on a ventilator in a drug-induced coma for 17 days. *Courtesy John Bonfiglio*

He's back driving part-time for a food-delivery service, and he jokes that being in a drug-induced coma meant he missed the pandemic's surge in Massachusetts. When he visited the Newton-Wellesley ICU after a checkup, he couldn't remember any of the staff there. He does remember what one nurse said as he was leaving the hospital for Spaulding: "'You are the first person that is going to rehab and not to hospice,' she told me. So I feel extremely lucky, you know, just making it through."

Vanderbilt's Ely worries about patients who emerge from the ICU with more serious problems than Bonfiglio's, including delirium caused by high-potency drugs like benzodiazepines and nerve damage from low oxygen levels.

"And then they're getting isolated. When they're isolated and away from family, it makes it worse," Ely said. Later, "they're having either post-traumatic stress disorder, anxiety disorder, depression, or cognitive impairment, and some combination of all of that. So these people are really in for some neurologic and mental health problems."

Right now, there is little that researchers can say definitively about how best to prevent and treat neuropsychological manifestations of Covid-19. Nor do they know for certain why the brain is affected.

"It's sort of like you're trying to put out the fire and then a little bit later, you go look at the nervous system as the embers," said Victoria Pelak, professor of neurology and ophthalmology at the University of Colorado School of Medicine. "Because you are so concerned with the raging fire, you haven't really been able to pay attention to the nervous system as much as you normally would."

She and others are piecing the story together. So far the virus appears to cause its damage to the brain and nervous system not as much through direct infection as through the indirect effects of inflammation. Pieces of the virus, not actual viruses multiplying, can trigger an inflammatory response in the brain, said Lena Al-Harhi, chair of the Department of Microbial Pathogens and Immunity at Rush Medical College.

"If you have an uncontrolled level of inflammation, that leads to toxicity and dysregulation," she said. "What I am concerned about is long-term effects, obviously in the people who have been hospitalized, but I think it's definitely time to understand long-term sequelae for those individuals who have never been hospitalized. They're young, too. We're not talking about [only] older individuals, but people that are 30."

Fred Pelzman, who practices internal medicine in New York City, fell sick with Covid-19 in March but has yet to recover fully. He doesn't have his wind back, or his normal sense of taste and smell. His patients who have had Covid-19 are suffering from varying degrees of depression, anxiety, or Covid fog. One can't do simple math calculations in her head any more. Others don't feel as mentally sharp, struggling to find the right words to say. His colleagues tell him their patients, too, dread being reinfected with the virus.

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[Can COVID-19 Cause Psychosis? Here's What We Know So Far](https://www.verywellmind.com/can-covid-19-cause-psychosis-5095259)  
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Doctors around the world report that some people with COVID-19 have experienced severe psychosis. While this condition seems to be extremely rare, it's important to be aware of symptoms if you or a loved one has been infected with the virus. Psychosis can cause hallucinations, delusions, confusion, suspicion, and difficulty concentrating.

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[What is 'COVID Psychosis' and What Are the Symptoms?](https://www.nbchicago.com/news/local/what-is-covid-psychosis-and-what-are-the...)  
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"In some cases, we can be pretty sure that COVID is playing a role because they might have neurological symptoms that really prove that the virus is affecting

[What is post-COVID-19 psychosis and who's at risk?](#)

eehealth.org/blog/2021/04/covid-19-psychosis

Symptoms of psychosis can include hallucinations, delusions, talking incoherently and agitation. A New York Times article outlines a handful of cases involving people in their 30s, 40s and 50s who had never been diagnosed with a mental health illness but developed psychosis within weeks after testing positive for COVID-19.



[COVID-19 and Psychosis: An Update | Psychology Today](#)

psychologytoday.com/.../202108/covid-19-and-psychosis-update

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Researchers believe that the symptoms could be the result of how the virus itself damages the brain, rather than of a lack of oxygen related to COVID-19's impact on the lungs. 1 The study found that post-COVID neuropsychiatric symptoms can range from loss of taste and smell to brain fog, anxiety, depression, seizures, and suicidal behavior.



[Psychotic episodes, a rare and oftentimes dangerous side effect of ...](#)

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[Can You Develop Severe Psychotic Symptoms From COVID-19?](#)

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