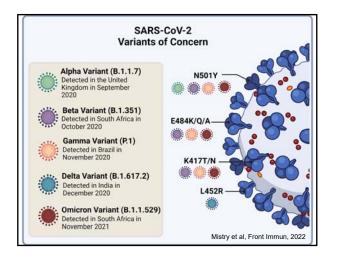
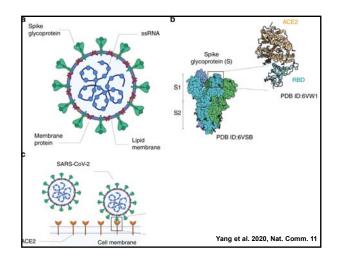
Cognitive Impacts of COVID-19 KEVIN N. HASCUP, PHD ASSISTANT PROFESSOR SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE • EUROSCIENCE INSTITUTE • DALE AND DEBORAH SMITH CENTER FOR ALZHEIMER'S RESEARCH AND TREATMENT (CARE). • DEPARTMENTS OF NEUROLOGY, PHARMACOLOGY, & MMICB Image: Content Streamed Strea

Learning Objectives

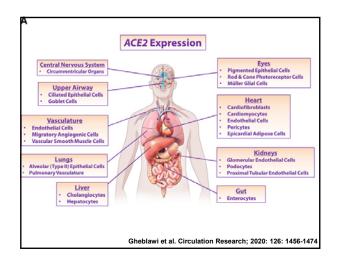
- Know the mechanisms associated with SARS-CoV-2 neuroinfection.
- Understand the resulting biological and anatomical CNS changes associated with neuroinfection.
- Recognize that mental impairments persist months after infection recovery and may accelerate cognitive decline.



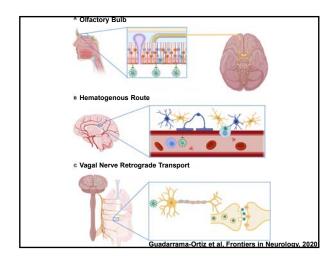




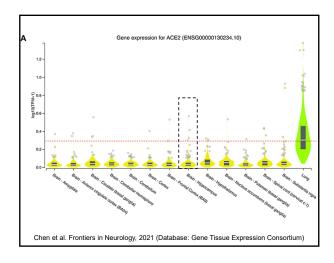




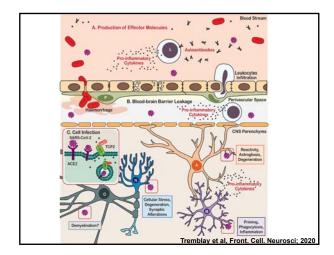




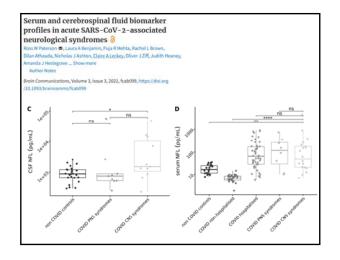




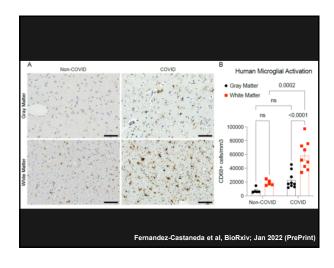




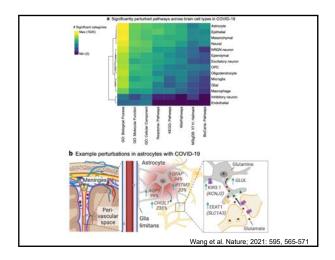








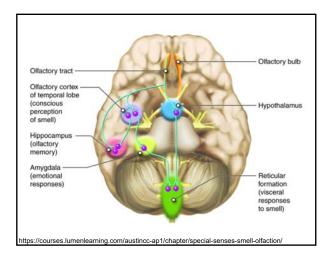






Neurological symptom	Affected region (reference)	Percentage (reference)	
Acute cerebrovascular disease	Cerebral vessels ^{58,60}	2.8% ³⁴	
Meningitis/encephalitis	C5F ^{23.14}	Case report ²⁶⁷	
Acute hemorrhagic necrotizing encephalopathy	Temporal lobe ²⁰⁰	Case report288289	
Posterior reversible encephalopathy syndrome	Cortex ^{81,290,291}	Case report#1290.291	
Demyelinating lesion	Spinal cord ²⁵²	Case report ²⁵²	
Seizure	Left temporoparietal lobe233235285	0.5%34	
Ischemic stroke	Cortex ³⁴	2.8% ³⁴	
Dizziness	Whole brain ²⁹⁶	9.4%297 16.8%34	
Headache	Whole brain ^{34,298,299}	3.4%300 6.5%297 13.1%3	
Ataxia	Whole brain ²⁴	0.5%34	
Impaired consciousness	Whole brain ³⁴	7.5% ³⁴	
Brain edema	Brainstem ³⁰³	Case report ³²¹	
Anosmia	Olfactory neurons ¹²⁶	5.1% ³⁴	
Ageusia	Tongue nerves ^{106,107,302,303}	5.6%34	
Dysopia	Optic nerves ³⁴	1,4%34	
Guillain-Barré syndrome	Peripheral nerve demyelination ^{314,305,305,307,308,309,310}	Case report310.311	
Miller Fisher syndrome	Whole brain ^{312,313}	Casa report ^{212,313}	
Myalgia-muscle pain	Neuromuscular junction518.335	Case report	
Rhabdomyolysis	Muscle ²¹⁶	Case report215	

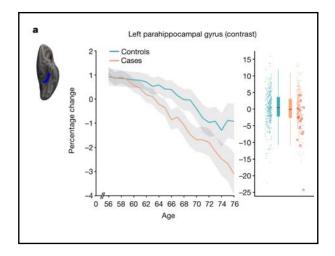




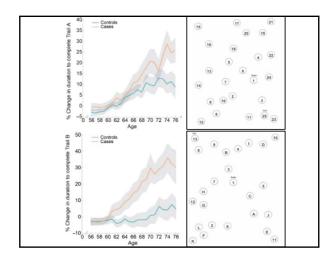


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Inomes E. Rechois & Stephen M. Smith							
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	SARS-CoV-2	Control	Puncor				
Number of participants	401	384	-				
Age at scan 1 (mean ± s.d. (range))	58.9 ± 7.0 (46.9-80.2)	60.2 ± 7.4 (47.1-79.8)	0.15				
Age at scan 2 (mean ± s.d. (range))	62.1 ± 6.7 (51.3-81.4)	63.3 ± 7.1 (51.3-81.3)	0.08				
Sex (male/female)	172 (42.9%)/229 (57.1%)	164 (42.7%)/220 (57.3%)	0.96				
Ethnicity (white/non-white*)	388 (96.8%)/13 (3.2%)	373 (97.1%)/11 (2.9%)	0.76				
Years between scans 1 and 2 (mean ± s.d. (range))	3.2 ± 1.6 (1.0-7.0)	3.2 ± 1.6 (1.0-6.9)	0.98				
Systolic blood pressure (mmHg)	130.3 ± 17.3	132.1 ± 17.6	0.16				
Diastolic blood pressure (mmHg)	78.7 ± 10.6	79.0 ± 10.2	0.63				
Diagnosed diabetes	18 (4.5%)	16 (4.2%)	0.82				
Weight (kg)	76.4 ± 15.8	75.2 ± 14.4	0.65				
Waist/hip ratio	0.87 ± 0.09	0.86 ± 0.09	0.37				
BMI (kg m ⁻²)	26.7 ± 4.4	26.6 ± 4.3	0.61				
Alcohol-intake frequency (a.u.)	3.1 ± 1.3	3.0 ± 1.4	1.00				
Tobacco smoking	0.61 ± 0.92	0.65 ± 0.89	0.87				
Townsend deprivation index	-15+29	-16 = 2.9	0.65				





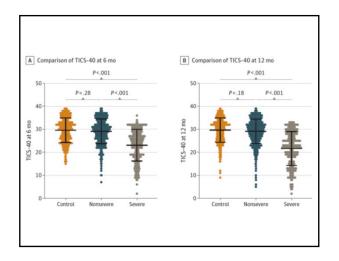




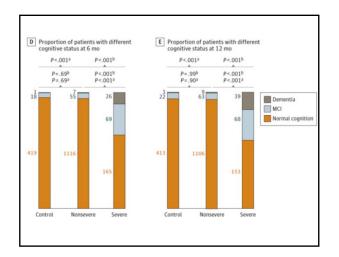


March 8, 2022 One-Year Traje Survivors of CO A Longitudinal	OVID-19 in Cohort Stu	Wuhan, udy	-	in Older		
Yu-Hui Liu, MD, PhD ¹ ; Yang Ohm, M		PhO ¹ ; et.al				
> Author Affiliations Article Info	rmation					
JAMA Neurol. Published online Marc	h 8, 2022. doi:10.1001/ja	maneurol.2022.044	1			
Table 1. Demographic and Baseli		and the second				
Table 1. Demographic and Baseli	ne information of Parti	cipants		Uninfected control individuals (n = 438)	P value survivors vs control individuals	P value severe vs nonsevere cases
Variable	COVID-19 surviv Total group (n = 1438)	Severe cases (n = 260)	Nonsevere cases (n = 1178)			
Age, median (IQR), y	69 (66-74)	71 (67-79)	68 (66-73)	67 (66-74)	.30*	<.001*
Female, No. (%)	747 (51.95)	127 (48.85)	621 (52.72)	216 (49.32)	.35%	.27%
Male, No. (%)	691 (48.05)	133 (51.15)	557 (47.28)	222 (50.68)	.35 ^b	.275
Education, median (IQR), y	12 (9-12)	12 (6-12)	12 (9-12)	12 (9-12)	>,99*	.05*
BMI, median (IQR)	23.99 (22.54-25.38)	24.38 (22.90-25.64)	23.93 (22.44-25.33)	24.19 (22.51-25.69)	>.99*	.009*
Comorbidities, No. (%)						
Hypertension	561 (39.01)	133 (51.15)	426 (36.16)	151 (34.47)	.09 ^b	<.001 ^b
Diabetes	274 (19.05)	65 (25.00)	208 (17.66)	81 (18.49)	.84 ^b	.01*
Hyperlipidemia	142 (9.87)	31 (11.92)	111 (9.42)	39 (8.90)	.58 ^b	.25 ^b
Stroke history	79 (5.49)	42 (16.15)	37 (3.14)	30 (6.85)	.29 ^b	<.001 ^b
Coronary heart disease	193 (13.42)	71 (27.31)	121 (10.27)	61 (13.93)	.81 ^b	<.001 ^b
COPD	142 (9.87)	43 (16.38)	99 (8.40)	41 (9.36)	.78 ^b	<.001 ^b
ICU admission, No. (%)	72 (5.01)	72 (27.69)	0	NA	NA	<.001 ^b

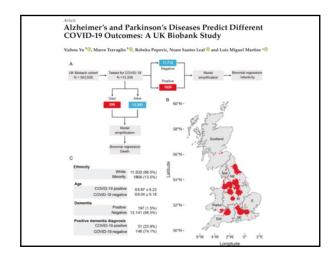




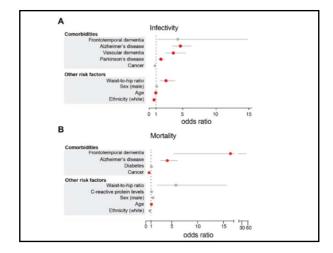




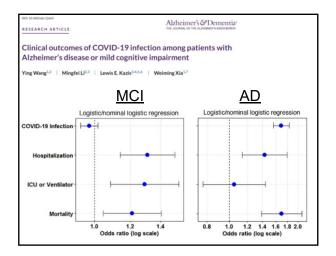














SARS-CoV-2 infection causes

- macroscopic, microscopic, and transcriptomic changes to CNS tissue.
- cognitive impairments that scale to disease severity
- worse outcome in MCI and AD patients.

