

# Model for Cognitive Dysfunction in COVID-19

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## Stage I - No detectable cognitive deficits attributable to COVID-19 infection

- Most individuals in the population with a confirmed (or questionable) history of COVID-19 would fit into this stage. Reasons for individuals to see a neuropsychologist:
  - Other neurological factors unrelated to COVID-19 cause cognitive dysfunction.
  - A history of mild, asymptomatic, or questionable COVID-19 infection may have other external incentive. Alternatively, they may misattribute normal variations in cognition to COVID-19.

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## **Stage II - Mild cognitive symptoms attributable to COVID-19 infection and/or treatment**

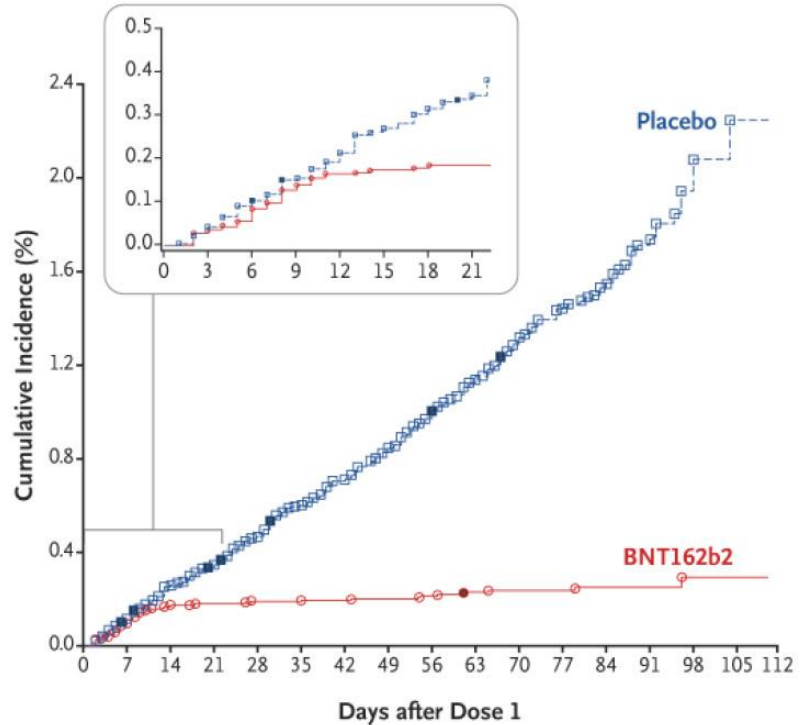
- Individuals with prolonged ventilator and/or ICU treatment who are experiencing generally mild cognitive deficits
  - Able to maintain most or all functional abilities and activities of daily living.
  - May have returned to work but are receiving feedback about declining work performance, for example.

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## Stage III - Moderate to severe cognitive symptoms attributable to COVID-19

- More severe cognitive dysfunction attributable COVID-19 and associated complications, including hypoxia, ARDS, stroke, etc.
- Difficulty with activities of daily living.
- Unlikely to have returned to work, driving, or to be independent.
- If they have returned to independence, there will likely be questions about whether they can maintain independence.

Let's remember  
there is really good  
news- Polack et al.,  
2020 NJEM



Vaccine efficacy of 95% (95% credible interval, 90.3 –97.6%)