## Reference of the Week

Mendonsa A. Four ways healthcare leaders can protect the mental health of front-line workers. Forbes. 05.25.2021.
 Four Ways Healthcare Leaders Can Protect The Mental Health Of Front-Line Workers (forbes.com)

**Problem: 1.** Emotional exhaustion, compassion fatigue, and burnout were present and increasing prior to the pandemic. **2.** During COVID-19 multiple investigations documented mental health prevalence among healthcare workers during COVID-19: anxiety- 24.1% - 67.55%; depression- 12.1% - 55.89%; stress- 29.8% - 62.99%.

**Leadership Interventions: 1.** Provide education about the origin of stress and management techniques. **2.** Make mental health a team effort and cultural focus. **3.** Create a stigma-free environment by making employees feel safe and comfortable seeking the health they need. **4.** Put resources within reach: respite rooms, "buddy system", peer to peer support, professional support when necessary, and proactive communication about employee mental health benefits.

## **Resources:**

Screening for mental health from Mental Health America: <a href="https://screening.mhanational.org/screening-tools/?ref=Covid">https://screening.mhanational.org/screening-tools/?ref=Covid</a> National Alliance on Mental Illness for health care workers: <a href="https://screening.mhanational.org/screening-tools/?ref=Covid">https://screening.mhanational.org/screening-tools/?ref=Covid</a> National Alliance on Mental Illness Health Care Professionals | NAMI: National Alliance on Mental Illness Hope 4 Healers (NC Psychological Association): <a href="https://screening.mhanational.org/screening-tools/?ref=Covid">https://screening.mhanational.org/screening-tools/?ref=Covid</a> National Alliance on Mental Illness for health care workers: <a href="https://screening.mhanational.org/screening-tools/?ref=Covid">https://screening.mhanational.org/screening-tools/?ref=Covid</a> National Alliance on Mental Illness Hope 4 Healers (NC Psychological Association): <a href="https://screening.mhanational.org/screening-tools/">https://screening.mhanational.org/screening-tools/</a>?ref=Covid</a>



It doesn't have to be this way. Compassionate leadership is no less important than compassion at the bedside.

## **Other References:**

Massarweh A. Evaluation of Seropositivity Following BNT162b2 Messenger RNA Vaccination [Pfizer—BioNTech] for SARS-CoV-2 in Patients Undergoing Treatment for Cancer. JAMA Oncology. 05.28.2021
 <a href="https://jamanetwork.com/journals/jamaoncology/fullarticle/2780584">https://jamanetwork.com/journals/jamaoncology/fullarticle/2780584</a> pdf

Premise/Methods: 1. Patients with cancer are at risk for increased morbidity and mortality from COVID-19. 2. Although antibody response is not the sole determinant of protection from SARS-CoV-2 infection it serves as a marker for B-cell responsiveness. 3. This is a prospective cohort study of actively treated cancer patients with solid tumors and controls who received 2 doses of BNT162b2mRNA. 4. IgG antibody titers against SARS-CoV-2 were compared between the two groups.

Results: 1. 102 adult patients with solid tumors and 78 healthy controls were compared: (median age 66 vs 62; male gender 57% vs 32%; GI tumors were the most common (28%). 2. 92 (90%) were seropositive for SARS-CoV 2 anti-spike IgG antibodies after the second vaccine dose, whereas in the control group, 100% were seropositive, but the median IgG titer was significantly lower in the cancer patients. 3. Although the numbers were small the only variable significantly associated with lower IgG titers was treatment with chemotherapy plus immunotherapy. 4. Solid tumor cancer patients should be vaccinated against SARS-CoV-2 similar to recommendations for other vaccine preventable diseases in cancer patients.

Although vaccine responsiveness determined by quantitative antibody titer is lower in cancer patients, "how much antibody is enough" is unknown. The higher risk of M & M in cancer patients is not due to antibody level alone, but does raise the question whether monoclonal antibody therapy might provide additional protection in this high risk population.

 Selvaraj V. Tocilizumab in Hospitalized Patients with COVID-19: A Meta-Analysis of Randomized Controlled Trials. Lung. 05.29.2021. <a href="https://link.springer.com/article/10.1007/s00408-021-00451-9">https://link.springer.com/article/10.1007/s00408-021-00451-9</a> pdf

Premise/Methods: 1. A number of reports suggest Tocilizumab is beneficial in reducing mortality and other endpoints in COVID-





19 disease. **2.** Tocilizumab is recommended for hospitalized patients based on studies with limited numbers. **3.** This meta analysis of randomized controlled studies (RCT) was performed to assess all-cause mortality, mechanical ventilation, and time to discharge.

**Results: 1.** 9 RCTs published between March 2020 and March 2021 were identified for analysis with 3,358 Tocilizumab patients and 3,132 patients who received usual care or placebo. **2.** Pooled analysis showed a significant reduction in all-cause mortality with tocilizumab therapy than standard therapy or placebo. **3.** There was a significant reduction in progression to mechanical ventilation and length of hospitalized stay in patients receiving Tocilizumab. **4.** This study supports the NIH guidelines recommending the use of tocilizumab along with dexamethasone in hospitalized patients with progressing COVID-19.

Boilia R. Gastrointestinal manifestations of pediatric coronavirus disease and their relationship with a severe clinical course: A
systematic review and meta-analysis. Journal of Tropical Pediatrics. 05.29.2021.

https://academic.oup.com/tropej/advance-article/doi/10.1093/tropej/fmab051/6288463 pdf

**Premise/Methods: 1.** GI manifestations of COVID-19 are more common in children than adults but their relationship to outcome is unknown. **2.** In MIS-C, GI symptoms are present in over 70% of patients. **3.** The relationship of GI symptoms to outcomes in the pediatric age group are unknown.

**Results: 1.** 55 studies were included in the final analysis and included 4,369 patients (median 41 (6-570) patients per study) and 1,829 were males with MIS-C being diagnosed in 886 (20.2%). **2.** Seven studies assessed the association of diarrhea with a severe disease course and found that it was significantly associated with the severity of the clinical course of the disease with an OR of 3.97 (95% CI, 1.80-8.73; p<0.01). **3.** In 6 studies, nausea and vomiting and in 4 studies abdominal pain were not found to be associated with severe disease. **4.** GI manifestations occur in 20% of children with severe COVID-19 and/or MIS-C but only diarrhea is associated with severe disease.

SEE THE ARTICLE CABINET ON THE S: DRIVE, "COVID-19 ARTICLE RESOURCE CABINET" FOR CHILDREN'S FULL COLLECTION