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New Insights Into COVID-19 and Gratitude for Service

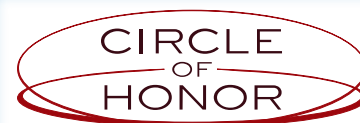
Over the last 2 years, I have been amazed and encouraged by the response within the profession investigating patient and community needs related to the coronavirus disease 2019 (COVID-19) pandemic. We have seen a regular flow of reports and research regarding the impact of COVID-19 on patients and their clinicians as well as on communities across the globe. This information, while locally informative, has been to a great degree generalizable to settings with very different cultural and social influences. Manuscripts have described pandemic-related stressors and the mental health impact and clinical strategies in rural and urban groups; in hospital, ambulatory, and emergency clinical settings; in old and young patients; in immigrants, travelers, and students; in those well off or homeless; and in those with depression, anxiety, bipolar disorder, and psychotic illnesses. Hopefully, the breadth of such publications has helped caregivers adopt responses that can be effective with their evolving priorities.

What we are beginning to see—and will see for years if not decades to come—are manuscripts reporting new insights into how COVID-19 infections alter brain processes during acute infection and over the long term. These numerous and novel alterations include direct, immunologic, and vascular processes involving many of the neurotransmitters we have relied on for the past 50–70 years (eg, serotonin, dopamine, norepinephrine), as well those that we are just beginning to use such as *N*-methyl-D-aspartate (ketamine) and glutamate. The alterations involve neurons, their brain networks and peripheral connections, glial cell changes, and vascular and blood-brain barrier interactions. We may find that familiar psychiatric medications are less effective when COVID-19 infection has altered neurophysiology, while other traditionally nonpsychiatric medications such as old and very new anti-inflammatory agents are more effective. We also may find that traditional diagnostic strategies to evaluate psychiatric symptoms and behaviors and dementing illness are insufficient to guide treatment and prognosis. To be effective, clinicians will be required to stay up to date as the research in this area develops and is synthesized into information to guide practice. The *Primary Care Companion for CNS Disorders* (PCC) will continue to serve as a conduit for clinically useful information for primary care and psychiatric practitioners and investigators.

The PCC remains committed to its mission to provide information relevant to clinical practice at the interface of primary care with psychiatry and neurology. We are indebted to the many authors whose contributions bring insights to you from all corners of the globe. If you are a clinician or investigator whose experience may be similarly valuable to our readers, you are invited to submit your research to the PCC.

I also want to thank our peer reviewers from the past year, whose skill in evaluating manuscripts and providing excellent feedback to authors is an often underrecognized contribution of time and expertise. Their valuable feedback on a broad range of content has resulted in manuscripts being modified, improved, and made more relevant to our readers. Our peer reviewers listed below provide the varied perspectives and feedback that ensure high quality in all manuscripts we accept. Please join us as we recognize their invaluable contribution to the PCC.

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