

## Experience of the Neurology Unit and COVID 19 at the Gynaeco-Obstetric and Paediatric Hospital in Douala/Cameroon (HGOPED)

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The Douala Gynaeco-Obstetric and Paediatric Hospital in Cameroon is a University Hospital offering varied health services in Cameroon as well as in the sub-region.

The neurology unit is a fairly young one housed within the Internal Medicine Department. As part of the national response to the COVID19 pandemic, our hospital was chosen as the reference center for the care of COVID19 patients.

Neurological stresses continue to be significant, on two fronts, first with the patients and then with the nursing staff, implying, directly or indirectly, the care of these patients.

The clinical picture of neurological complications of COVID19 is varied, we observed cases of ischemic stroke, abnormal movements, insomnia, headache, anosmia, depression, epilepsy. The clinical condition of most of these patients has improved under the protocol validated by the Ministry of Public Health of Cameroon, associated with symptomatic treatments and the treatments recommended for each clinical presentation. Post-infection depressive states remain a challenge due to the lack of psychological follow-up for patients and their families after hospital stay. The management of families who have lost their loved ones due to COVID 19 remains difficult because the body management procedures do not respect the traditional funeral which provokes resistance and shock, others are hospitalized for depression, insomnia as well as decompensating psychiatric pathologies. Our hospital is gradually developing effective strategies adapted to our context and according to the resources available.

At the start of the pandemic, medical staff were quite anxious, stressed and others suffered from insomnia and depression from COVID19 pandemic. We had cases of contamination which caused a real psychosis within the hospital but as the government response strategies were clear as well as the knowledge of this infection better and better which favoured the gradual return of serenity within the nursing staff.

In short, the neurological examination of COVID19 patients was sometimes very subjective and very biased due to the barrier measures on the one hand and on the other hand to reduce the examination of these patients already weakened by the infection.

We believe that other challenges await us regarding post infectious neurological complications, but to compensate for this, periodic monitoring is done with our patients in order to better control any complications or the emergence of neurological pathologies which developed at low noise.

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