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Famotidine: A Potential Mitigator of Mast Cell Activation in Post-COVID-19 Cognitive Impairment

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We have read the article titled "Efficacy and Safety of Famotidine in Improving Cognitive Impairment, Depression, and Anxiety Symptoms in Post-COVID-19 Patients" authored by Momtazmanesh et al. [1] with great interest. We would like to commend the authors for their insightful study, which investigates the potential benefits of famotidine, a selective histamine H2 receptor antagonist, in addressing the cognitive impairment, depression, and anxiety symptoms that develop following COVID-19.

The authors reported significant improvements in cognitive functioning after six and twelve weeks of treatment with famotidine. Furthermore, participants in the famotidine group experienced a statistically significant larger reduction in depression and anxiety levels compared to the placebo group. However, the authors did not explain these findings concerning the mechanism of action of famotidine, which we wish to complement in their discussion.

Emerging evidence suggests a potential association between must cerr activation and the pathogenesis of long COVID, a condition characterized by persistent symptoms tollowing acute SARS-CoV-2 infection [2]. Mast cells, critical players in the immune system, have been implicated in chronic inflammatory disorders. In the context of long COVID, ongoing immune dyore out tion and inflammation may trigger mast cell activation, releasing various inflammatory merintators [5].

Studies have shown that activated mast centric can interact with various immune cells, potentially amplifying the inflammatory response and contributing to the sustained immune dysregulation observed in long COVID [4,5]. The release of histamine, totokines, chemokines, and other inflammatory substances by activated mast cells may perpetuate immune responses and contribute to the wide range of persistent symptoms observed in long CC 'ID, including cognitive impairments.

Histamine, a key molecul, released by activated mast cells, is known to contribute to neuroinflammation and has been implicated in the pathogenesis of various neurological and psychiatric conditions, including cognitive impairment, depression, and anxiety [6,7]. Furthermore, mast cells can release inflammatory mediators and secrete neurotransmitters such as serotonin, dopamine, and norepinephrine, which play crucial roles in regulating mood and emotional well-being [8,9]. Dysregulated mast cell activation and resultant alterations in neurotransmitter levels may perturb normal neuronal functioning, contributing to the development of mood and anxiety disorders. Moreover, mast cell activation can disrupt the bloodbrain barrier (BBB), resulting in increased permeability and the subsequent entry of inflammatory molecules and immune cells into the brain [10]. This BBB dysfunction may trigger neuroinflammation and neuronal damage, further contributing to depression and anxiety.

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Famotidine, the focus of the study being discussed, is a selective histamine H2 receptor antagonist that has the potential to modulate mast cell activation and the subsequent release of inflammatory mediators. Famotidine acts by selectively blocking histamine H2 receptors, which are found on the surface of mast cells. By inhibiting the binding of histamine to these receptors, famotidine can reduce the activation of mast cells and the subsequent release of inflammatory properties, and it has been suggested that it can inhibit the production and release of pro-inflammatory cytokines [11,12]. By suppressing cytokine release, famotidine may help to dampen the inflammatory response associated with mast cell activation.

In conclusion, we highly commend the authors for their valuable contribution to exploring the efficacy and safety of famotidine in improving cognitive impairment, depression, and arkiety symptoms in post-COVID-19 patients. The potential role of mast cell activation in both long COVID and psychiatric conditions presents exciting opportunities for further research and the long COVID and psychiatric through the use of selective histamine H2 receptor antagonists like fame idine. However, it is imperative to conduct additional investigations to fully understand the connect relationship between mast cell activation, neuroinflammation, and psychiatric symptoms.

Therefore, we urge researchers to delve deeper into the mechanisms underlying mast cell activation and its impact on neuroinflammation, neurotransmitter dysregulation, and the development of mood and anxiety disorders in post-COVID-19 patien s by understanding these processes comprehensively, we can pave the way for developing targeted and effective interventions. Continued research in this field will undoubtedly contribute to the intervent management and well-being of individuals experiencing long COVID and associated psychiatric symptoms.

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