CASE REPORT

Psychiatric Aspects of COVID-19: Depression, Anxiety and Stress

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Abstract

The novel coronavirus has had an impact on our physical and mental health, as well as enforcing dramatic changes to our daily lives. On top of this, it has become more difficult for people to find outlets to release stress because of limited outdoor and indoor activities. In these circumstances, some people begin to feel depressed and/or anxious. This article reports a case of panic attacks and anxiety caused by the stress experienced due to the pandemic.

Keywords: *COVID, anxiety, panic attack, stress.*

INTRODUCTION

The first case of COVID-SARS-19 was reported in November 2019 and has resulted in a global health emergency since then. As of June 2020, the virus has infected more than 6.2 million people and claimed more than 375,000 lives globally. The scale of the pandemic has made it a worldwide concern, not only in terms of loss of life but, also its social and economic impacts, changing the way people normally engage in everyday activities and its impact on health and well-being. This is especially relevant for people in quarantine and self-isolation, as it may manifest as feelings of anger, guilt, fear and depression [1] and also lead to adverse changes in health behaviors, for example, sleep and physical activity. Since the enactment of physical distancing and social isolation in March 2020, the usual places designated for physical activity, for example, outdoor recreational facilities have not been accessible. While some people keep themselves physically active via home-based physical activities and online fitness classes, others have reduced their physical activities because of a lack of social and financial support available. Likewise, those forced to work from home or those unemployed because of the pandemic now spend less time commuting, which also decreases opportunities to be physically active. Several studies have demonstrated that there is a strong and positive correlation between physical activity and lower physiological stress [2, 3].

CASE PRESENTATION

The patient, male, 27 years old, married, and currently unemployed showed recurrent difficulty breathing, chest heaviness, dizziness, headache, racing heartbeat, generalized weakness, and feeling of a lump in the throat. With time, the severity of his symptoms increased, and he was taken to a nearby hospital where a range of investigations was performed, for suspected COVID-SARS-19.

Chief complaints from the patient were as followed: he was worried that he had COVID-SARS-19, therefore, he kept himself isolated from his family members which further worsened his anxiety. This led to a decrease in appetite, disturbed sleeping patterns, and crying spells, which is an indication of depression and anxiety disorders. He was also fearful that he would infect his family members if he continued to live in the same house, and that they would suffer and even die because of his carelessness. All these factors combined resulted in him running away from home, in search of a shelter far from his family. He was found in a semi-conscious state with a bleeding wound in his left leg at a Sufi shrine the next day. A stray dog had bit his leg, according to an attendant at the shrine. He was immediately taken to the hospital. After being discharged from the hospital he had 2 episodes of fit-like activity, as described by his father. He fell on the ground in a conscious state, shivering, irritable, and restless. The episodes lasted for 45-70 minutes with an altered level of consciousness, up rolling of eyes. Frothing or urinary/ fecal incontinence was absent. He was again taken to the hospital where he was given 10 mg diazepam and was further referred to a tertiary care hospital.

He was brought to the hospital emergency in a sedated state. After assessing and ruling out any medical causes of his condition, he was referred to psychiatric care. The patient was admitted to the psychiatric department with recurrent anxiety. All laboratory examinations showed no abnormalities. A chest X-ray showed no evidence of pneumonia or other abnormalities. After ruling out any physical illness, the patient and his family were

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interviewed. He had no previous medical history, denied any history of the child and sexual abuse. He completed his bachelor's degree 7 years ago, worked for 5 years, and was married in November 2019. Since then he has been in a good relationship with his wife. However, soon after his marriage, he lost his job because of the pandemic. His family history is positive for diabetes, hypertension, and ischemic heart disease. He had no family history of mental illness, moreover, he never sought professional help for his mental health. He was visibly agitated and nervous and was unable to sit still throughout the interview. The patient said his mood was anxious and depressed, without any suicidal or homicidal thoughts. When talking, however, he was full of hope for the future. He was goal-oriented, and his speech was consistent with normal rate rhythm and volume. However, he was constantly worried about symptoms of COVID-SARS-19, his pregnant wife being left alone after his death and his child being raised by a single parent. His paranoia regarding COVID-SARS-19 was interfering with his family and social relationships. There was no history suggestive of perceptual disturbance and his cognitive functions were intact. He was ruled out from having COVID-SARS-19 and was diagnosed with an illness anxiety disorder (IAD). He was prescribed controlled-release paroxetine 25mg and clonazepam 0.5mg at night for insomnia. Additionally, was advised cognitive behavioral therapy to reduce the frequency of illness preoccupation, anxiety leading to maladaptive coping mechanisms and improving his level of functionality.

DISCUSSION

The case report generally supports the hypothesis that COVID-19 has adverse consequences for people with no reported mental health problems and mood disorders. Despite a history of no mental health disorder or medical condition, the patient was exposed to multiple factors that may have contributed to his condition.

Previous studies have shown that COVID-19 not only raises physical health concerns but also results in several psychological disorders [4]. Younger people, healthcare workers, and people who spend too much time thinking about the outbreak are generally at a higher risk of developing mental illness [5]. Individuals belonging to under-developed and developing countries face the threat of additional infectious diseases which can have a greater psychological impact. Furthermore, lockdown measures and unemployment contribute to higher rates of mental health issues in individuals [6].

While it is entirely normal to have feelings of stress or anxiety during a pandemic, at certain times these feelings can become obsessional and start having an impact on a person's mental health.Illness induced anxiety, also known as hypochondriasis or health anxiety is a mental health disorder that causes you to worry excessively that you may become seriously ill, even with the absence of physical symptoms. Besides, you may believe that minor symptoms and normal body sensations are signs of severe illness, even though medical examination reveals no serious medical condition. The illness is a long-term condition that may worsen during times of stress. Psychological counseling and sometimes medication can help ease the worries [7].

CONCLUSION

The COVID-SARS-19 pandemic has made people more prone to depression, anxiety, and insomnia [8]. The rapid transmission, high mortality rate, and unfamiliarity of the novel coronavirus raise concerns about the future which in turn can cause anxiety in individuals [9]. Combined with forced quarantine measures due to nationwide lockdowns, the disease can produce panic, anxiety, obsessive behaviors, hoarding, paranoia, and depression, and post-traumatic stress disorder (PTSD) in the long run [10].

This case of a 27-year-old male reflects how the COVID-19 pandemic can show its effects on healthy individuals with no history of mental health disorders. Therefore, there is a need for psychiatric professionals and health authorities to identify high-risk individuals in the general population to reduce the mental health burden on the community. Preventive measures such as psychological counseling, follow-ups, and medications can help with the reoccurrence of anxiety symptoms.

Further research is required to study the effects of the pandemic on the general population especially in individuals with no history of COVID-19 or mental health issues.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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