

An individual psychological reaction study in COVID-19 positive victims

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ABSTRACT

Context: COVID-19 is a disease on individual and society. The patient suffering from COVID-19 shows a higher degree of psychiatric morbidity. The patient develops psychiatric reaction such as denial, some hopelessness about life, tension/anxiety due to segregation by family and society. **Aims:** study of Patient Perception and early reaction just after diagnosis of COVID-19 positive in victims. **Methods:** Cross sectional study was carried out by conducting exit interview of 150 victims' of COVID-19 positive. **Observations:** More than half of the cases in 150 studied cases belonged to age group more than 50 years in both sex and female to male ratio was 33:67. The initial reaction to the diagnosis was negative in majority of the respondents. 86% had anxiety or tension with 76% of them were hopeful of cure. **Conclusion:** A rapidly-spreading epidemic can be a particularly tough time for people with preexisting mental health conditions like anxiety or obsessive-compulsive disorder.

Keywords: COVID-19 patients, Psychological reaction, Perception behavior

COVID-19 is no longer just a medical condition, but an pandemic, that has vital psychological, social, economical and legal dimensions. The fight against COVID-19 poses enormous challenges worldwide, generating fears that success may be too difficult or even impossible to attain. It impairs the quality of life, affect disease prognosis, and impede treatment by compromising without vaccine and appropriate treatment. Behavioral prevention i.e., social distancing and wearing mask is currently the only effective way to stop the further spread of COVID-19. Many psychological problems and important consequences in terms of mental health including stress, anxiety, depression, frustration, uncertainty during COVID-19 outbreak emerged progressively.¹ There are emotional responses that are symptoms of the psycho- logical effects that people have when infected or affected with COVID-19. It also carries social stigma and results in adverse psychological reaction¹. A wrong perception of illness can create social stigma and panic in the community, might lead to harbouring of wrong belief and misconception about various aspects of disease, which may affect the timely reporting, and poor compliance. This work aimed to comprehensively take a note for review the impact of the Covid-19 pandemic on the mental health and ascertain the individual psychological reaction in the COVID-19 positive victim.

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MATERIAL & METHODS

The present cross-sectional study was conducted on patients admitted in Covid isolation/quarantine ward of JA group of hospitals Gwalior. The protocol was approved by the Ethics Committee of the G. R. Medical College Gwalior. A written informed consent was taken from all the patients. The present study includes 154 patients was admitted or quarantined in isolation/quarantine ward. They were interviewed with Hindi version of the “Short explanatory model interview” to assess psychiatric morbidity and patients’ perception of their illness respectively. The diagnosis of psychiatric disorder was made according to international classification of disease 10 (ICD-10) primary criteria for psychiatric diagnosis. The diagnosis of psychiatric disorder was made according to international classification of disease 10 (ICD-10) primary criteria for psychiatric diagnosis. Prevalence was presented in percentage proportion, adjusted Odds ratio & Chi-square test was used to compare psychological symptoms with gender variable.

RESULTS

Out of 154 COVID-19 Positive victims included in the study 47(30.5%) were females and 107(69.5%) were males. Majority of patients was in between 35 to 55 years age group 95(61.7). The initial reaction to the diagnosis was negative in majority of the respondents. Only 22.6% of them were hopeful of cure, 27.9% had depression, 37.0% had anxiety or tension while 26.6% had fear of mortality. 40.3% of patient was suffering from insomnia with 27.9% mood alteration. 25.3% had felt the fear of loneliness, and 22.1.7% had been suffered by the frustration with 24.7% fear of social negative response/Social rejection while 25.3% of them had *alexithymia* [it means they have no words for explaining how they felt]. The negative reactions like stress/Anxiety, depression, fear, insomnia and frustrations was more among in the male victims then the female while alexithymia and hopeful of cure was more among female than the male reflecting more will power. [Table I]

Table 1. Psychological reactions of victims of COVID-19 positive (N=154)

Psychological Reactions*	Male (N=107; 69.5%) No (%)	Female (N=47; 30.5%) No (%)	Total (n=154) No. (%)	OR M:F	P value
Depression	34(31.8)	09(19.1)	43(27.9)	1.9:1	0.12
Stress/Tension/Pervasive anxiety / Emotional disturbances	42(39.2)	15(31.9)	57(37.0)	1.3:1	0.22
Fear of mortality /uncontrolled fear	30(28.0)	11(23.4)	41(26.6)	1.3:1	0.21
Insomnia	46(42.9)	16(34.1)	62(40.3)	1.4:1	0.10
Mood alterations/Irritability	30(28.0)	13(27.7)	43(27.9)	1.2:1	0.26
Fear of social negative response/ Social rejection	27(25.2)	9(19.1)	38(24.7)	1.3:1	0.13
Fear of loneliness /boredom	29(27.1)	10(21.3)	39(25.3)	1.4:1	0.09
feelings of frustration and uncertainty	26(24.3)	8(17.0)	34(22.1)	1.5:1	0.54 [#]
Alexithymia* (No words for moods disorder)	23(21.5)	16((34.1)	39(25.3)	1.1:8	0.07
Hopeful of cure	37((34.6)	22(46.8)	59(38.3)	1.1:5	0.15
Need reassurance recurrently	28(26.2)	08(17.0)	38(24.7)	1.2:1	0.16

*More than one symptom were found in each patient
Significant statistically

DISCUSSION

This unprecedented situation related to COVID-19 outbreak is clearly demonstrating that individuals are largely and emotionally unprepared to the detrimental effects of biological disasters that are directly showing how everyone may be frail and helpless. This study

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reported a similar higher prevalence of subjects with psychological symptoms, emotional disturbance, depression, stress, mood alterations and irritability, insomnia, and emotional exhaustion among those who have been quarantined like other study^{2,3,4,5}. There has been also Noted, fear, anger, anxiety and insomnia, confusion, grief and numbness identified as additional psychological responses to quarantine like the other study⁶ Overall, it is well emerging out that long periods of social isolation or quarantine for specific illnesses may have detrimental effects on mental wellbeing. Importantly, feelings of frustration and uncertainty tend to occur even in relation with inadequate basic supplies (e.g. food, water, clothes etc.) during the quarantine period which is a major source of worries, similarly was found in other study⁷

Anxiety/Stress is a feeling of panic or apprehension, which is often accompanied by the physical symptoms of sweating, shortness of breath, rapid heartbeat, agitation, nervousness, headaches, and panic. Anxiety can accompany depression or be seen as a disorder by itself, often caused by circumstances that result in fear, uncertainty, insecurity or losing interest in life.⁸ The pandemic spread. Confusion may be directly related to different approaches, contradictory health messages, and poor coordination as a result of the involvement of multiple jurisdictions and different levels of government.

CONCLUSION

Implementing community-based strategies to support resilience and psychologically vulnerable individuals during the COVID-19 crisis is fundamental for any community. The psychological impact of fear and anxiety had induced by the rapid spread of pandemic need to be clearly recognized. Both authorities and policy makers in a manner of a public health priority should rapidly adopt clear behavioral strategies to reduce the burden of disease and the dramatic mental health consequences of this outbreak.

Limitations

Because COVID-19 infection is associated with a number of physical, psychiatric, and psychological issues, this observation cannot be sufficiently explored in a brief summary. This summary is not intended to stand on its own as a comprehensive evaluation of COVID-19 psychological impact but a footstep to go ahead. A parallel control group was not considered. Hence, its results with regard to the prevalence of psychological reactions rate cannot be compared with the studies carried out in general population. The relatively small sample size might have hampered generalizations. The self-reporting measures have some inherent limitations. However, the results of the present study are generalizable and provide fruitful insight.

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An individual psychological reaction study in covid19 positive victims

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Conflict of Interest

The author declared no conflict of interest.

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