

Frequency of Depression and Anxiety in Patients with COVID-19

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ABSTRACT

Objective: The aim of this study is to determine the frequency of depression and anxiety in the patients due to COVID-19.

Study Design: Cross-sectional

Place and Duration: Conducted at Medicine department of District Headquarter Hospital Timergara for duration of six months from February 2020 to July 2020.

Methods: Total 120 patients of both genders presented with covid-19 disease were enrolled in this study. Patients detailed demographics age, sex and BMI index were recorded after taking written consent. Patients aged between 15-60 years of age. Prevalence of depression and anxiety were measured among hospitalized patients. Structural questionnaires were implemented. Complete data was analyzed by SPSS 24.0 version.

Results: Mean age of the patients was 25.69 ±8.21 years with mean BMI 23.41±3.34 kg/m². Out of 120 patients, 70 (58.33%) were males and 50 (41.67%) were females. Prevalence of depression was 50% among the patients and frequency of anxiety was 40% observed. 80 (66.7%) patients were from urban areas and 40 (33.3%) were from rural areas. 100 (83.3%) were married and 20 (16.7%) were unmarried.

Conclusion: We concluded in this study that frequency of anxiety and depression among the patients was frequently high. Medically ill patients should develop techniques for rapid diagnosis and treatment of depression and anxiety.

Keywords: COVID-19, Anxiety, Depression, Illness

INTRODUCTION

Based on previous experience, the causes of major public health emergencies were epidemics or pandemics viral, such as Ebola, Swine Flu (H1N1 subtype), Middle East Respiratory Syndrome (MERS) and SRSA. Similarly, new corona virus (COVID-19) is known causing severe physical problems, such as heart or respiratory failure² and often targeting multisystems³ affecting both mental health³ and psychological wellbeing. These infections have been overwhelmed and have contributed to massive morbidity and a major rise in deep psychological impairment and deep depression.⁷

The World Health Organization described the outbreak as an international emergency of public health (PHEIC)⁸. In recent years, social instability and troubling financial consequences have affected the disease. These points can lead to mental health disturbances for public and in particular patients with the disease, along with the risk of stigmas and discrimination⁹⁻¹¹.

Hospitalized patients posed issues such as anxiety, soreness, exhaustion, and rage in early stages of the SARS epidemic. Due to fever and the influence of insomnia you endured anxiety¹². Anxiety is seen as the main influence on people directly involved in the disease and the masses of epidemics with high participation and death risk. Depression and other psychiatric disorders may be associated with this.

Duan et al. emphasized the presence of the psychological distress arising from the spread of COVID-19 and the need for active and adequate intervention in this field¹³, noting that an outbreak of disease could have negative impacts for individuals. In this

regard Zheng noted the high prevalence of psychiatric disorders among SARS-CoV-2 survivors and stressed the significance of prevention, diagnosis and treatment for related psychiatric disorders during the COVID-19 pandemic. In the course of the COVID-19 pandemic¹⁴.

In this study, we analyzed the mental health state of hospitalized patients with COVID-19. After clinically stable, certain psychological symptoms such as depression and anxiety have been assessed in these patients.

MATERIAL AND METHODS

This cross-sectional study was conducted at Medicine department of District Headquarter Hospital Timergara for duration of six months from February 2020 to July 2020. The sample size comprised of 120 patients presented with covid-19 disease. Patients detailed demographics including age, sex and body mass index were recorded after taking written consent. Patients with any severe illness and those were not agreed to provide written consent were excluded from this study.

Patients aged between 15-60 years of age. Prevalence of depression and anxiety were measured among hospitalized patients. Structural questionnaires were implemented. Descriptive statistical procedures were utilized to estimate the prevalence. Complete data was analyzed by SPSS 24.0 version.

RESULTS

Mean age of the patients was 25.69 ±8.21 years with mean BMI 23.41±3.34 kg/m². Out of 120 patients, 70 (58.33%) were males and 50 (41.67%) were females. 80 (66.7%)

patients were from urban areas and 40 (33.3%) were from rural areas. 100 (83.3%) were married and 20 (16.7%) were unmarried. Majority of patients 90 (75%) were literate. (table 1)

Table 1: Baseline detailed demographics of enrolled cases

Variables	Frequency	% age
Gender		
Males	70	58.33
Females	50	41.67
Mean age	25.69 ±8.21	
Mean BMI	23.41±3.34	
Residence		
Urban	80	67.7
Rural	40	33.3
Marital Status		
Yes	100	83.3
No	20	16.7
Education Status		
Yes	90	75
No	30	25

Prevalence of anxiety and depression was high among the patients. Frequency of anxiety was 40 % and the frequency of depression was 50 % among the patients. (table 2)

Table 2: Frequency of depression and anxiety among the patients

Variables	Frequency	% age
Depression	60	50
Anxiety	48	40

DISCUSSION

This is the first finding that, in our best experience, determined the prevalence and related factors in medical patients with depression and anxiety in COVID-19. A sample international study of Spanish adults found both a worse current perceived anxiety and laughter in connection with the physical activity following the WHO recommendations in the first step of COVID-19 confines¹⁵.

In our study mean age of the patients was 25.69 ±8.21 years with mean BMI 23.41±3.34 kg/m². Out of 120 patients, 70 (58.33%) were males and 50 (41.67%) were females. 80 (66.7%) patients were from urban areas and 40 (33.3%) were from rural areas. 100 (83.3%) were married and 20 (16.7%) were unmarried. Majority of patients 90 (75%) were literate. These findings were comparable to the many previous studies^{16,17}. Frequency of depression and anxiety was higher in our study. (50%, 40%)^{18,19} The direct consequence of this co-morbid medical condition, medications used for the treatment of medical condition, illness or stress linked to longer durations, and the severity of the COVID 19 outcome of individuals with various chronic conditions and longer periods of illness may be the potential cause.

In two clinics during the outbreak of the SARS and one year after that, Lee et al. investigated stress and psychological stress levels of 79 and 96 patients. At the time of the outbreak, they were more stressful than the control group. The interesting point in their analysis is that one year after this survey, the findings of this study were found to be strong in both classes. Furthermore, one year after the outbreak, depression, anxiety and post-traumatic

stress remained troubling.²⁰ Given similarities between SARS and COVID-19 causative agents, while many specialists say COVID-19 was more serious and serious than SARS⁴⁹, concern is also expressed about the persistence of such manifestations.²¹

In hospitalized patients with COVID-19, such a high prevalence and extreme psychiatric illness highlights the need of serious attention to the mental state. Health policymakers appear to need coherent screening policies and management of relevant situations. In the spectrum of this disorder, it may also be successful at the level of the community during the process of patient psychiatric treatments and the introduction of educational programme.

CONCLUSION

We concluded in this study that frequency of anxiety and depression among the patients was frequently high. Medically ill patients should develop techniques for rapid diagnosis and treatment of depression and anxiety.

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