Survey on anxiety status in post covid-19

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ABSTRACT

BACKGROUND: “The COVID-19” pandemic has foment a rise in ANXIETY with skepticism regarding the specific impact across multiple populations.

AIM & OBJECTIVE: To investigate the prevalence and association of anxiety in different sample population relation to the change after COVID-19 pandemic.

MATERIAL & METHOD: A qualitative online survey on “ANXIETY STATUS IN POST COVID-19” was conducted in month of March 2023. This survey was done by using Likert psychometric scale questionary which is non-offensive. Survey done with 250 responses, anxiety topic of study was assigned a psychiatric diagnosis as per ICD-10 from a subject of neurotic, stress related & somatoform disorder F40-F48.

RESULT: Survey done with the 250 participants. According to survey, age group between 18-25 in which 58.9% female and 41.1% male, 51.1% student, 31.4% health worker, 19% employees are more affected, 60% of participants have history of COVID-19, 98% participants are vaccinated with 1st and 2nd dose and 32% with booster dose, 75.83% participants are observed with lifestyle changes, 55.6% participants are observed with likely developing GAD (generalized anxiety disorder) 61.45% participants are observed with likely phobic disorder, 70.45% participants are observed with likely OCD (obsessive compulsive disorder).

CONCLUSION: Survey observed that impact of COVID-19 is increasingly stressful for all student, as well vulnerable, such as health worker and other are at risk of experiencing severe stress and anxiety. If these problems are not addressed, many problems can arise because healthy mind is important to the success of society. Anxiety can affect the future / professional life of the student and professional / economic problems to the health employees and other professions.

KEYWORDS: COVID-19, ANXIETY STATUS, OBSESSIVE COMPULSIVE DISORDER, GENERALISED ANXIETY DISORDER, PHOBIC DISORDER

INTRODUCTION

Effect of infectious diseases outbreaks have eluded many with the complexities of society, there are many ways these events may cause mental chaos.

ANXIETY

Diagnostic & statistical manual of mental disorders (DSM-5), Define anxiety is a state of excessive fear that translates to behavioral disturbances.

ANXIETY DISORDER

Anxiety is characterized by a state of apprehension arising out of anticipation and danger.

Anxiety is often differentiated from fear as fear is an apprehension in response to an external danger while in anxiety the danger is largely unknown. (A short text book of psychiatry by niraj ahuja)

Anxiety is an uneasy fearful feeling
It is often concealed & reduced by defensive behaviors such as avoidance ritualistic action.
A major united state survey by the national institute of mental health (rieger et al, 1948) showed that anxiety disorder are common in the general population than any other mental disorders. (Introduction of Psychology by Clifford t.morgan, Richard king, john weisz, john schopler)

Classification

1) GENERALISED ANXIETY DISORDER (GAD)
2) PANIC DISORDER
3) PHOBIC DISORDER
4) OBSESSIVE COMPULSIVE DISORDER (OCD)
5) POST TRAUMATIC STRESS DISORDER (PTSD)

GENERALISED ANXIETY DISORDER: Usually chronic course characterized by recurrent spontaneous panic attacks.
PANIC DISORDER: Characterized by discrete episode of acute anxiety. Sudden and last for few minute symptoms begin “out of the blue”. Anxiety is the signal that is disturbing the internal psychological equilibrium called “SIGNAL ANXIETY”.
3) **PHOBIC DISORDER**: Phobia is defined as irrational fear of specific object, situation or activity, often leading to persistent avoidance of the feared object, situation or activity.

   I. AGAROPHOBIA
   II. SOCIAL PHOBIA
   III. SPECIFIC (SIMPLE) PHOBIA.

   AGAROPHOBIA: it is an example of irrational fear of situations. It is the commonest type of phobia encountered in clinical practice.
   i.e., fear of market/public etc.

   SOCIAL PHOBIA: this is an example of irrational fear of activities or social interaction characterized by an irrational fear of performing activities in presence of other people or interacting with people.
   i.e., stage fear, public speaking etc.

   SPECIFIC PHOBIA: characterized by irrational fear of specified objects or situation.
   i.e., acrophobia (fear of high place)
   zoophobia (fear of animals)
   xenophobia (fear of stranger)
   claustrophobia (fear of closed places)

4) **OBSESSIVE COMPULSIVE DISORDER**

   An obsession is defined as:
   ➢ A recurring thought, emotion, or image in memory.
   ➢ It is recognized as one’s own idea, impulse or image but is perceived as ego-alien (foreign to one’s personality).
   ➢ It is recognized as irrational and absurd (insight is present).
   ➢ Patient tries to resist against but is unable to. It leads to marked distress.

   Compulsion is defined as:
   ➢ A form of behavior is usually following obsessions.
   ➢ It is aimed at either preventing the distress arising out of obsession.
   ➢ The behavior is not realistic and is either excessive.
   ➢ Insight is present so that pts can realize the irrationality of compulsion.
   ➢ The behavior is performed with a sense of subjective compulsion (urge to act). Compulsion may diminish the anxiety associated with obsession.

   CLINICAL SYNDROMES:
   ICD10 classified OCD in three subtypes:
   • Predominantly obsessive thoughts/rumination
   • Predominantly compulsive act
   • Mixed obsession, thoughts and act

   Four clinical syndrome:
   • **WASHER**: here is the obsession with the dirt, germs, body excretion and the like, compulsion of washing hands/whole body repeatedly many times a day.
   • **CHEKERS**: Here person has multiple doubts, e.g., the door has not been locked, kitchen gas has been left open, counting the money was not exact, etc.
   • **PURE OBSESSION**: this characterized by the repetitive intrusive thoughts, impulses which are not associated with compulsive acts. The content is usually sexual or aggressive in nature.
   • **PRIMARY OBSESSION SLOWNESS**: relatively rare syndrome, it is characterized by severe obsessive idea and compulsive rituals in relative absence of manifested anxiety. This leads to marked slowness in daily activities.

5) **POST-TRAUMATIC STRESS DISORDER (PTSD)**

   According to ICD10, this disorder arises as delayed and/or protracted response to an exceptionally stressful event or situation, which can cause general anxiety in ‘almost any person’ (e.g., disaster, war, rape, torture, serious accident).

   The symptoms of PTSD may develop after the period of latency, within six months after the stress or may be delayed beyond this period.

   PTSD is characterized by recurrent and intrusive recollections of stressful event either in flashbacks (image, thoughts, perceptions) and or in dreams. Disturbed sleep, there is an associated sense of re-experiences of the event or situation that arouse recollection of the stressful event, along with marked symptoms of anxiety and increased arousal.
Covid-19
Coronavirus disease 2019 (covid-19) is a infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-COV-2). The first case was discovered in December 2019 in Wuhan, China. The virus quickly spread all over the world, causing the COVID-19 pandemic

PANDEMIC
Pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”

Some example of PANDEMIC:-
There are number of pandemic occur since the beginning of the 20th century the Spanish flu of 1918/19 (which were not originated in Spain), flu pandemics in 1957 and 1968, among the best-known pandemic is black death, a plague which spread across Asia and Europe in middle of the 14th century, now the COVID_19 pandemic beginning in 2019.

SEVER ACUTE RESPIRATORY SYNDROME (SARS)
SARS is a communicable virus disease, caused by new stain of coronavirus which is differs considerably in genetic structure from previously recognized coronavirus.

PROBLEM STATEMENT:-
The first case was traced to health worker in China in late2002 which faster spread to Hong Kong, Singapore, Vietnam, Taiwan and Toronto.
As of early August 2003 about 8,422 cases were reported to WHO from 30 countries with 916 fatalities.
The covid-19 was first reported in Wuhan China in 2019 and subsequently spread globally to become the fifth documented pandemic since 1918 flu pandemic.
By September 2021, nearly two years after covid-19 was first detected, there were more than 200 million confirmed cases and more than 4.6 million deaths from the disease.
Here we take a look at the history of covid-19, from early registrations to current efforts to contain the disease through universal immunization programs around the world.

INCUBATION PERIOD:- 2-7 days commonly 3-5 days

MODE OF TRANSMISSION:- the primary mode of transmission appear to be through direct or indirect contact of mucus membranes of eye, nose or mouth with respiratory droplets from fomites. When the infected person sneeze, cough or talk the droplet wall aerosol carry the virus in to the air from their nose or mouth. the SARS virus can survive for hours on common surface outside the human body and up to four days in human waste. the virus can survive at least 24 hours on plastic surface at from temperature, and can live for extended period in the cold.

EPIDEMIOLOGICAL ASPECT:-
Health care worker, especially those involved in procedure generating aerosols, accounted. Exhalation of the virus maximus occurs around the 10th day of illness and then decreases. Transmission is most effective after exposure to a patient with severe illness or a rapid onset of symptoms, usually during the second week of illness. A second infection is rare if the infection is isolated within 5 days of onset. There is no evidence that patients are infected 10 days after the fever subsides.
Studies have reported an age distribution of adult patients between 25 and 89 years old. most adult pts were between 35-55 yr old and there are fewer identified cases among children and infants.
Among them people with weaker immune function, the elders with an average age 60 year and older, people with kidney and liver dysfunction, the and hypertension, diabetes, asthma, chronic pulmonary obstruction, heart pts, smokers, pregnant women and people with disabilities are higher risk and more likely to exposed to the virus.
International flights have been associated with the spread of SARS through symptoms in passengers or crew. WHO recommends exit screening and other measures to reduce the possibility of continued international transmission by air travel during outbreaks.

CLINICAL FEATURES:-
The most common symptoms in patients progressing to SARS include fever, malaise, chills, headache, myalgia, dizziness, cough, sore throat and nose, smell and taste. In some cases, the severity of hypoxic saturation and respiratory distress occur requiring respiratory support. it is capable of causing death many cases.

LABORATORY FINDINGS FOR DIAGNOSIS :-
- Increased level of: - CRP (C-reactive protein), D-dimer, LDH (lactate dehydrogenase), ALT (alanine aminotransferase), AST (aspartate aminotransferase), PT (prothrombin time), ESR (erythrocyte sedimentation rate), IL (interleukin), CK (creatinine kinase)
- Decreased level of: - lymphocyte count, albumin, WBC.
- Chest x-ray: typically begins with a small patchy shadow and progress over few days to become bilateral and spread with interstitial/confluent infiltration.
- Chest CT finding: - ground glass opacities (GGO)/−consolidation.
• RT-PCR test:-based on RNA isolated from respiratory specimens such as oropharyngeal swabs, sputum, nasopharyngeal aspirate, bronchoalveolar lavage, or deep tracheal aspirate.

• COMPLICATIONS:- The most feared complication in all pneumonia cases is pulmonary decompensation. ARDS occurs in most cases and patients require intubation and mechanical ventilation. Sequelae of intensive care include pathogenic nosocomial infections, tension pneumothorax due to maximal ventilation, and non-cardiogenic pulmonary edema.

• TREATMENT:- Sever case needs heavy support. Many different drugs have been used, including ribavirin (400-600 mg/day and 4 g/day), lopinavir/ritonavir (400 mg/100 mg), type 1 interferon, immune globulin, and sex corticosteroids. While improving the performance of these employees, the representative of the performance is lacking and should be studied more.

• PROGNOSIS:- The overall mortality rate of confirmed patients is approximately 14.6%. Mortality is age-related, being less than 1% for those under 24 and more than 50% for those over 65. Adverse factors include advanced age, chronic hepatitis B on lamivudine, high baseline or high peak lactate dehydrogenase concentrations, high neutrophil counts at presentation, diabetes mellitus, chronic kidney disease, and low CD4 and CD8 counts. Many subclinical conditions go undiagnosed.

• PREVENTION:- safe and effective vaccines are available to provide strong protection against serious illness, hospitalization and death from covid-19. take all COVID-19 vaccine doses recommended to you by your health authority as soon as it is your turn, including a booster dose if recommended.

• Prompt identification of person with the SARS, their movement and contact;
• Effective isolation of SARS pts in hospitals;
• Appropriate protection to the medical staff treating this pts;
• Comprehensive identification and isolation of suspected SARS cases;
• Regular hygienic measures which includes hand-washing after examining patients and use of medical mask along with introduction of infection control measures;
• Exit screening of international travelers;
• Do some physical activities, for healthy living
• Eat healthy food, take proper sleep;
• Do meditation to reduce stress and fear about the covid-19

COVID-19 AND ANXIETY
The lockdown and restrictions was worldwide due to control the spread of covid-19; some people were found it extremely challenging to living “normal life”. COVID-19 anxiety syndrome is a recent circumstance defined by compulsive symptoms checking and ignoring leaving the house, even when the health risk are minimal.

It has been more than two years since SARS-CoV-2 began to spread worldwide. It seemed a bit of a concern at first, but it quickly turned into a serious concern as more and more people were diagnosed with COVID-19 disease.

At first, scientists knew little about the new virus and the virus that caused it.

The obscurity and danger of this disease caused fear among doctors, scientists and the public. Travel restrictions, lockdowns, masks and physical distancing measures have recently been adopted as strategies to reduce the spread of COVID-19. It received wide media coverage as world leaders and health experts waged war on the unseen threat. Worldwide, there have been more than 149.9 million confirmed cases of COVID-19, with more than 3.1 million deaths from the disease.

According to reports, the rate of the new SARS-CoV-2 virus has gradually decreased in some countries such as the USA. This decrease may be due to increased immunity and use of vaccines. Till today, approximately billion doses of the vaccine has been administered worldwide.

This is why some countries, such as the UK, have started to sell old regulations that were put in place to prevent the spread of the disease. With the lifting of the quarantine, many people who can no longer leave their homes are able to enjoy life as much as possible while staying safe. But for some, going back and mingling with other people is an idea filled with fear and anxiety. Despite the availability of vaccines and reducing disease, some people still experience what scientists call “COVID-19 stress”.

The symptoms of this condition are similar to other mental illnesses, including anxiety, generalize anxiety disorder (GAD), phobic disorder, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD). And pandemic and related pandemic are the cause. In this special issue of Medical News Today we take a look at what it is, how it happened, and what the latest research has to say. Environmental psychologist and health consultant Lee Chambers, M.Sc., M.B.P.S. We also talked to Chambers shares her advice on how to deal with the current mental health crisis.

METHODOLOGY
This survey was conducted with google survey questionnaire to study and analyse anxiety in post covid-19.

AIM & OBJECTIVE: To investigate the prevalence and association of anxiety in different sample population relation to the change after COVID-19 pandemic.

MATERIAL & METHOD: A qualitative online survey on “ANXIETY STATUS IN POST COVID-19” was conducted in month of march 2023. this survey was done by using Likert psychometric scale questionnaire which is non-offensive survey done with
250 responses. Anxiety topic of study was assigned a psychiatric diagnosis as per ICD-10 from a subject of neurotic, stress related & somatoform disorder F40-F48.

Before starting the survey, the description was given that this survey is only for the study and the research purpose only. Personal details of the respondents are confidential and it’s not mandatory to answer every question if someone is not comfortable with it. Every question was form with the aim to get positive answer which define anxiety and also with taking care that not any single word will trigger the person’s mental health.

RESPONSES:-
AGE:- According to the survey the most common affected age group is between 18-30yr.
- 11-15 years :: 0.4%
- 16-20 years ::11%
- 21-25 years ::33%
- 26-30 years ::31%
- 31-35 years ::08%
- 36-40 years ::10%
- 41-45 years ::04%
- 50 and above::2.6%

SEX:- According to survey there is 59.5% are female and 40.5% are male.

OCCUPATION:- According to this survey 51.1% are student who were participated. And others as shown in the chart.

HISTORY OF COVID:- According to the survey there are approx. 60% participates have a h/o covid 19. Mostly in the month of Jan-march 2021.

VACCINATION FOR COVID-19:-
according to this survey almost 98% participates are vaccinated with DOSE-1 AND 2 and 32% with BOOSTER DOSE.

OUTCOME OF THE SURVEY (group of questions and their responses belonging to the different categories as mentioned below)

➢ LIFE STYLE CHANGES AFTER COVID-19
➢ GENERALISED ANXIETY DISORDER
➢ PHOBIc ANXIETY DISORDER
➢ OCD (OBSESSIVE COMPULSIVE DISORDER)
➢ OTHERS

LIFE STYLE CHANGES :-

Get hesitate to rejoin your workplace/classroom after LOCKDOWN.
As per the above responses we can say that the most of the people change their life style in positive way.

**GENRALISED ANXIETY DISORDER:**

**Taking healthy meal and doing some physical activity to boosting immunity for avoiding illness.**

- **Chart 5:** Count of Being more conscious about your HEALTH after COVID-19.
- **Chart 6:** Count of Taking healthy meal and doing some physical activity to boosting immunity for avoiding illness.
Not been able to stop/control worrying about COVID-19.

- Disagree
- Agree
- Neither agree nor disagree
- Strongly agree
- Strongly disagree

Do you isolate your self whenever you are having any symptoms like COVID-19?

Count of Do you isolate your self whenever you are having any symptoms like COVID-19?
When you hear of a serious illness or death of someone you know does it ever make you more concern about your own health?

Count of When you hear of a serious illness or death of someone you know does it ever make you...  

Whenever you read or hear about an illness on news does it ever make you think that you may be suffering from that illness?

Count of Whenever you read or hear about an illness on news does it ever make you think...
PHOBIC DISORDER:-

SOCIAL PHOBIA:

Avoid social gathering & try to maintain social distance because you constantly thought that it will cause any communicable disease.

SPECIFIC PHOBIA:

Wear mask in crowd because you still have fear that if someone is not taking precautions will affect your health.

OCD (OBSESSIVE COMPULSIVE DISORDER):
RESULT:
survey done with the 250 participates. result is on the basis of descriptive statistic only.
according to survey, age group between 18-30 in which;
58.9% are female and 41.1% are male;
51.1% student, 31.4% health worker, 19% employees are more affected;
60% of participants have history of COVID-19;
98% participants are vaccinated with 1st and 2nd dose and 32% with booster dose;
75.83% participants are observed with lifestyle changes;
55.6% participants are observed with developing likely GAD (generalized anxiety disorder);
61.45% participants are observed with likely phobic disorder;
70.45% participants are observed with likely OCD (obsessive compulsive disorder).
There are some question asked in survey which also define the PTSD (POST TRAUMATIC STRESS DISORDER). According to this survey there is 24.7% participates are having sleep disorder after COVID-19.
There was one column given to write any other changes they feel after PANDEMIC.
So many of them write that they are having fear of losing their closed ones, they started spending time with the close ones,
Some of them wrote they change their life style and improve the quality of life,
Some of them are still struggling with the post covid-19 complications, like myalgia, weight loss, hair fall, dypsonea etc. Some of them are struggling with the economic cost post lockdown which is also a major factor leads to stress and anxiety.

**The survey does not give any confirmation of the kind of disorder they have. It’s the symptoms that are similar to the particular disorder and likely to confirm if left ignore for long time.**

**CONCLUSION:**
survey observed that impact of COVID-19 is increasingly stressful for all student, as well vulnerable, such as health worker and other are at risk of experiencing severe stress and anxiety. If this problems are not addressed, many problem can arise because healthy mind is important to the success of society. Anxiety can affect the future/professional life of the student and professional /economic problems to the health employees and other professions.

It's better to understand the factors and association contributing to anxiety after pandemic and it will help to guide such future outbreaks as well as to face emergency situations. This is important for future success.

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I would like to show my heartfelt gratitude to all the respondents/participants of my survey

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REFERENCES

1. A small textbook of psychiatry by niraj ahuja.introduction of psychology by Clifford t.morgan.Richard king,John weisz,john schopler park’s textbook of preventive and social medicine.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-5.[Google Scholar]


