Letter to Editor
Neglected Psychological Interventions Among Patients With Covid-19

Hossein Gharaati Sotoudeh1, *Seyyed Salman Alavi1

1. Psychiatry and Psychology Research Center, Roozbeh Hospital, Tehran University of medical science, Tehran, Iran.

Extended Abstract

1. Dear Editor

The outbreak of Covid-19 has caused concern among the general population around the world. Many people may be anxious and scared, and those who are directly affected by the virus in different ways may experience more panic, fear, and anxiety [1].

Everyone who is exposed to a traumatic crisis is affected to varying degrees [2]. The effects of an accident crisis on some people go away quickly, and they regain resilience. However, typically at least one-third of these people develop a condition called Calamity Syndrome; that is, the patient may be physically relieved of the disease over time, but its psychological effects may remain in him/her for a long time [3]. But the question is, which groups are most at risk for Calamity Syndrome, which includes severe anxiety, stress, and thought disorders?

In our initial research -- which was related to another study [4]-- and in our initial psychological interventions in coronavirus patients who were in the first ten days of their disease [4], we came across results that might be useful to future researchers. We might help answer the question: which group of patients with Covid-19 needs more psychological interventions?

2. Main Subject

In this study, individuals were selected by available random sampling method from among patients with Covid-19 (whose disease was diagnosed by an infectious disease specialist and they were spending the second week of their illness and were among those referred to Ziaeian Hospital). In this study, assessment and evaluation tools were the initial mental status assessment form based on the DSM-5 model and the DASS21 questionnaire, which was done by the patients themselves. This questionnaire measures the level of anxiety, stress, and depression, and its validity and reliability have been proven in various studies [5-7].

The study population consisted of 61 patients with Covid-19 disease, 23 were in the hospital, and 38 were in-home quarantine according to the specialists’ order. Evidence showed that patients in quarantine had acute and morbid stress at a rate of 7.7%, while no acute stress was observed in hospitalized patients. Severe anxiety scores were reported to be 8.2% among home quarantine patients, but the rate of anxiety in hospitalized patients was 0%. It should be noted that hospitalized patients were nervous to both the anxiety and stress scales, but both factors were reported at a mild level. In the depression factor, 1 quarantine patient was reported to have severe depression, while none of the hospitalized patients had severe depression.

It is worth mentioning that based on the diagnostic interview of the psychologist of the hospital mentioned above, two quarantine patients had decided to commit suicide,

* Corresponding Author:
Seyyed Salman Alavi, PhD.
Address: Psychiatry and Psychology Research Center, Tehran University of Medical Science, Tehran, Iran.
Tel: +98 (21) 55402002
E-mail: ssasi1979@gmail.com


http://dx.doi.org/10.32598/ijpcp.26.3449.1
stating that the main reason for their action was fear of disease and prevention of infecting their family members and others. However, the hospitalized patients were in a better mental condition since they were constantly under medical staff’s care and received various pharmacological and non-pharmacological interventions.

3. Results

The present study results showed that the quarantined patients reported more stress, acute anxiety, and severe depression than hospitalized patients due to lack of access to treatment staff and lack of continuous treatment interventions. These factors can lead to panic attacks in patients and have unpleasant results [8].

Since in this study, 2 patients in quarantine had decided to commit suicide, the follow-up treatment by telephone or social networks for patients who have received a positive coronavirus test and are referred to home quarantine [9] becomes very important. By this, the disease’s transmission becomes slower, and the importance of psychological interventions for this group of people becomes more apparent.

Ethical Considerations

Compliance with ethical guidelines

The Iranian Registry of Clinical Trials (IRCT) approved the study guideline (IRCT20200509047360N1).

Funding

This project was approved by Tehran University of Medical Sciences (Grant Number: IR.TUMS.VCR.REC.1399.335).

Authors’ contributions

Methodology: All author; Writing – original draft, Hossein Gharati Sotoudeh; Writing – review & editing: Seyyed Salman Alavi.

Conflicts of interest

The authors declared no conflict of interest.

Acknowledgements

Both author would like to thank to all colleagues at Ziaeiian Hospital.
مnçفولن مداخلان روئن شناتکی در میان بیماران مبتلا به کووید 19

حسین قرائیان ستدوة، سید سلمان علوی

ک millennialsین زمان، بیمارستان، مرکز تحقیقات روانپزشکی و روانشناسی تهران ایران

موضوع اصلی

شیوع کووید 19 به ثبت تگرکی و هدف‌گیری در سرتاسر جهان شده است. بیماری‌های مزمن استحضار ترس و استرس در میان بیماران کووید 19 دچار ایجاد و رشد حاد و بیمارگی تدله قرار گرفته است. در مورد بیماران کووید 19، نویسنده مسئول سید سلمان علوی در تهران، دانشگاه علوم پزشکی تهران، بیمارستان روزبه، مرکز تحقیقات روانپزشکی و روانشناسی نامه به سردبیر پاییزنامه به سردبیر سید سلمان علوی، دکتر

نشانی: +98 (921) 55402002
پست الکترونیک: ssasi1979@gmail.com

همه کسی که در معرض بیماری کووید 19 و تأثیرات آن در عوامل مختلف در جوامع و بیمارستان‌ها بیماران کووید 19 می‌باشد. با توجه به جدایی از مصرف و ارائه درمان در بیمارستان‌ها، میزان استرس و اضطراب حاد و افسردگی شدید شناخته شده است. بیماران کووید 19، بیماران مبتلا به بیماری‌های دیگری نیز در مورد استرس و اضطراب حاد، استرس و افسردگی شدید بیشتر در بیمارستان‌ها بیماران کووید 19 هستند. این مطالعه تحت نظر دکتر سید سلمان علوی و پژوهشگر سید سید سلمان علوی انجام شد.

نتایج

نتایج این مطالعه نشان داد که بیماران مبتلا به کووید 19 در مورد استرس و اضطراب حاد و افسردگی شدید بیشتر در بیمارستان‌ها بیماران کووید 19 هستند. این مطالعه تحت نظر دکتر سید سلمان علوی انجام شد.
بهترین نتیجه گرفته که پیگیری‌های مراقبت‌های روشنایی به روش تلفن یا شبکه‌های اجتماعی به بیمارانی که پس از گزارش مثبت کرونا به قرنطینه خانگی ارجاع داده می‌شوند [9] نمی‌تواند که انتقال بیماری را کنترل کند. همچنین، این می‌تواند به نقطه‌بندی این گروه از نواحی مداخلات روان‌شناختی، مربوط‌های بیشتری را اثبات کند.

ملاحظات اخلاقی

پایگاه از اصول اخلاق پزشکی

سازمان ثبت تحقیقات بالینی ایران (IRCT) دستورالعمل‌های انجام‌پذیری پژوهش، را از راه‌های (IRCT2020050909047360N1) انجام داده است. حامي مالی: IR.TUMS.VCR. است که اولین اثر این پژوهش بر گرفته از پروژه‌ای با کد است که توسط دانشگاه علوم پزشکی تهران تایید شده است. برای اثبات، است که توسط دانشگاه علوم پزشکی تهران RE.C.1399.335

مشارکت نویسندگان

مسئولیت جمع جمع اطلاعات و نوشتن: حسین قرائتی ستوده، طراحی نمونه و طراحی مشاور: سید سلمان علوی.

تعارض منافع

همه نویسندگان نسخه نهایی را خوانده و تایید کرده اند. آنها هیچ تضادی در منافع ندارند.

تشکر و قدردانی

از همه همکاران در بیمارستان ضیائیان تشکر می‌نماییم.

حسین قرائتی ستوده و سید سلمان علوی. مداخلات روان‌شناختی در بیماران مبتلا به کرونا
Reference


