FROM LOCKDOWN TO RELEASE: THE IMPACT OF DIFFERENT PHASES OF COVID-19 PANDEMIC ON PEOPLE SUFFERING FROM PSYCHIATRIC DISORDERS

Silvia Rigucci

Department of Neurosciences, Mental Health and Sensory Organs (NESMOS), Suicide Prevention Center, Sant'Andrea Hospital, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, Italy

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Dear Editor,

From the first man in Europe confirmed to have contracted COVID-19 hospitalized in Codogno, in the northern of Italy; pandemic have spread worldwide as a terrific threat to public health and society. The Italian government was the first to announce a nationwide lockdown (quarantine) since the Wuhan coronavirus outbreak. The psychosocial response to an event of this magnitude is complex. Quarantine is emotionally challenging for everyone. It can precipitate feelings of fear, anger, anxiety and panic about worse possible outcome, boredom and loneliness.

The impact of the COVID-19 pandemic in mental health is expected to be significant, in consideration of the underlying disrupted behavioural response to stressful events of people with mental disorders (Dudley et al. 2011). Most of the studies from this current COVID-19 and previous epidemics (SARS in 2003 or corona influenza epidemic in 2009) have shown panic, anxiety, and depression to be the predominant clinical manifestation (Banerjee 2020). Medication compliance could be at risk in patients with mood disorders that are likely to have relapses (Chatterjee 2020). Data on patients suffering from a psychotic disorder are too scarce to drown reliable conclusions (Brown 2020). Although there are no current studies investigating people with a personality disorder during the pandemic, some argued that those more affected will be borderline personality disorder' patients with symptoms worsened by the quarantine and the social distancing (Chong 2020). Suicide risk should also be considered; being suicidal thoughts and attempts frequently associated with severe crises in psychiatric disorders or long-term consequences in vulnerable people of the socio-economic crisis which we will suffer afterwards (Kawohl 2020).

Although, the idea that the coronavirus pandemic might have some upsides seems disturbing in the face of the destruction and death it has caused so far, some of our patients have reported an improvement in symptoms since the lockdown started. Some, mainly suffering from anxiety and depressive disorders, reported peaceful feelings as if the slowed rhythm of the world was finally within its reach. Others, have experienced a sense of profound relief, more energy, and a better clinical condition since the speed of life slowed due to the pandemic. Enforcing at societal level, *"safety-seeking behaviour and avoidance"*, which are key factors in anxiety disorders have certainly contributed to this sense of relief. Catastrophic and unpredictable events, veiling anxious ruminations, can offer a sense of perspective and escape from its own vulnerability.

Starting easing lockdown measures in the COVID-19 phase-two, will certainly help the majority of our patients making progress towards a new normal; but on the other hand this new scenario could act as a trigger for attenuated symptoms to fully blown in all those patients who where stable during strict quarantine. Psychiatrists but also healthcare staff involved in emergency services must be more aware about this risk, to plan appropriate and timely referrals.

During the undergoing COVID-19 exit-strategy, the same attention should be also paid on the persistent and increased risk for Covid-19 infection in psychiatric patients compared to the general population, which is mainly attributable to their low adherence to precautionary measures implemented on phase-two (i.e. use of personal protective equipment safely, frequent handwashing, social distancing). Enhancing monitoring of patients and their family members in this crucial transition, is thus essential for a careful assessment of their condition from both a psychopathological and medical point of view.

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Correspondence: Silvia Rigucci, MD Department of Neurosciences, Mental Health and Sensory Organs (NESMOS), Suicide Prevention Center, Sant'Andrea Hospital, Faculty of Medicine and Psychology, Sapienza University of Rome Rome, Italy E-mail: silvia.rigucci@uniroma1.it