Review Article

A STUDY TO ASSESS THE LEVEL OF ANXIETY AMONG COVID-19 RECOVERED IN COMMUNITY

Alfred Solomon D*#, Rithika A.M*, Vishnu Priya V*

Department of Biochemistry, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

Abstract

A new strain of the coronavirus, SARS-CoV-2, was identified as the cause by the Chinese authorities and the World Health Organization (WHO). At the time, it was referred to as a coronavirus disease 2019 and is now commonly referred to as COVID-19. Gamil Ghaleb Alrubaiee and associates 2020) coronaviruses are a family of enveloped RNA viruses that get their name from the outer edge of their envelope proteins that look like crowns ('corona' in Latin). The purpose of this study was to determine how anxious COVID-19 recovered patients in a specific community area were. A quantitative strategy with a descriptive study design for the research. Purposive sampling is used to collect 50 samples from COVID-19 recovered patients for this study. The average anxiety score among COVID-19 recovered patients was 26.76, with a standard deviation of 5.76 and a minimum anxiety score of 13.0 and a maximum anxiety score of 40.0. In patients who had recovered from COVID-19, the analysis showed that none of the demographic variables had a statistically significant relationship with the level of anxiety. *ASEAN Journal of Psychiatry, Vol. 24 (1) January, 2023; 1-8.*

Introduction

On December 12, 2019, a cluster of pneumonia cases with no known origin or cause was reported in Wuhan, China. The majority of the 41 initial cases that were reported came from vendors and dealers working in the Wuhan human seafood market. A new strain of the coronavirus, SARS-CoV-2, was identified as the cause by the World Health Organization (WHO) and Chinese authorities [1-5]. At the time, it was referred to as a coronavirus disease 2019 and is now commonly referred to as COVID-19. Coronaviruses are a family of enveloped RNA viruses [6-10]. Their name comes from the outer edge of their envelope proteins, which look like crowns ('corona' in Latin).

SARS-CoV-2 initially spread rapidly within China before rapidly spreading to other nations worldwide [11-15]. On eleventh walk 2020, WHO pronounced the flare up of coronavirus as a worldwide pandemic? Over 28,329,790 people have contracted the virus since 12 September 2020, resulting in 911,877 deaths in 216 nations. Services and goods have been halted as a result of the lockdown that has been in effect in numerous regions of the world that are significant contributors to the global economy. This has caused a disruption in global supply chains, which has had a devastating impact on the global economy.

To cut down on people coming into contact with one another, the government issued a ban on public events that had more than 500 attendees in the outdoors and 100 or more at indoor events. To prevent the pandemic from spreading further, the government imposed a nationwide lockdown on March 27 for two weeks beginning on March 28. All other businesses and educational establishments remained closed with the exception of petrol stations and drug stores. A further week long extension was announced on

April 16. Because COVID-19 is a new disease with the worst effects anywhere in the world, the public's confusion, anxiety, and fear are caused by its emergence and spread. Hatred and stigma thrive in environments of fear. As certain populations (Indians from the north-east) are targeted as the source of this outbreak, social stigma has developed. It is crucial to stay away from this disgrace as it can make individuals conceal their ailment and not look for medical services immediately. In order to assist people in managing fear, stigma, and discrimination during COVID-19, WHO is providing expert guidance and responses to public questions. As research into COVID-19 continues, a lot of the facts keep changing, and many myths regarding the infection's prevention and management are also prevalent in the general population. These myths and fake news about corona are also spreading quickly now that social media is so widely used. For some, these can sometimes be extremely upsetting. As a result, a number of websites, including WHO, are providing accurate information and busting myths. People are also being urged by governments not to share these messages without verifying their authenticity [16].

Literature Review

In addition to the possibility of infection and death, an epidemic places enormous psychological strain on individuals all over the world. The short and long term effects of epidemics on the social and psychological well being of the population have been the subject of numerous studies. Even after they have recovered, people who have been tested positive for a disease continue to face discrimination and social exclusion. "Longer quarantine duration, infection fears, frustration, limited supplies, insufficient communication, financial loss, and stigma" were among the psychological stressors experienced by those who were quarantined. Expect severe post-traumatic stress symptoms, confusion, and rage from COVID-19. Health anxiety is one of the most prevalent forms of anxiety [17]. It describes how people think and act about their health and how they perceive any health-related threats or concerns. Wellbeing nervousness is progressively conceptualized as existing on a range and as a versatile sign that assists with creating endurance situated ways of behaving. It also happens to almost everyone at some point in their lives, and when it happens too much, it can be quite harmful. On the extreme end of the spectrum is illness anxiety, also known as hypochondriasis. It affects a person's life when it causes them to misinterpret their somatic sensations, leading them to believe they have an underlying condition. Health anxiety is an important topic because both its increase and decrease can lead to problems. Health anxiety is a broad category that can range from high to low. Some people may avoid seeking medical attention at healthcare facilities in order to avoid contracting infections, for example, while others may exhibit higher levels of worry and checking behaviours and place a burden on healthcare facilities by making excessive visits (such as frequent visits that are not necessary). A lower level of health anxiety may result in lower compliance with pandemic control regulations. Every individual is impacted in varying ways by the social anxiety and concerns. Anxiety, rage, confusion, and symptoms of Post Traumatic Stress Disorder (PTSD) have all been linked to isolation and quarantine, according to recent research. It is anticipated that public knowledge and attitudes will have a significant impact on the level of compliance with personal protective measures and, ultimately, the clinical outcome. As a result, it is crucial to investigate these domains within the Indian population [18]. During this epidemic, mental health issues are another major health concern that is expected to get worse on a daily basis. During this pandemic, very little research has looked at the issues with mental health. It was intended to evaluate the community's knowledge, attitude, anxiety, and perceived mental healthcare needs during the coronavirus pandemic in India, taking into account the significance of each of the aforementioned aspects. High quality publications have been published as a result of our group's extensive research and knowledge (11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, and 24).

Materials and Methods

The quantitative exploration with engaging review research configuration was utilized in this review. The populace what all's identity is recuperated from Coronavirus patients at chose local area region was taken for this review. The people who met the inclusion criteria lived in the selected area, were available at the time of the study, were able to write or read in Tamil and English, and were willing to participate in this study.

Discussion

The people who met the exclusion criteria were unable to participate in this study because they did not know Tamil or English. There are 50 samples in total. Hamilton anxiety rating scale and demographic variables are the tools [19]. Assessment of the anxiety level of COVID-19 recovered patients over the course of six days is the purpose of this study [20].

Organization of the data

Section A: A description of the demographic characteristics of the COVID-19 recovered patients.

Section B: Assessment of anxiety levels among COVID-19 recovered patients.

Section C: The relationship between various demographic variables and anxiety levels (Table 1).

Table 1. Frequency and percentage distribution of demographic variables of patients recovered from COVID-19.

Demographic variables	No.	%
Age		
Below 18 years	5	10
18 to 35 years	21	42
More than 35 years	24	48
Sex		
Male	28	56
Female	19	38
Others	3	6
Religion		
Hindu	35	70
Christian	4	8
Muslim	11	22
Others	-	-
Education		
Primary school	19	38
Secondary school	10	20
Higher secondary school	21	42
Graduate	-	-
Occupation		

Daily wages	17	34
Farmer	6	12
Private employee	17	34
Government employee	10	20
Marital status		
Married	29	58
Unmarried	19	38
Divorced	2	4
Place of residence		
Rural	14	28
Urban	28	56
Semi-rural	8	16
Semi-urban	-	-
Type of family		
Nuclear family	25	50
Joint family	25	50

The Table 1 shows that, most of the patients recovered from COVID-19 24 (48%) were aged more than 35 years, 28 (56%) were male, 35 (70%) were Hindus, 21 (42%) had higher secondary school, 17 (34%) were daily wages and private employees respectively, 29 (58%) were married, 28 (56%) were residing in urban area and 25 (50%) belonged to nuclear and joint family respectively (Figure 1 and Table 2).
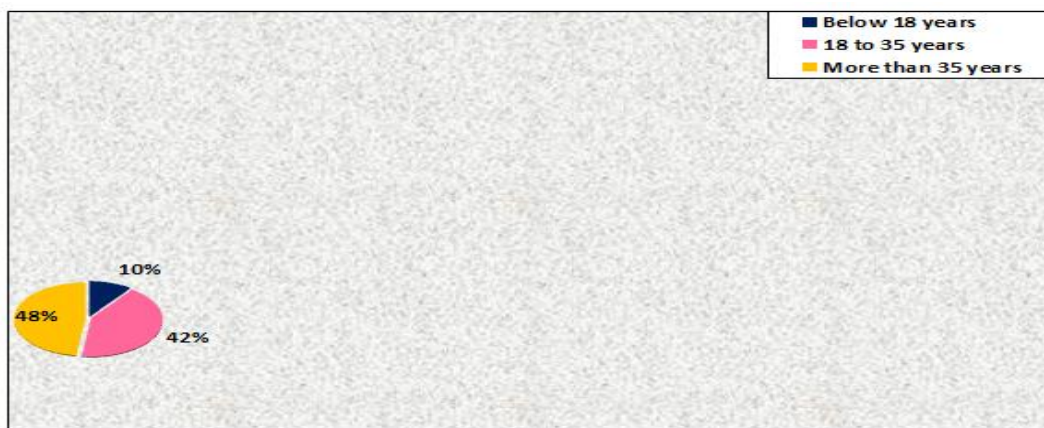

Figure 1. Percentage distribution of age of the patients recovered with COVID-19.

Table 2. Frequency and percentage distribution of level of anxiety among patients recovered from COVID-19.

Level of anxiety	No.	%
Mild (≤ 50%)	31	62
Moderate (51-75%)	19	38
Severe (>75%)	-	-

The above Table 2 shows that 31 (62%) had mild anxiety and 19 (38%) had moderate level of anxiety among patients recovered from COVID-19 (Figure 2 and Table 3).
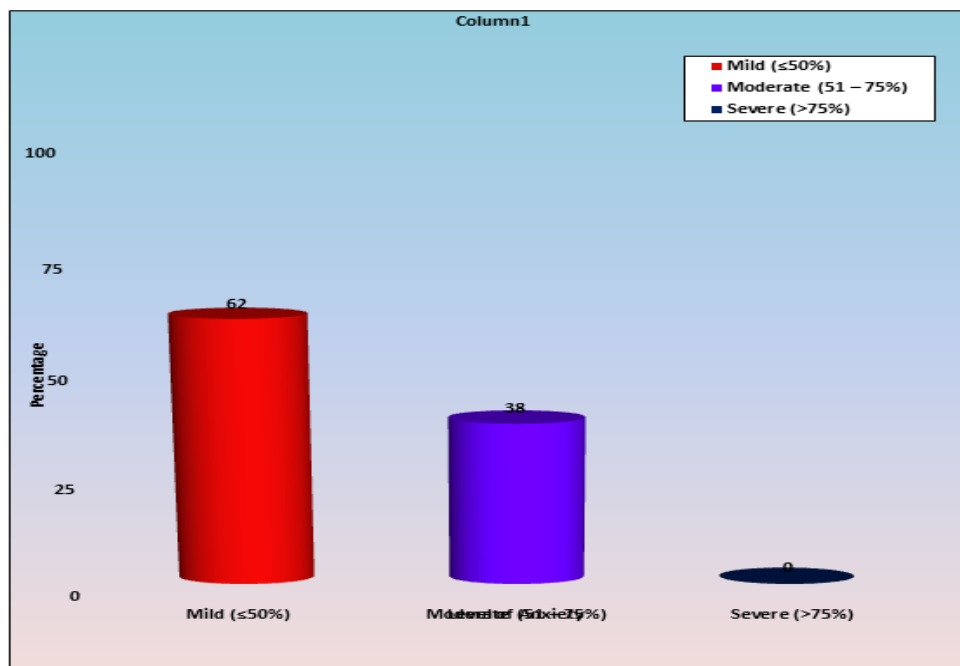

Figure 2. Percentage distribution of level of anxiety among patients recovered from COVID-19.

Table 3. Assessment of anxiety scores among patients recovered from COVID-19.

Level of anxiety	Mean
Minimum Score	13
Maximum Score	40
Mean	26.76
Standard Deviation	5.76

The Table 3 portrays that the mean score of anxiety among patients recovered from COVID-19 was 26.76 with standard deviation 5.76 with minimum score of 13.0 and maximum score of 40.0 (Table 4) [21-24].

Table 4. Association of level of anxiety among patients recovered from COVID-19 with their selected demographic variables.

Demographic variables	Mild		Moderate		Severe		Chi-square value
	No.	%	No.	%	No.	%	
Age							X^2=3.270 d.f=3 p=0.194 N.S
Below 18 years	3	6	2	4	-	-	
18 to 35 years	16	32	5	10	-	-	
More than 35 years	12	24	12	24	-	-	

Sex							
Male	17	34	11	22	-	-	X^2=1.399 d.f=2 p=0.497 N.S
Female	13	26	6	12	-	-	
Others	1	2	2	4	-	-	
Religion							X^2=1.770 d.f=2 p=0.413 N.S
Hindu	23	46	12	24	-	-	
Christian	3	6	1	2	-	-	
Muslim	5	10	6	12	-	-	
Others	-	-	-	-	-	-	
Education							X^2=3.538 d.f=2 p=0.170 N.S
Primary school	9	18	10	20	-	-	
Secondary school	6	12	4	8	-	-	
Higher secondary school	16	32	5	10	-	-	
Graduate	-	-	-	-	-	-	
Occupation							X^2=4.967 d.f=3 p=0.174 N.S
Daily wages	7	14	10	20	-	-	
Farmer	4	8	2	4	-	-	
Private employee	13	26	4	8	-	-	
Government employee	7	14	3	6	-	-	
Marital status							X^2=0.595 d.f=2 p=0.743 N.S
Married	17	34	12	24	-	-	
Unmarried	13	26	6	12	-	-	
Divorced	1	2	1	2	-	-	
Place of residence							X^2=0.734 d.f=2 p=0.693 N.S
Rural	8	16	6	12	-	-	
Urban	17	34	11	22	-	-	
Semi-rural	6	12	2	4	-	-	
Semi-urban	-	-	-	-	-	-	
Type of family							X^2=0.085 p=0.771 N.S
Nuclear family	15	30	10	20	-	-	
Joint family	16	32	9	18	-	-	
N.S: Not Significant							

The Table 4 shows that none of the demographic variables had shown statistically significant association with level of anxiety among patients recovered from COVID-19.

Conclusion

The analysis revealed that majority of the COVID-19 had mild to moderate anxiety. The findings of the study can help design such interventions so that people who have seen their psychological health diminished during the pandemic can better cope with this difficult situation around the world.

Conflict of Interest

Author declares no conflict of interest.

References

1. Rodríguez-Hidalgo AJ, Pantaleón Y, Dios I, Falla D. Fear of COVID-19, Stress, and Anxiety in University Undergraduate Students: A Predictive Model for Depression. Front Psychol. 2020; 11:591797.

2. Saddik B, Hussein A, Sharif-Askari FS, Kheder W, Temsah MH, et al. Increased Levels of Anxiety among Medical and Non-Medical University Students during the COVID-19 Pandemic in the United Arab Emirates. Risk Manag Healthc Policy. 2020; 13:2395–2406.

3. Roy D, Tripathy S, Kar SK, Sharma N, Verma SK, et al. Study of knowledge, attitude, anxiety and perceived mental healthcare need in Indian population during COVID-19 pandemic. Asian J Psychiatr. 2020; 51:102083.

4. Arshad MS, Hussain I, Nafees M, Majeed A, Imran I, et al. Assessing the impact of COVID-19 on the mental health of healthcare workers in three metropolitan cities of Pakistan. Psychol Res Behav Manag. 2020; 13:1047.

5. Khoshaim HB, Al-Sukayt A, Chinna K, Nurunnabi M, Sundarasen S, et al. Anxiety Level of University Students during COVID-19 in Saudi Arabia. Front Psychiatry. 2020; 11:579750.

6. Basheti IA, Mhaidat QN, Mhaidat HN. Prevalence of anxiety and depression during COVID-19 pandemic among healthcare students in Jordan and its effect on their learning process: A national survey. PLOS ONE. 2021; 16(4): 0249716.

7. Liang L, Ren H, Cao R, Hu Y, Qin Z. The Effect of COVID-19 on Youth Mental Health. Psychiatr Q. 2020; 91(3):841–852.

8. Varshney M, Parel JT, Raizada N, Sarin SK. Initial psychological impact of COVID-19 and its correlates in Indian Community: An online (FEEL-COVID) survey. PloS one. 2020;15(5): 0233874

9. Islam MA, Barna SD, Raihan H, Khan MN, Hossain MT. Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross sectional survey. PLoS One. 2020; 15(8): 0238162

10. Madjunkov M, Dviri M, Librach CA. comprehensive review of the impact of COVID-19 on human reproductive biology, assisted reproduction care and pregnancy: a Canadian perspective. J Ovarian Res. 2020; 13(1):1-8.

11. Prasad M, Rajagopal P, Devarajan N, Veeraraghavan VP, Palanisamy CP, et al. A comprehensive review on high -fat diet-induced diabetes mellitus: an epigenetic view. J Nutr Biochem. 2022; 107:109037

12. Saravanakumar K, De Silva S, Santosh SS, Sathiyaseelan A, Ganeshalingam A, et al. Impact of industrial effluents on the environment and human health and their remediation using MOFs-based hybrid membrane filtration techniques. Chemosphere. 2022; 307:135593.

13. Babu S, Krishnan M, Veeraraghavan VP, Jayaraman S. Role of salivary miRNAs in the diagnosis and prognosis of head and neck squamous cell carcinoma. Oral Oncol. 2022; 132:105993.

14. Renu K, Veeraraghavan VP, Patil S, Gopalakrishnan AV. The peroxisome proliferator-activated receptor-alpha (PPAR-α): A new therapeutic target for oral cancer. Oral Oncol. 2022; 132:106007.

15. Prasad M, Jayaraman S, Veeraraghavan VP. An intriguing role of circular RNA in insulin resistance and endothelial dysfunction: the future perspectives. Hypertens Res. 2022; 45(11):1843-1845.

16. Kullappan M, Benedict BA, Rajajagadeesan A, Baskaran P, Periadurai ND, et al. Ellagic

Acid as a Potential Inhibitor against the Nonstructural Protein NS3 Helicase of Zika Virus: A Molecular Modelling Study. Biomed Res Int. 2022; 2022:2044577.

17. Mony U, Veeraraghavan VP. Cerenkov luminescence imaging: A future nuclear imaging modality of head and neck oncology patients in low income countries? Oral Oncol. 2022; 130:105923.

18. Pazhani J, Jayaraman S, Veeraraghavan VP, Somasundaram DB, Raj AT, et al. Targeting cancer associated fibroblasts-A TGF-β based immunotherapy for head and neck squamouscellcarcinoma. Oral Oncol. 2022;1 30: 105899.

19. Pei J, Umapathy VR, Vengadassalapathy S, Hussain SFJ, Rajagopal P, et al. A Review of the Potential Consequences of Pearl Millet (*Pennisetum glaucum*) for Diabetes Mellitus and other Biomedical Applications. Nutrients.2022;14(14):2932.

20. Sujatha G, Veeraraghavan VP, Alamoudi A, Bahammam MA, Bahammam SA, et al. Role of Toothbrushes as Gene Expression Profiling Tool for Oral Cancer Screening in Tobacco and Alcohol Users. Int J Environ Res Public Health. 2022; 19(13):8052.

21. Hu A, Alarfaj AA, Hirad AH, Veeraraghavan VP, Surapaneni KM, et al. Chitosan-sodium alginate-polyethylene glycol-crocin nanocomposite treatment inhibits esophageal cancer KYSE-150 cell growth *via* inducing apoptotic cell death. Arab J Chem. 2022; 15(6): 103844.

22. Wei W, Li R, Liu Q, Seshadri VD, Veeraraghavan VP, et al. Amelioration of oxidative stress, inflammation and tumor promotion by Tin oxide-Sodium alginate-Polyethylene glycol-Allyl isothiocyanate nanocomposites on the 1,2-Dimethylhydrazine induced colon carcinogenesis in rats. Arab J Chem. 2021;14(8):103238,

23. Zhao Y, Dang M, Zhang W, Lei Y, Ramesh T, et al. Neuroprotective effects of Syringic acid against aluminium chloride induced oxidative stress mediated neuroinflammation Yuanzheng in rat model of Alzheimer's disease. J Funct Foods.2020;71: 104009.

24. Mony U, Priya Veeraraghavan V. "Rules" to the genetic progression of tumours deciphered: Is it time to think differently in treating oral cancer patients? Oral Oncol. 2022; 134:106111.

Correspondence author: Alfred Solomon D, Department of Biochemistry, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, India

Email: Solomonalfred88@gmail.com