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IMPACT OF THE COVID-19 PANDEMIC ON AN ANXIETY SYMPTOM AMONG GROUP OF IRAQI PATIENTS

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ABSTRACT

Introduction: Coronavirus disease 2019 (covid-19), commonly known as the coronavirus or covid, is an infectious illness caused by the coronavirus 2 that causes severe acute respiratory syndrome (SARS-COV-2) in December of this year, the first known case was discovered in Wuhan, China since then, the disease has spread worldwide, resulting in a pandemic. **Method:** In this study we use Overall Anxiety Severity and Impairment Scale (OASIS) as professional lead tool to assess anxiety among our sample of COVID-19 patients. **Results:** the level of anxiety when the patients know that they have covid19 we found for level 1 (26.3%) The highest level and level 5 (16.2%) and level 10(12.1%). Level 1(15.2%), level 8 (17.2%) and level 10(24.2%), We notice an increase in the level of fear/anxiety when the patient to move hospital. Level 1(14.1%) and level 5(12.1%) and level10(25.3%), We notice a significant increase in the level of fear/anxiety when the patient to move CT unity. Level 1 (10.1%) and level 8(11.1%) and level 10 (39.4%), We notice a significant increase in the level of fear/anxiety when the patient to move oxygen (O^2) therapy. level 1 (37.8%) AND level 5(9.2%) and level 8(6.1%), We notice decrease in the level of fear/anxiety when the patient recovering from infection. level 2 and level 9 in the table to which did kruskal wallis test to analysis all patient we found no significant difference. level 1 (11.1%) and level 10 (45.5%) We notice a significant increase in the level of fear/anxiety when the patient move to CPAP. **Conclusion:** the level of anxiety/fear increasingly elevated in peoples who know their infection with covid19, moving to hospital, to put on O^2, to C/T and putting on CPAP, but decease level of anxiety/fear in discharging to home and recovering. In the result, it was found that there is no difference in the level of fear or anxiety among patients with corona disease.

KEYWORDS: Impact of the COVID-19 pandemic on an anxiety symptom among group of Iraqi patients.

INTRODUCTION

Coronavirus disease 2019 (covid-19), commonly known as the coronavirus or covid, is an infectious illness caused by the coronavirus 2 that causes severe acute respiratory syndrome (SARS-COV-2) in December of this year, the first known case was discovered in Wuhan, China.[1] since then, the disease has spread worldwide, resulting in a pandemic.[2] In Iraq first case was reported in February 2020.[3] The onset of the coronavirus disease 2019 (covid-19) pandemic has impacted day-to-day patient life with constraints on social norms like physical separation, mask wearing, and regular hand washing.[4] Patients are experiencing a mental health crisis as a result of these limits, which are compounded by widespread worry and worry. covid-19-related anxiety, dread, and panic can cause powerful feelings and reactions.[5] in the last 20 years, there have been various viral infections, including severe acute respiratory syndrome (SARS) in 2003, influenza virus with the H1N1 subtype in 2009, and others in 2012, the middle east respiratory syndrome (MERS) emerged, followed by the Ebola virus in 2014.[6] Aside from the physical affects, covid-19 can have a negative influence on people's mental health; the most common mental illnesses (generalized anxiety disorder, panic disorder/agoraphobia, social anxiety disorder, and others) are associated with a high burden of disease. In basic care, anxiety disorders are frequently misdiagnosed and undertreated. When a patient exhibits significant discomfort or suffers from problems because of the disease, treatment is recommended. psychotherapy, medication, or a combination of the two should be used to treat anxiety disorders.[7] The psychological effects of this epidemic are increasingly being highlighted in the scientific literature, in addition to the physical health,

economic, and societal ramifications [7]. According to a recent study, persons who are infected with covid-19 are more likely to suffer from depression, anxiety disorders, stress, panic attacks, irrational anger, impulsivity, somatization disorder, sleep difficulties, emotional disturbance, and posttraumatic stress symptoms. as well as suicidal ideation. For example, showed a predicted rise in suicide cases in Canada from 418 to 211.[8] The same outcome (i.e., growing suicide rates) has been recorded in the United States, Pakistan, India, France, Germany, and Italy.[9] Separate lines of study have also found an increase in psychological discomfort in the general population, those with mental illnesses, and healthcare staff.[10] Furthermore, age, marital status, education, occupation, income, place of residence, close contact with people who have covid-19, comorbid physical and mental health problems, exposure to covid-19-related news and social media, coping styles, stigma, psychosocial support, health communication, and confidence in one's own abilities are all found to be associated with mental health problems in covid-19. More, the epidemiological distribution of mental health disorders and related variables differed between the general population, and covid-19 patients. as well as healthcare professionals.[11] The goal of this study is to determine anxiety level among patients during the covid-19 pandemic.

METHOD

In this study we use Overall Anxiety Severity and Impairment Scale (OASIS) as professional lead tool to assess anxiety among our sample of COVID-19 patients.[12] Kruskal-Wallis statistical test was used in addition to Chi-square method test used throughout this study. Patients selected carefully and assessed for psychological conditions before conducting the study.

RESULTS AND DISCUSSION

Data collected and analyzed accordingly and represented by question as following:

According to our results, gender represent as follow: According to our study, regarding the questionnaire about the age we found the largest percentage is between the ages of 20-30 years. The questions were distributed equally, not within a certain group.

Table (1): Gender distribution among result.

Gender	**male**	54	55.10
	female	44	44.90

Age represented as:

Character	Frequency	Percentage
Age:		
20-30	**87**	**88.78**
30-40	**3**	**3.06**
40-50	**2**	**2.04**
50-60	**6**	**6.12**

In this study we use Overall Anxiety Severity and Impairment Scale (OASIS) as professional lead tool to assess anxiety among our sample of COVID-19 patients. The amount of fear and anxiety/worry is usually much more than other people seem to experience in the same situation.

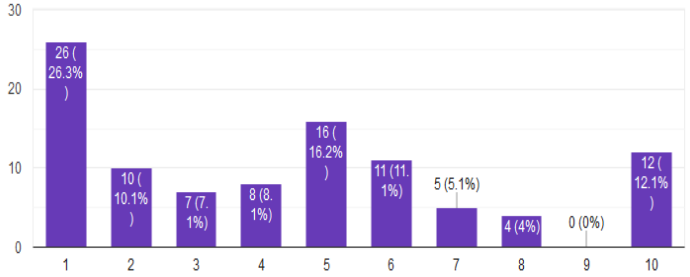

Figure 1: Level of anxiety assessment when you know that you have covid19.

According to our study regarding the questionnaire about the level of anxiety when the patient you know that you have covid19 we found for level 1 (26.3%) The highest level and level 5 (16.2%) and level 10 (12.1%). We notice low level of fear/anxiety when the patient you know that you have covid19. There are many studies on anxiety among health staff, and no one has addressed the extent of the patient's anxiety.[13]

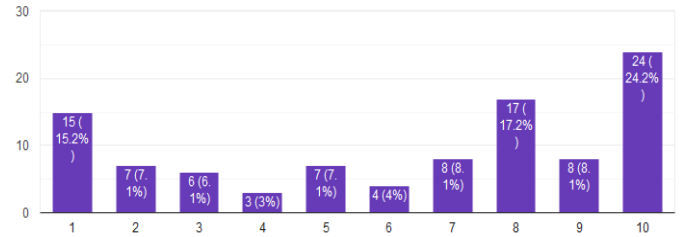

Figure 2: Level of anxiety assessment when patient is hospitalized.

According to our study regarding the questionnaire about the level of anxiety when the patient to move hospital, we found for level 1(15.2%) and level 8 (17.2%) and level 10(24.2%). We notice an increase in the level of fear/anxiety when the patient to move hospital, this is the same result with pfefferbaum and et. al.[14]

Level of anxiety when patient went through CT scan

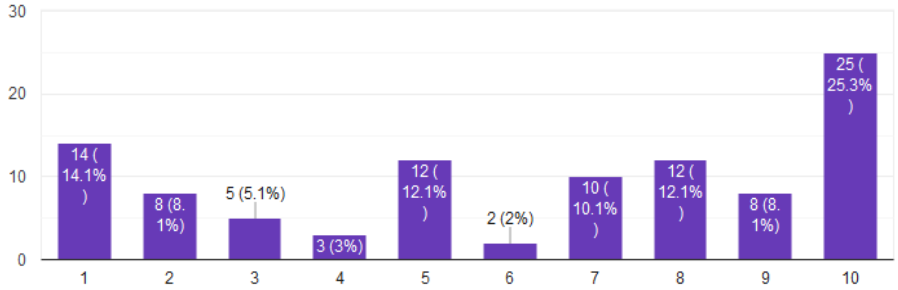

Figure 3: Level of anxiety when patient went through CT scan.

According to our study regarding the questionnaire about the level of anxiety when the patient to move CT unity, we found for level 1(14.1%) and level 5(12.1%) and level 10 (25.3%), We notice a significant increase in the level of fear/anxiety when the patient to move CT unity.

Level of anxiety when patient needs oxygen (O^2) therapy

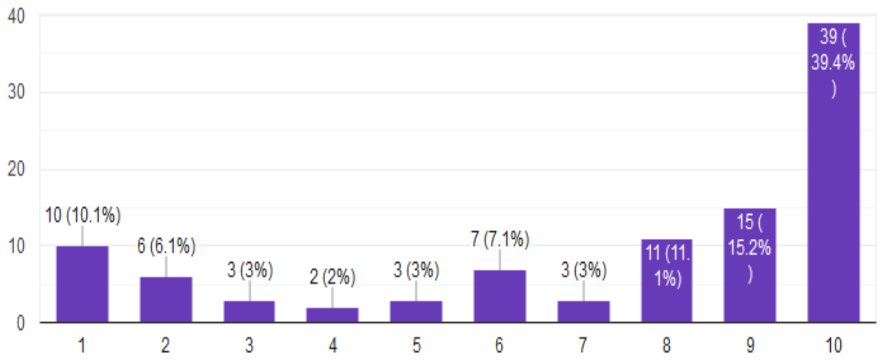

Figure 4: Level of anxiety when patient needs oxygen (O^2) therapy.

According to our study regarding the questionnaire about the level of anxiety when the patient to move oxygen (O^2), we found for level 1 (10.1%) and level 8 (11.1%) and level 10 (39.4%). We notice a significant increase in the level of fear/anxiety when the patient to move oxygen (O^2) therapy.

Level of anxiety when patient on CPAP

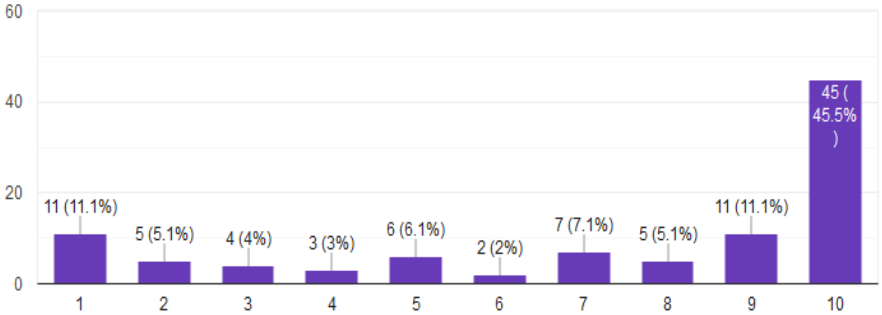

Figure 5: Level of anxiety when patient on CPAP.

According to our study regarding the questionnaire about the level of anxiety When placing the patient on a device CPAP, we found for level 1 (11.1%) and level 10 (45.5%). We notice a significant increase in the level of fear/anxiety when the patient to move CPAP. We notice a significant increase in the level of fear or anxiety with each stage of the disease.

Level of anxiety when the patient recovering from infection

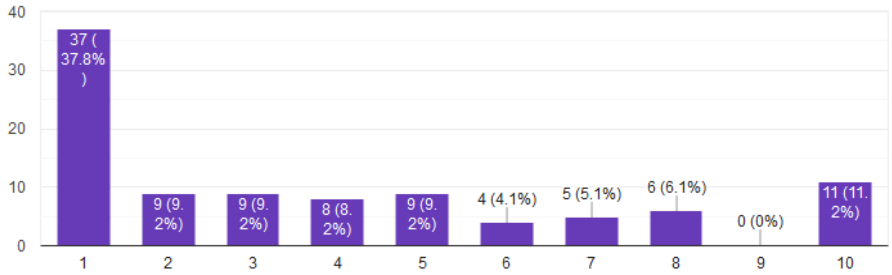

Figure 6: Level of anxiety when the patient recovering from infection.

According to our study, regarding the questionnaire about the level of anxiety when the patient to move home stone us found level 1 (37.8%) IN ADDITION, level 5 (9.2%) and level 8(6.1%). We notice decrease in the level of fear/anxiety when the patient recovering from infection. We found for level 1(54.5%) and level (8.1%) and level 10 (3%). We notice decrease in the level of fear/anxiety when the health condition improves.

Aaccording to our study regarding the questionnaire about the level of anxiety when the health condition improves

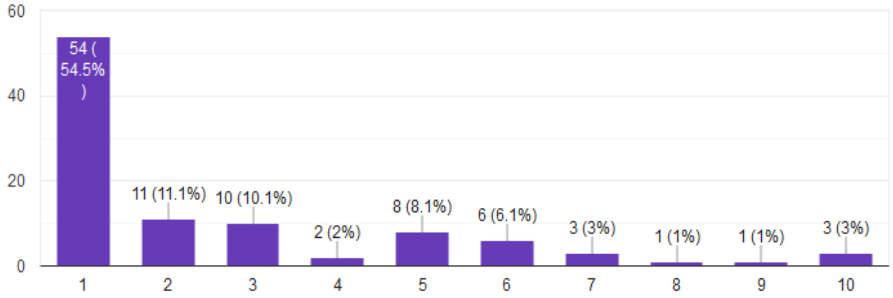

Figure 7: Level of anxiety when the health condition improves.

Distribution of anxiety (from 1 to 10) among COVID-19 patients during different stages of illness, N = 98. Difference was not significant in anxiety levels during different stages of sickness as indicated by Kruskal-Wallis test.

Table 3: The rate of transmission of infection to other family members.

Did you infect other family members?		
- Yes	**20**	**20.41**
- No	**78**	**79.59**

Table 4: Distribution of anxiety (from 1 to 10) among COVID-19 patients.

Anxiety level	Diagnosis	Hospital admission	CT scan	Getting O2	Getting CPAP	In home quarantine	Getting better	P -value
1	26	14	14	10	11	38	54	0.747 Not significant
2	10	7	8	6	5	9	11	
3	6	6	5	3	4	9	10	
4	8	3	3	1	3	7	2	
5	16	7	12	3	5	9	7	
6	11	4	1	7	2	4	6	
7	5	8	10	3	7	5	3	
8	4	17	12	11	5	6	1	
9	0	8	8	15	11	0	1	
10	12	24	25	39	45	11	3	

According to our study regarding the questionnaire about the level of anxiety We note that there are patients between level 2 and level 9 in the table to we did kruskal wallis test to analysis all patient we found no significant difference. In the result, after collecting all patient data (100) according to kruskal wallis, it was found that there is no difference in the level of fear or anxiety among patients with corona disease.

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Conflict of interest: None declared.

Ethical approval: the Institutional Ethics Committee approved the study.

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