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First Suicidal Attempt Due To Fear of COVID-19. A Case Report from Kashmir

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Abstract

The emergence of novel coronavirus 2019 (COVID-19) pandemic has become a global concern and created several challenges for the general public and the health care workers across the World. The psychological issues due to COVID-19 are depressive episodes, severe anxiety and transient acute stress reactions, adjustment disorders, post-traumatic stress disorder generalized fear, anxiety and even suicidality. We are presenting a case of health care worker who attempted suicide related to apprehension of developing COVID-19. Mental health professionals along with other medical professionals need to aware people about the risk factors and identify high-risk individuals especially health care workers. Integrating mental health interventions within the framework of public health epidemic preparedness measures to provide psychosocial support is need of the hour.

Introduction

The emergence of novel coronavirus 2019 (COVID-19) pandemic has become a global concern and created several challenges for the general public and the health care workers across the World. This new virus seems to be very contagious and has quickly spread globally. As per the International Health Regulations (IHR, 2005), the outbreak was declared by the WHO a pandemic as it had spread across the globe reporting human-to-human transmission. COVID-19 pandemic creating worry about the grave consequences of this potentially deadly virus and experiencing a range of negative emotions across the globe. [1]

Many studies including WHO have highlighted the importance of mental health issues during COVID-19. These issues involving individuals as well as their family members and in particular healthcare workers. The mental health issues highlighted including rejection, loneliness, alienation or isolation, depressive episodes, severe anxiety and transient acute stress reactions and even increase in domestic violence has been seen.[2],[3],[4][5] Late effects that have been reported include pathological grief, depression, adjustment disorders, post-traumatic stress disorder generalized fear, and anxiety. These individuals if not treated on time may lead to suicidal behaviors (e.g., suicidal ideation, suicide attempts, and completed suicide.[6],[7] with no end to the pandemic in sight mental health professionals across the world need to be aware of these manifestations, their correlates, and strategies to manage them that encompass the needs of specific populations.[8] Here we are presenting a case who attempted suicide related to apprehension of developing COVID-19.

Case Report

A 29 year old Muslim male, unmarried, educated, resident of urban area working as a nursing assistant in a tertiary care hospital. Patient was premorbidly well-adjusted, was working in medical ICU as a nursing assistant and was performing his duties efficiently since 4 years. Patient presented with the alleged history of consumption of 20 tablets of 1mg of Lorezepam to the emergency department with symptoms of vomiting, epigastric pain, chest discomfort and drowsiness. On admission patient's vitals (pulse, blood pressure, respiration rate, and body temperature) were within normal range. He was restless but communicative. The patient was given bowel wash and management was started. Laboratory investigations such as complete hemogram, serum urea and creatinine, liver function tests, random blood glucose, electrocardiogram, and arterial blood gas analysis were all within normal limits. After stabilization of the patient's condition psychiatric consultation was sought. Exploration of history revealed that patient was doing well 4 weeks back, when he was being put on covid 19 duty roster. Initially he started with mild anxiety with the fear of being infected with COVID-19. His anxiety/ apprehension increased when he came to know through media regarding health workers/frontliners being the most vulnerable population to get infected. On the first day of duty he was restless and after coming back from his shift his hands were trembling, having crying episodes, restlessness and palpitations. He did not sleep for whole night then next day while going for another shift he was having fear of contracting infection in addition to the above symptoms. These symptoms prevailed throughout his duty hours. After completion of his covid-19 duty he immediately isolated himself and went for quarantine in a separate room at home because of fear of spreading the infection to his family members. He was asked to inform the hospital authority if he develops any symptoms suggestive of COVID-19 infection (which was well-explained to him). During his first week of quarantine he started with sadness of mood, lack of interest, insomnia, restlessness, palpitations, lethargy, decreased appetite and thought that he might infect his elderly parents. Then after one week he contacted a psychiatrist on telephone and was put on medication which he took for 1 week but there was no improvement in symptoms. In addition to above mentioned symptoms he developed hopelessness and was preoccupied with suicidal thoughts. He would remain extremely anxious and preoccupied with the thoughts that he should finish himself so that his family members are safe. Then after 14 days of quarantine he was being seen by another psychiatrist and antidepressant with anxiolytics was prescribed. He took this medication for another week but symptoms were exacerbated and he was having intense suicidal ideations. Then on the 10th day of this treatment the suicidal thoughts were so intense that he consumed 20 tablets of lorazepam to finish himself. He was immediately brought to the emergency department of our hospital and was managed as per the protocol. There was no past history of psychiatric illness/suicidal attempt. No history of substance use/abuse There is a family history of psychiatric illness in father who is on treatment (tab. Venlafaxine 75 mg once a day since 10 years and was given the diagnosis of Generalised Anxiety Disorder. On mental status examination, patient was conscious, oriented to person, place and time. His memory was intact; psychomotor activity was normal; and speech was coherent and goal-directed. Mood was sad, Affect was congruent with mood. Ideas of hopelessness and helplessness was present. Suicidal ideation was present. No delusions present, There was no hallucinations present. Insight was intact. He was being prescribed adequate doses of antidepressants sertraline with low dose of

antipsychotic Olanzapine and was kept under supervision 24x7, psychotherapeutic sessions was started by the clinical psychologist. Patient improved with treatment over the next 2 week. A diagnosis of severe depression without psychotic symptoms was considered. The patient was discharged with advice to report for follow-up. On discharge patient's condition was better, no ideas of suicide were present, and mood improved. Later it was planned to continue antidepressants and supportive psychotherapeutic measures.

Discussion

The case under discussion highlights that the immediate impact of the COVID-19 pandemic on the mental health ranges from intense degree of fear, severe anxiety and depression due to apprehension that he and his family might get infected. In extreme cases patients may commit suicide. It is also very important to consider that the information overload through different sources of media which can also make people vulnerable to mental health issues as in our case. As the Corona virus continues to spread and lock-down has become the important way to decrease its communicability but it has resulted in multiple new stresses, including isolation, loneliness, the closure of many schools, economic vulnerability, job losses and increased risk of domestic violence.[9]

Therefore mental health professionals along with other medical professionals need to aware people about the risk factors and identify high-risk individuals especially health care workers in order to avoid the occurrence of extreme events such as impulsive acts, homicide or suicide.[10] Research suggest that health workers have been more likely to suffer from mental distress even before the COVID-19 pandemic. The reasons being the **l**onger shifts, mental and physical exhaustion and excessive work workload to most of the healthcare workers. This stress can even became compounded by posting in areas such as high dependency wards, ICU's[11],[12],[13],[14] But due to the emergence of COVID-19 pandemic the impact on mental health of healthcare workers is severe due to obvious direct threat of contracting infection and they worry about communicating the infection to the loved ones and family members - elderly parents, newborns and immune-compromised relatives.[15],[16]

Integrating mental health interventions within the framework of public health epidemic preparedness measures to provide psychosocial support and mental health care may give better results in controlling psychological manifestations due to COVID-19. Psychosocial interventions is need of the hour not only during the outbreak but also after the pandemic. Even if patients communicate from a distance because of safety precautions patients should feel that they are being heard with full attention to provide the best care possible. Patients should be educated to cope up with problems. It is also very important that the media houses to judiciously transmit the evidence based information about the COVID-19 infection, to avoid scare and panic in people. We would also recommend online-based mental health intervention programs as a way of promoting more reliable and authentic information about COVID-19 and its consequences, and making available possible telepsychiatry care, as suggested in recent papers.[17],[18],[19],[20]

Consent

The patient has consented to the publication of this report.

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