Psychological Intervention for COVID-19

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INTRODUCTION

• The psychological stress and symptoms of COVID-19 patients
• Confirmed COVID-19 patients often have symptoms such as regret and resentment, loneliness and helplessness, depression, anxiety and phobia, irritation and sleep deprivation.
• Some patients may have panic attacks.
• Psychological evaluations in the isolated wards demonstrated that, about 48% of confirmed COVID-19 patients manifested psychological stress during early admission, most of which were from their emotional response to stress.
• The percentage of delirium is high among the critically ill patients.
• There is even a report of encephalitis induced by the SARS-CoV-2 leading to psycho-physiological symptoms such as unconsciousness and irritability.
ASSESSING PSYCHOLOGICAL CRISIS

• Establishing a dynamic mechanism for evaluation and warning of psychological crisis, assess patient’s mental states (individual psychological stress, mood, sleep quality, and pressure) should be monitored every week after admission and before discharge.
May use the **Self-rating Psychometric Tools** include:

1. Self-Reporting Questionnaire 20 (SRQ-20),
2. Patient Health Questionnaire 9 (PHQ-9)
3. Generalized Anxiety Disorder 7 (GAD-7).
THE PEER-RATING TOOLS INCLUDE:

- Hamilton Depression Rating Scale (HAMD)
- Hamilton Anxiety Rating Scale (HAMA)
- Positive and Negative Syndrome Scale (PANSS).
- In a special environment as the isolated wards, guide patient to complete the questionnaires through their cell phones.
- Patient may be assessed through face-to-face, on telephone or online discussion.
INTERVENTION AND TREATMENT BASED ON THE ASSESSMENT

Principles of intervention and treatment are based on the severity of the treatment:

• Mildly ill patients, psychological intervention for psychological self-adjustment suggested include includes breathing and relaxation training, thought stopping, diversion therapy and mindfulness training.
MODERATE TO SEVERE ILLNESS

- Recommended Treatment & Intervention - Combination of medication and psychotherapy:
  - Antidepressants, anxiolytics and benzodiazepines may be prescribed to improve the patient’s mood and sleep quality.
  - The second generation antipsychotics such as olanzapine and quetiapine can be used to improve psychotic symptoms such as illusion and delusion.
PSYCHOTROPIC MEDICATIONS FOR THE MIDDLE-AGED OR ELDERLY PATIENT

COVID-19 in the middle-aged or elderly patients are often complicated by physical diseases such as hypertension and diabetes. Therefore, in the selection of psychotropic medications, the drug interactions and their effects on respiration must be fully considered.
Recommended Medication

- Depression: citalopram, escitalopram & other antidepressants
- Anxiety: benzodiazepines
- To improve sleep quality and psychotic symptoms: olanzapine, quetiapine etc.
SEVERE AND CRITICALLY ILL PATIENTS

• Severe and critically ill patients suffer from different degrees of dysfunction, especially respiratory insufficiency, dyskinesia and cognitive impairment during both acute and recovery stages. The goal of early intervention is to reduce breathing difficulties, relieve symptoms, ease anxiety and depression and lower the incidence of complications.
The intervention include:

- **Respiratory exercise:** This comprise Deep-Slow Breathing and Chest Expansion Breathing. Combined with shoulder expansion are the two major techniques of respiratory exercises.

- **Respiratory Exercises:** Increases the vital capacity and enhances lung function. They can fully expand the lungs, help the excretions from pulmonary alveoli and airway to expel into the large airway so that sputum would not accumulate at the bottom of the lungs.
Reference

• Tingbo LIANG Ed. (2020) *Handbook of COVID-19 Prevention and Treatment*, The First Affiliated Hospital, Zhejiang University School of Medicine, China