

Short Communication

Epidemiology of psychiatric morbidity during the COVID-19 pandemic in Ecuador

Edison Cardenas Ortega*

Department of Public Health, Pontifical Catholic University of Ecuador, Quito, Ecuador.

Received: 25-Oct-2022, Manuscript No. IJMSA-22-78993; Editor assigned: 28-Oct-2022, Pre-QC No. IJMSA-22-78993 (PQ); Reviewed: 15-Nov-2022, QC No IJMSA-22-78993; Revised: 22-Nov-2022, Manuscript No. IJMSA-22-78993 (R); Published: 01-Dec-2022

ABOUT THE STUDY

The SARS-CoV-2 coronavirus pandemic, which in turn produces the disease known as COVID-19, has had a regional, national and local impact, in terms of economic (loss of jobs), social (increase in poverty and unemployment indicators) and health impacts, particularly in developing countries (Pan American Health Organization, 2021). In this regard, in several Latin American countries, health services were reorganized, especially in general and specialty hospitals, to which financial, human and technological resources were directed for the care of people with the disease (Gomez et al., 2021).

From the beginning of the pandemic, COVID-19 information was based on epidemiological and clinical indicators of the disease, leaving aside the possible effects on the mental health of the general population, and particularly on health personnel, considered as the first line of care for patients with this disease, perceived through a higher level of stress, manifested in sleep disturbances, psychosomatic conditions, feelings of fear, dread, despair, among other symptoms, which could configure a mental disorder, such as anxiety, depression, reaction to severe stress, and even post-traumatic stress (Huarcaya, 2020). It is even considered that from the beginning of the pandemic until the year 2021, at least 2379335 cases have been reported in health care workers, including 12898 deaths in countries and territories of the America.

In this regard, according to studies of psychiatric morbidity developed in countries in Asia, Europe and North America, the psychological impact of the pandemic on health personnel was considerable, especially due to the high perception of risk involved in the care of patients with this disease, ranging up to 44% in the case of anxiety, and 25% in depression (Danet, 2021; Garcia-Iglesias et al., 2020). These percentages are higher according to the findings of studies carried out in

South American countries, such as Colombia, Paraguay and Argentina, where depressive symptomatology ranges from 30.5%-50.4% and anxiety from 36.8% to 72.9% (Bedoya et al., 2021; Samaniego et al., 2020; Melendi et al., 2021). This variability in the results has to do, among other factors, with the use of screening instruments, such as the General Health Questionnaire (GHQ), the Patient Health Questionnaire (PHQ), the Self Reporting Questionnaire (SRQ), or the Depression Anxiety Stress Scales (DASS), most of them applied in virtual modality, through electronic forms, due to the restrictions in personal contact caused by the pandemic.

In the case of Ecuador, on March 16, 2020, the national authority declares a health emergency, which, at the level of the general population, orders the restriction of mobility, with the respective distancing of family and social support networks, and in the health sector, that public facilities ensure timely and effective medical care for the diagnosis and treatment of users or patients affected with COVID-19, so that economic and human resources are prioritized to achieve it; the relocation of personnel to direct care services for patients affected by COVID-19, the increase in the workload and work schedule, and the fear of their own and their family's contagion, meant a higher level of stress, and even the presence of mental disorders.

According to psychiatric prevalence studies carried out in healthcare personnel, the results show differences in anxious and depressive symptomatology with respect to the findings obtained from studies in the general population; even in those in which the same instruments (PHQ; GAD) are applied, in which the symptoms of depression in healthcare personnel are 27.3% and in the population 20.3%; likewise in those of anxiety, with 39.2% compared to 22.5% in the general population (Pazmino et al., 2020; Paz et al., 2020; Tusev et al., 2020; Naranjo Hidalgo et al., 2021; Penafiel Leon et al., 2021; Paz, et al., 2021; Cardenas E et al., 2021) (Table 1).

*Corresponding author. Edison Cardenas Ortega, E-mail: javosalud12@gmail.com.

Table 1. Studies of psychiatric prevalence in Ecuador period 2020-2022.

Author	Year	Place	Age	Unit	N	Instruments	Results
Pazmino- Erazo, E. et al.	2020	Countr y	18+	Health personnel	1028	PHQ-9 GAD-7 ISI EIE	27.3% depressive symptoms, 39.2% anxiety symptoms, 16.3% insomnia, 43.8% Posttraumatic Stress Disorder symptoms.
Paz, C. et al.	2020	Countr y	18+	General populatio n	759	PHQ-9 GAD-7	22.5% moderate to severe anxiety symptoms,
20.3% moderate to severe depressive symptoms	92.5	92.5	92.5	92.5	92.5	92.5	92.5
Tusev, A. Tonon, L. Capella, M, et al.	2020	Countr y	21+	General populatio n	789	DASS-21	19.4% severe symptoms anxiety, 10.3% severe symptoms depression, 13.5% severe symptoms stress.
Naranjo, T.	92.5	92.5	92.5	92.5	92.5	92.5	92.5
Poveda, S, et al.	2021	Countr y	18+	Health personnel	400	HADS	46.40% anxiety symptoms,
34.50% symptoms of depression.	92.5	92.5	92.5	92.5	92.5	92.5	92.5
Peñañiel-	92.5	92.5	92.5	92.5	92.5	92.5	92.5
León, J. et al.	2021	Azuay	18+	Health personnel	92	STAI	32% anxiety status, 50% depression state
Paz, C. et al.	2022	Galápa gos	18+	General populatio n	369	PHQ-9 GAD-7 PSS-10	4% anxiety, 3.65% depression, 52% perceived stress level

CONCLUSION

Nevertheless, these results in the general population, in terms of anxious and depressive symptomatology, are lower than those obtained in studies before the pandemic, where anxiety was between 32.1% and 72.2% and depressive symptomatology ranged from 6.2% to 50.2%. Although it should be noted that the particularities of these studies-pre and pandemic-are similar, and refer to their heterogeneity in the use of instruments-mostly screening instruments, diagnostic classification systems, subjects and sample calculation, to which is added, in the case of those conducted during the pandemic, the application of instruments by means of online forms. As conclusions, it was evidenced that the levels of anxiety, depression and stress were higher in health personnel responsible for the direct care of people with COVID-19, compared to the general population. In addition, the heterogeneity in the methodology used in these studies is similar to that used in research prior to the pandemic, which may have a direct impact on the results.

REFERENCES

1. Ardila-Gomez S, Fernandez M, Matkovich A (2021). Repercussions of COVID-19 on psychiatric inpatient care in Latin America and the Caribbean. *Rev Colomb Psiquiatr.* 1-7.
2. Bedoya J, Pulido J, Garcia J, Aguirre D, Cardeno C (2021). Factors associated with the intensity of anxious and depressive symptoms in health personnel from two reference centers for the care of patients with COVID-19 in Antioquia, Colombia. A latent class analysis. *Rev Colomb Psiquiatr.* 10.
3. Cardenas E, Parada B (2021). Epidemiology of psychiatric morbidity in Ecuador. *Spiritus Medical Gazette.* 23(2):53-65.
4. Danet A (2021). Psychological impact of COVID-19 pandemic in Western frontline healthcare professionals. A systematic review. *Med Clin (Barc).* 156:449-4458.
5. Garcia Iglesias J, Gomez Salgado J, Martín Pereira J (2020). Impact of SARS-CoV-2 (Covid-19) on the mental health of healthcare professionals: A systematic review. *Rev Esp Pub Health.* 94:20.
6. Huarcaya J (2020). Mental health considerations in the COVID-19 pandemic. *Rev Peru Med Exp Salud Publica.* 37(2):1-8.
7. Melendi J (2021). Outlines on mental disorders related to stress in health personnel during the COVID-19 pandemic in Argentina. *Rev Mercosur Políticas Soc.* 5(1):74-103.

8. Naranjo Hidalgo T, Poveda Rios S (2021). Anxiogenic and depressive behaviors in Ecuadorian health personnel in the face of the covid-19 emergency. *Electronic Med J.* 43(5):1-12.
9. Pazmino Erazo E, Alvear Erazo M, Saltos Chavez G, Pazmino Pullas D (2021). Factors related to psychiatric adverse effects in health personnel during the COVID-19 pandemic in Ecuador. *Rev Colomb Psiquiatr.* 50(3).
10. Pan American Health Organization (2021). The prolongation of the health crisis and its impact on health, the economy and social development.
11. Paz C, Mascialino G, Adana Diaz L (2020). Behavioral and sociodemographic predictors of anxiety and depression in patients under epidemiological surveillance for COVID-19 in Ecuador. *Plos One.* 15(9):1-14.
12. Paz C, Abiuso T, Adana diaz L, Rodriguez lorenzana A (2022). Psychological distress in the Galapagos Islands during the covid-19 pandemic. *Int J Public Health.* 67:1-8.
13. Penafiel Leon JE, Ramírez coronel AA, Mesa cano IC, Martínez suarez PC, de P, Católica U (2021). Psychological impact, resilience and coping of health personnel during the COVID-19 pandemic. *Venezuelan Archives of Pharma Therapeutics.* 40(3):2002-2011.
14. Samaniego A, Urzua A, Buenahora M, Vera Villarroel P (2020). Symptoms associated with mental health disorders in health workers in Paraguay: COVID-19 effect. *Rev Interam Psicol J Psychol.* 54(1): e1298.
15. Tusev A, Tonon L, Capella M (2020). Initial effects on mental health by the COVID-19 pandemic in some provinces of Ecuador. *Investigatio.* 15(15):11-22.