

THE IMPACT OF THE COVID-19 PANDEMIC ON THE MENTAL STATE OF PEOPLE WITH ALCOHOL ADDICTION SYNDROME

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Abstract. *The topic of the impact of stress factors on mental stability in people with alcohol addiction syndrome during the Covid-19 pandemic is the most relevant topic today. Social isolation, the death of relatives, the anonymity of the future, fear of illness together contributed to a new specific risk factor for the development of psychogenic diseases, as well as a deterioration in the situation in existing mental disorders. Restrictive measures related to COVID-19 have affected the substance use model in most countries, serving as an additional threat to the mental and physical health of the population.*

Keywords: *Covid-19 pandemic, stress factor, alcohol addiction syndrome, psychogenic illness, mental and physical health.*

Introduction. New strains of coronavirus have caused the SARS outbreak, which began in 2002, and the Middle East Respiratory Syndrome (Middle East respiratory syndrome) outbreak, which began in 2012 [1]. On 31 December 2019, the World Health Organization revealed several cases of SARS in Wuhan, China, which were later identified as the cause of the new coronavirus (SARS-CoV-2) [2].

With the spread of what is now known as COVID-19, data on neuropsychiatric manifestations began to increase [3].

In patients with COVID-19, cases of self – harm and suicide were reported in 49.06%, anxiety in 56.60%, sleep disorders in 67.92% and 24.53% [4]. Psychiatric symptoms, including post-traumatic stress disorder (PTSD), anxiety, and depression, were reported in patients with SARS-CoV-1 during SARS outbreaks, as well as 1 month, 1 year, 30 months or more after the disease [5].

In addition, symptoms of post-traumatic stress disorder, depression and anxiety are described in health workers during a certain epidemic, 2 months later and 2 and 3 years after the SARS epidemic, and among the general population during and after the epidemic [6].

It is not yet clear whether the viruses themselves or the immune response to them are the main cause of potential mental disorders. Interestingly, interleukin-1 (il-1), il-6, and tumor necrosis factor a (TNF-a) (cytokines involved in the immune response to influenza) promote activation of the hypothalamus–pituitary-adrenal axis [7-11].

Interferon-a is also involved in the immune response, a well-known side effect of cytokine that causes depressive disorder [12].

Cytokines have also been reported to cause decreased tryptophan, a precursor to serotonin. They stimulate indolamine-2,3-dioxygenase, which converts tryptophan to quinurenine, and make it unavailable for serotonin synthesis [13-17]. There is evidence that tryptophan and ultimately decreased serotonin levels play a role in the pathogenesis of depressive disorders [18]. When studying the possibility of viruses directly affecting the brain with the development of emotional disorders, it should be taken into account that both influenza viruses and coronaviruses are potentially neurotropic and isolated from the central nervous system [19-23].

In may 2020, the results of 43 studies on mental health assessment during the covid-19 pandemic were published [24]. This meta-analysis cited 2 studies that evaluated data from patients with confirmed COVID-19 infection and 41 studies that evaluated the indirect effects of the pandemic (2 – in patients with previously existing mental disorders, 20 – in medical staff and 19 – in a wide range of individuals). 2 studies involving patients with COVID-19 found high rates of post-traumatic stress disorder symptoms (96.2%) and significantly higher rates of depression ($p = 0,016$). Psychiatric symptoms have been reported to worsen in patients with pre-existing mental disorders [25-29].

Research among health professionals has found increased symptoms of depression, anxiety, psychological stress, and sleep quality disorders. Population-based studies have reported lower levels of psychological well-being and higher rates of anxiety and depression compared to cases prior to the covid-19 pandemic, but there was no difference between these symptoms in the early stages of the disease and 4 weeks after its debut. Many factors are related to the risk of psychiatric symptoms and/or low levels of psychological well-being, including female gender, poor health, and the presence of relatives infected with covid-19 [30-35].

Information on psychiatric symptoms among COVID-19 patients is listed in 2 studies [36]. In one of them, post-traumatic stress disorder was observed in 96.2% of 714 stable patients hospitalized.

Another Internet Cross-survey collected 7,236 volunteer data containing data on demographic data, COVID-19-related knowledge, with the aim of identifying general anxiety disorder (Gad), depressive symptoms, and sleep disorders. The total prevalence of Gad, depressive symptoms and sleep disorders in the population was 35.1; 20.1 and 18.2% respectively. Young people have reported that the prevalence of Gad and depressive symptoms is much higher than in older people. Medical personnel were more aware of poor sleep quality than other professional groups [37-39].

Using multidimensional logistic regression, it was found that age (<35 years old) and time spent learning about COVID-19 (≥ 3 hours/day) were associated with Gad and that healthcare workers were at high risk of low sleep quality [40]. The same findings were also cited in a previous study conducted during the SARS epidemic in Taiwan [41].

The purpose of the study. Studying the effects of environmental stressors in people undergoing inpatient treatment with alcohol addiction syndrome in a Narcological dispensary during a pandemic and identifying psychogenic diseases. Special attention is paid to the features of the manifestation of depression and anxiety.

Materials and methods. We used the transverse research method. The voluntarily notified questionnaire (n=122) was attended by patients between the ages of 20 and 60 who were receiving

inpatient treatment at the Altai territory Narcological dispensary in February – October 2021. The clinical and nosological structure of diagnosed diseases in patients included in the ICD-10 research sample includes:

1) mental and behavioral disorders caused by alcohol consumption. Addiction syndrome. (F 10.2) 74%;

2) mental and behavioral disorders caused by the use of opioids. Addiction syndrome. (F 11.2) 8%;

3) mental and behavioral disorders caused by the use of other psychostimulants. Addiction syndrome. (F 15.2) 18%.

Clinical and psychological research is based on the Mississippi PTSD scale (civil variant) and A. Beck's standard application for anxiety and depression was done using a primary diagnostic scale. Calculations were made using Microsoft Office Excel 2013, Epi Info 7.2 data processing software packages.

Results and their discussion. The results are from the analysis of the patient survey (n=122). The age of the respondents ranged from 20 to 60 years.

The number of men surveyed (64%) was higher than the number of women (36%). More than half (56%) of survey participants fell to people between the ages of 31-40, with about a third (27%) of patients aged 40-60, with the smallest (17%) being the proportion of younger patients (20-30 years). Education Level: 16% of respondents have a higher education, 43,5% have a secondary special education, 39,5% have a secondary education, and 2% have an incomplete secondary education. 24% of 122 patients had a new coronavirus infection. A predominance of Diagnosed Patients (64%) was found: mental and behavioral disorders resulting from alcohol use, addiction syndrome (F10.2). Mental and behavioral disorders resulting from the use of other psychostimulants, addiction syndrome (F15.2), and mental and behavioral disorders resulting from opioid use, addiction syndrome (F11.2) were diagnosed in 26,5% and 9,5%, respectively.

According to the data presented, no connection was found between the consumption of certain surfactants and their susceptibility to COVID-19 infection. Family members and relatives (48%) fell ill more often than patients themselves (24%). According to the survey: among the sources that contain information about the spread of the pandemic and the death of COVID-19, the first place belongs to television and radio (80,7%), low-frequency respondents used Internet resources (34%), messages from friends and acquaintances (31%), printed publications such as newspapers and magazines (31%). More than a third of respondents (39%) claim that the virus caused irreparable harm to their health and psyche, as well as to the health of relatives, friends, acquaintances. Fear of death due to Covid-19 infection was experienced by 36% of those tested, 76% of whom were diagnosed with alcohol addiction syndrome.

Most of the survey participants (44%) indicated the source of contact for infection (patients and virus carriers), while a quarter of those surveyed (33%) considered air-borne infection to be the primary method of infection, with 23% of those surveyed lacking information on transmission methods.

Anxiety has been found in 81% of patients who consume surfactants, including 14,5% high, 7,5% moderate, and 55,4% mild. On the diagnostic scale of Beck anxiety detection, patients diagnosed with F15.2 in surfactant patients were dominated by the minimum (55,4%) anxiety levels characterized by rarity (78%) in patients diagnosed with F11.2 (67,6%) and F10.2 (42%).

High levels of anxiety have only been observed in patients diagnosed with F10.2 (14%). Patients diagnosed with F10.2 (16%) and F15.2 (11%) were found to have moderate anxiety levels.

A number of patients diagnosed with F10.2 (28%) and F15.2 (11%) had no anxiety. I. e. anxiety during the pandemic is observed in most patients with pav addiction syndrome. According to the psychometric scale of Beck's depression, depression was found in most (84%) pav-dependent patients surveyed. During psychodiagnostic studies, only 16% of respondents did not show depression, which has a high impact on the development of depressive symptoms during the pandemic in patients with pav addiction syndrome. Manifestations of mild depression (38%) outweighed moderate (23%), severe (13%), and severe (10%) depression. A mild course of depression is more common in patients diagnosed with F15.2 (35%) and F11.2 (38,5%), Dz: F10.2-27%.

Increased feelings of depression, with the impossibility of positive changes during the pandemic, are more likely to patients diagnosed with pronounced depression F10.2 (23,1%), F15.2 (23,5%) xosdir.va F 11.2 (11,5%). Among respondents diagnosed with F 10.2-16.3%, moderate depression was found. On the Mississippi post-traumatic stress disorder scale, 38 out of 122 people (31,1%) are addicted to surfactants, showing strong effects of past Psychotrauma due to prolonged social isolation and forced restrictions on normal life.

Manifestations of post-traumatic stress disorder have been found to be higher in patients diagnosed with F10.2 (90%, n=34) compared to those diagnosed with F15.2 (5%, n=2) and F11.2 (5%, n=2). More than half (64%) of patients with PTSD did not have information about coronavirus infection. Recently confirmed medical data on COVID-19 was obtained compared to 17% of patients. Almost half (48%) of people with a new coronavirus infection have not found post-traumatic stress disorder manifestations. At the same time, even if there is no perception of the state of the pandemic as a psychotraumatic phenomenon, i.e. People with no signs or symptoms of post-traumatic stress disorder showed depression. For patients who are addicted to pav and do not have post-traumatic stress disorder, clear (41,6%) and mild (34,7%) depression are more characteristic. On average (17,3%) and severe (6,4%) depression are less common.

It also dominated this group of respondents above the average (26,0%) and negligible (31,7%) levels of anxiety experiences (42,3%). The manifestation of depression and anxiety identified during the study, disorders in the mental sphere as a result of severe stress that meets post-traumatic stress disorder criteria, allow us to conclude that the development of psychodesadaptation disorders, as well as the severity of mental disorders present in patients with pav addiction syndrome, are associated with COVID-19.

Conclusions. According to the clinical observation of patients undergoing inpatient treatment at the Altai territory drug dispensary, a third of those tested in conditions of isolation and quarantine measures during the COVID-19 pandemic (31,1%) had negative psychological effects. The deterioration of the mental state of patients with surfactant dependence has been found to be associated with a dysfunctional epidemiological situation. The peculiarities of responding to traumatic stress due to a rapidly spreading infection consist in the hypertrophied experience of danger due to the threat of life and health, the possibility of death or suppressed-indifferent behavior.

According to the study, sources of information about the spread of the pandemic and the death of patients were identified: television and radio – 80,7%, Internet resources-34%, social networks - 31%, printed publications - 4%. Thirty-nine percent of those surveyed believed they

had caused irreparable harm to their psyche, while thirty-six percent could not get rid of the fear of death. The main classifier symptoms of psychogenic diseases are the manifestation of anxiety, depression and post-traumatic stress disorder. Since people with post-traumatic stress disorder are prone to misconduct, they need special social and medico-psychological assistance, such as drug patients who are at high risk of developing psychogenic mental disorders during the COVID-19 pandemic. These conditions must be taken into account when conducting medical and rehabilitation measures.

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