

Systematic Review

Factors that carry way the appearance of anxiety during the COVID-19 pandemic

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ABSTRACT

Anxiety is a central phenomenon that is most often characterized by a diffuse, unpleasant and vague feeling of apprehension, often accompanied by vegetative symptoms such as headache, diaphoresis, tachycardia, chest tightness and restlessness; symptoms often vary among individuals. Systematic review of articles was realized. A literature search was conducted through digital platforms. Twenty articles published during the years 2020 and 2021 were analyzed, in English and Spanish, related to anxiety during the COVID-19 pandemic. The increase in anxiety was observed as a result of the different factors that emerged from the COVID-19 pandemic; the effects on mental health, when exceeded, can have serious consequences both at the individual and societal levels. Some indicators are the public health measures, as the main factor is social distancing, misinformation and fear of contagion. However, the factor with the greatest increase in anxiety is credited to the economy, which has been affected in all countries, generating critical situations in companies around the world, unemployment and economic difficulties for most families and individuals. Based on what was observed in this analysis, it was found that there are different types of factors that trigger an increase in anxiety, however, the main factors that had a higher rate of causing anxiety were social isolation and concern about the economy, creating uncertainty about the health emergency being experienced.

Keywords: COVID-19, Mental health, Anxiety, Quarantine, Confinement, Pandemic, Symptoms, Quality of life, Psychosocial

INTRODUCTION

Over time, anxiety has increased in a hasty manner as many changes in the general population and this has taken a major turn in the psychosocial functioning of everyone. The symptomatology of anxiety can mimic some physical illnesses and cause the patient to be treated more for physical pathologies and not enough for the psychological ones.¹ In December 2019, there was an outbreak of a new strain of coronavirus (COVID-19) in Wuhan, China which began to spread in the country and subsequently around the world during the first months of 2020.

One year after the start of this pandemic various factors have emerged that favor anxiety. Concerns related to the COVID-19 constantly arise, considering the social interaction limits and confinement measures, many mental health services have been inclined to use hotlines, the Internet, and social networks to support strategies and to deal with anxiety.² As COVID-19 is a new disease and is having the most devastating effects worldwide, its emergence and spread causes confusion, anxiety, and fear among the general public. The fear is the aggregate of hatred and stigma. The World Health Organization (WHO) provides expert guidance and answers to public questions to help people manage fear, anxiety, and discrimination

during COVID-19 (WHO, 2020). Several sites, including the WHO, are providing myth busters and authentic information (WHO, 2020). Governments are also encouraging people not to share these messages without verifying their authenticity.³

In the pandemic, health care workers have a higher risk of developing illness and infecting their family members than non-health care workers. It is known that, in quarantine situations, health care workers feel more emotions such as anger, fear, frustration, guilt, helplessness, anxiety and experience more symptoms of long-term trauma and are often exposed to community stigmatization. State anxiety levels are closely related to stressful events.¹

Consequently, to adequately inform the public health system and enable appropriate measures to protect or mitigate adverse mental health effects, it is necessary to characterize the consequences and relevant factors that influence the psychological response to the pandemic and public health measures.²The objective of our research is to analyze the factors that predispose or trigger the occurrence of anxiety during the pandemic by COVID-19.

METHODS

A systematic review of articles on the Internet was carried out using the Clinicalkey, ProQuest, PubMed, and Springer databases. We considered research in English and Spanish and did not exclude material based on its country of origin. Due to the topicality of this topic, the articles found were published in 2020 and 2021.

The following keywords were used for the database search: COVID-19 pandemic, anxiety, quarantine, isolation, mental health, distress during COVID-19, factors in mental health during the COVID-19 pandemic, COVID-19 pandemic, anxiety, quarantine, mental health during pandemic, stress, risk factor. Combinations of terms in both languages of the keywords were made for the selection of articles. And filtering was only used for the date of the research, and that they were only original or review articles.

A total of 20 articles were selected, 18 of them in English and 2 in Spanish, from different countries around the world. The criteria for selection were original articles accepted or under review published in the platforms, published no more than 3 years ago, related to the objectives of our research, and with relevant conclusive data on the triggers of anxiety during confinement and/or pandemic COVID-19.

All articles were reviewed to ensure that they contained information relevant to our research and that their data were conclusive about how mental health has been affected during the COVID-19 pandemic and to identify factors favoring the onset of anxiety during these times pandemic and to identify the factors that favor the appearance of anxiety in these times.

With the data obtained from these 20 articles we made a summary of each one of them to have the information synthesized and collect the results of these investigations. They were also analyzed to discard information that was not useful for our research work, and thus have better data content.

A total of 3 articles were excluded because they did not meet the objectives of this research, being based more on depression and not on anxiety, and they did not provide information about the factors that could trigger anxiety during the COVID-19 pandemic.

RESULTS

Data extraction

Within the search for articles, 4 databases were used which were Clinicalkey, ProQuest, PubMed, and Springer. A total of 20 articles were collected in the different databases, of which 17 were selected because they met the characteristics of the study. For the selection of these, the objectives, results, and conclusions of each article were reviewed, with the aim of examining the information and analyzing whether it was related to the objective of our research.

Data analysis

The information examined from the 17 articles was organized in an Excel program sheet. The information was organized by title of the article, year of publication, authors, objective of the work, results, and conclusions. With the purpose of analyzing and acquiring the necessary data to develop this bibliographic review.

DISCUSSION

Epidemics and pandemics are a periodic phenomenon. People face various challenges during these periods. Lack of awareness often leads to a carefree attitude, which can negatively affect preparedness to meet these challenges. The impacts of these epidemics and pandemics are often intense, which can negatively affect the mental well-being of a given population.

The COVID-19 pandemic is a pandemic resulting from severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) disease. Its first case was identified in December 2019 in the city of Wuhan, in the People's Republic of China, when cases of a group of people sick with an unknown type of pneumonia were reported. It was recognized as a pandemic by the WHO on 11 March 2020.⁴

The COVID-19 pandemic threatens the mental and physical health of individuals, which may be caused directly or indirectly and is largely due to public health policy strategies and efforts to achieve isolation.

It is important to note that the most common strategies applied to combat the spread of COVID-19 involve travel restrictions, social distancing, and residential confinement.⁵ Fear and anxiety regarding a new disease and what it might cause in the face of it can be overwhelming and generate strong emotions in both adults and children. Therefore, this study sought to assess factors that promote anxiety during COVID-19 pandemic confinement.

Age probably increases the risk of developing mental illness after natural disasters people with an age range of 18 to 30 years and those older than 60 have a higher risk of distress during the pandemic due to COVID-19.^{6,7}

All the uncertainty about personal, health, and economic futures can cause and have implications for mental health.

During the COVID-19 pandemic, new health and hygiene measures had to be implemented for society, which have affected the dynamics of living in confinement. Restrictive measures began to be taken on school campuses, implementing online classes, which have been a challenge for teachers and students.⁵ However, periods without school were associated with a decrease in physical activity, more time spent surfing the Internet, sleep, irregular diets, feelings of uncertainty, stress from online classes, these factors favored a decrease in mental health, with a higher prevalence of anxiety and depression symptoms. Although there are obvious advantages of remote learning, for example, accessibility and convenience during online learning, there should also be concern about the limitations of inefficient learning and the difficulty in maintaining academic integrity and communication. It is difficult for children and adolescents to concentrate all the time during online learning, due to symptoms of pandemic anxiety, and confinement.

Confinement has also had negative effects on the mental health of patients with psychiatric disorders, psychosocial adversity is generated that threatens the stability of the family, and this creates higher stress in the lives of children and adolescents with a psychiatric disorder, causing an exacerbation of symptoms and greater difficulty in following an adequate treatment, increasing anxiety levels in these patients.⁸ In all the psychiatric disorders studied, negative changes were noted for the patients, such as: changes in their mental health care, changes in behavior, increased anxiety and even the appearance of mental disorders in children with intellectual disabilities, all of this directly related to isolation and repercussions in the family.

The current barriers and risks of the COVID-19 pandemic mean that medical and psychological care is ideally provided through telepsychiatry, which has been able to achieve good results for appropriate follow-up in the treatment of psychiatric disorders.⁸ This model has been favorably accepted, but some limitations are recognized, such as the lack of face-to-face contact, body language that

is partially absent, absence of physical contact and a change in emotional expressions. Despite this, it is considered a very valuable tool during the pandemic, as patients can continue their psychological treatment from home and have better management of their mental health.

Government restrictions put in place to curb the spread of the virus have led to widespread social isolation, which can have profound mental health consequences. While these restrictions have been a challenge for people of all ages, they can be particularly difficult for adolescents, who at this stage of development rely heavily on peer connections for emotional support and social development. The greatest concerns of adolescents during the COVID-19 crisis were around disruption of their social interactions and activities, while concerns about contracting or getting sick from the virus were very low. This suggests that it is the restrictions put in place to reduce the spread of the virus, and not the virus itself, that is causing teens the most distress. Given that social isolation, interpersonal stress, and mental health problems during adolescence may be a precursor to mental health problems later in life.⁹

The work environment has also undergone changes in terms of coexistence dynamics, logistics, and job losses due to the economic crisis in several countries, which has caused negative feelings in workers such as hopelessness, uncertainty and stress.

There is a positive relationship between levels of hopelessness and anxiety. There can be many reasons for hopelessness. Uncertainty is one of the most important factors that trigger anxiety. Anxiety and insecurity can lead to an increase in hopelessness.

Levels of anxiety and hopelessness in healthcare workers are higher than those in society, mostly affecting nurses. Increased work hours are one of the important factors that increase anxiety.¹

As with many jobs, it is recommended that companies train their personnel to deal with health situations such as epidemics or pandemics; it is important for society to be able to have a support network in which it can consign its mental and physical health.

Other triggers of COVID-19 pandemic anxiety include poor sleep quality. Young people and women, those who were unsure of possible COVID-19 infection and a greater fear of direct contact with COVID-19-infected persons had a higher risk of developing sleep disorders, as well as higher levels of anxiety and distress.⁶ Female gender, younger age, lower educational level, being unemployed, living alone, as well as current or past psychotherapeutic or psychiatric treatment are associated with higher anxiety symptomatology.^{6,10} Being quarantined was associated with higher health anxiety and fear episodes, belonging to an officially announced COVID-19 risk group was associated with higher anxiety and depressive symptomatology, health anxiety, fear episodes, higher

psychosocial distress, and lower life satisfaction.¹⁰ In older adults, self-isolation, boredom, increased access to pessimistic pandemic information, occupational disruption, financial difficulties, and a higher number of deaths among older adults may collectively represent a heavier burden for those in this age group, thereby increasing their risk of stress, anxiety, and depression.¹¹

A lower average household income, lower educational level, higher level of knowledge, more worried about being infected, no psychological support, greater property damage, and lower self-perceived health status are highly associated with anxiety. The impact of COVID-19 is not only psychological but also economic.

Those with a low average household income lack the ability to cope with economic risks; in addition, being quarantined means they cannot cope with financial problems by returning to work or applying for a loan, and they cannot estimate how long this impact may last. These may be factors that triggered further anxiety and depression.¹¹

Anxiety levels during a pandemic may be reduced when; the duration of isolation is as short as possible, the person receives accurate information, is informed by reliable means of communication, has sufficient supplies to decrease the frequency of going out, has a stable financial situation, engages in recreational/recreational activities, and when communication (physical or virtual) improves.¹²

Due to fake news, people adopt various unwanted dietary and lifestyle modifications under the influence of rumors. These can adversely affect mental health. Therefore, it is important to address mental health difficulties in pandemic situations. Similarly, additional changes such as isolation, social distancing, self-quarantine, travel restriction, and increasingly widespread rumors on social networks can also negatively affect mental health.¹³

Frequent inappropriate behaviors such as anger, restlessness, and worry about infection or possible infection with the virus that led people to post on social networks are observed.¹² People feel the need to talk to someone about their concerns related to the COVID-19 pandemic. Opportunities to vent their distress are limited in most of the population due to the emotionally blocked state. At the same time, the electronic and print media are constantly discussing the status of the pandemic. As a result, people cannot cope and become emotionally drained.

One aspect that should be noted is that many people were either working from home or taking care of their children. Since schools were closed and staying at home was mandatory, families had to share the same space 24 hours a day, every day, during the 2 months of home quarantine. Homes were converted into offices, schools, kindergartens, gymnasiums, and playgrounds. In short, homes were put to multiple uses, which meant sharing cramped spaces and

clearly had serious implications that increased anxiety and decreased levels of health-related quality of life (HRQoL).¹⁴⁻¹⁸ Living with an at-risk family member or supporting another at-risk individual contributed to a higher level of anxiety.

CONCLUSION

In general, the analysis of this literature review shows the triggers of psychological and behavioral responses in society. The increasing social and economic impact of public health measures such as social isolation generated an increase in anxiety, which led to an elevated level of hopelessness and fear. In the different age groups of children, adolescents, young adults, and older adults it was observed that in each group there is a different main factor, however all have in common social isolation being the most important factor in most of the articles, however the economic factor also has a very high rate of generating anxiety in society, since several studies state that people with any socioeconomic level experienced anguish, fear and uncertainty of what could happen. We obtained information that highlights the importance of recognizing that the COVID-19 pandemic generates anxiety among health care workers, students, parents, and older adults and may have serious implications for them. COVID-19 anxiety negatively affects the well-being, mental health, and work performance of the general population. Organizations should provide additional support and reassurance to their employees during a crisis.

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