

CASE REPORT

PSYCHOLOGICAL DISTRESS SYMPTOMS BEFORE THE ONSET OF COVID-19 OUTBREAK: A CASE REPORT

Mahir Sadullah Saeed,^{1*} Deldar Morad Abdulah²¹ Fellowship of Kurdistan Board of Medical Specialties (F.K.B.M.S) (Internal Medicine); M.B.Ch.B; Emergency Department, Azadi Teaching Hospital, Duhok General Directorate of Health, Iraqi Kurdistan, Duhok, Iraq² Master in Public Health (Australia); Community Health Unit, College of Nursing, University of Duhok-Iraqi Kurdistan; Duhok, Iraq**Date of Submission** : Jun 27, 2022**Date of Acceptance** : Aug 10, 2022**Date of Publication** : Aug 19, 2022***Correspondence to:**

Mahir Sadullah Saeed, Fellowship of Kurdistan Board of Medical Specialties (F.K.B.M.S) (Internal Medicine); M.B.Ch.B; Emergency Department, Azadi Teaching Hospital, Duhok General Directorate of Health, Iraqi Kurdistan, Duhok, Iraq;

Email: mahirsadullah@gmail.com

Phone: +9647504696277

ORCID ID: <https://orcid.org/0000-0002-3964-0422>**Citation:**

Saeed MS, Abdulah DM. Psychological distress symptoms before the onset of covid-19 outbreak: a case report. Medphoenix. 2022;7(1):97-99.

DOI: [10.3126/medphoenix.v7i1.47350](https://doi.org/10.3126/medphoenix.v7i1.47350)**Conflict of interest:** None, **Funding:** None**Publisher:** National Medical College Pvt. Ltd.
MedPhoenix - Journal of National Medical College (JNMC); 2022,7(1), available at www.jnmc.com.np

ISSN:2631-1992 (Online); ISSN:2392-425X (Print)



This work is licensed under a Creative Commons Attribution 4.0 International License.

**ABSTRACT**

Introduction: We presented a person with psychological distress symptoms before the onset of COVID-19 (corona virus disease) outbreak. In January 14, 2020, a 23-year-old female with a negative past medical history presented with complaint of difficulty in breathing and swallowing, breathlessness, tightness and pain in her chest. She complains of suffocation and needed to open windows or go out of the room to breathe. She felt that something is stuck in her throat or chest that always hurts herself too much. She felt nervous nearly every day and easily became irritable and restless most of the time and can't relax. The patient was panicky and restless, dizziness with a dry mouth and cold with sweaty extremities, mild tachypnoea and mild tachycardia on physical examination. The patient was generally oriented and cooperative with no suicidal ideation or thoughts. Mental status of the patient was improved after twice the consultation visit.

Keywords: COVID-19; Psychiatric illness; Psychological distress.**INTRODUCTION**

The novel coronavirus infection outbreak called COVID-19 was spread from China to other parts of the world including Iraqi Kurdistan in February 2020.¹ The healthcare system has been overwhelmed directly by the outbreak and indirectly by other chronic diseases. This pandemic has made substantial disruption in mental health comprising 50% with moderate mental issues. The mental health issues that emerged from the COVID-19 pandemic are due to social distancing, self-isolation, and travel restrictions.^{2,3} We presented a person with psychological distress symptoms before the onset of the

COVID-19 outbreak in Iraqi Kurdistan.

CASE REPORT

In January 14, 2020, a 23-year-old unemployed female with a negative past medical history presented to internal medicine consultation, referred from a general practitioner. The patient complained of difficulty in breathing and swallowing. On taking history at internal medicine consultation, she reported that: "many times I feel that I can't breathe. I feel tightness and pain in my chest, or even I'm suffocating and immediately need to

open the windows or go out of room to breathe. I feel that something is stuck in my throat or chest and always hurts me too much. I feel nervous nearly every day and easily become irritable and restless most of the time and can't relax. I worry about different things and can't control them. I'm afraid that any time maybe something very bad is happening to me. Sometimes, I feel that I am dying, my heart is beating stronger and faster than usual". She added that "I want to tell you that I have excessive sweating and feeling dizzy. I think I have a fever; I think that I have Corona [COVID-19 disease] and I am afraid. Please doctor refer me for a coronavirus test because I am worried and I think that I got infected by the coronavirus."

On physical examination, the patient appears panicky and restless, dizzy with a dry mouth and cold and sweaty extremities and mild tachypnoea, and mild tachycardia. On mental status examination, the patient was generally oriented and cooperative with depressed and preserved affect. No suicidal ideation or thoughts of harming self, or plans or acts to harm self were observed. Cognition was intact with no impairment in memory, language, or speech. Insight and judgment were intact. History and examination of other systems were not significant. She had no past medical, surgical, and drug history. She was not an alcohol consumer or smoker.

DISCUSSION

The coronavirus or so-called COVID-19 was rapidly growing from China to other countries. There was no suspected or confirmed case of the COVID-19 in Iraqi Kurdistan at the presentation of this case. After taking a good history and clinical examination and some routine tests like Complete Blood Count (CBC) and Echocardiography (ECG); and after excluding other probable causes advised her and her fiancé to have an appointment with a psychiatrist. After one week she came back to internal medicine consultation with the same complaint. I reassured her that she has not been infected by the virus and she will be better soon after meeting a psychiatrist. Four months later she came to our internal medicine consultation with no complaint and good health. On mental status examination she had normal mental condition with no sign of distress and depression.

The reasons behind the current psychological distress, in this case, may back to the role of excessive social media use. The media has an important role in spreading urgent information at the early stages of a pandemic, however, several studies have reported that disaster media exposure evokes poor mental health outcomes. The previous studies conducted during the COVID-19 pandemic have shown that strict quarantine measures are associated with different forms of psychological distress such as panic disorder, anxiety, and depression.⁴ During the COVID-19 pandemic, internet and social media use have reached unprecedented peaks. The higher level of social media use has been shown to associate with worse mental health. Social media poses the persons more and more to disaster and associate with greater depression and high levels of the disaster stressor.⁵ It seems that the disaster stressor is a strong risk factor for amplifying the adverse effects of social media use on depression. Besides, excessive exposure to disasters through social media may trigger negative effects, which may, in turn, lead to health issues.

The most famous case of exposure to media effects is repeated television coverage of the September 11 (9/11), 2001, terrorist attacks. The people were subsequently exposed to graphic media images of the Iraq War. Early 9/11- and Iraq War-related television exposure and frequency of exposure to war images predict higher posttraumatic stress symptoms even 2-3 years after the attack. They reported that exposure to 4 or more hours daily of early attack-related television images predict a higher incidence of health issues 2-3 years later.⁶ The effect of vicarious traumatization caused by media exposure poses more harm to the persons depending on media and have relatively less direct traumatic experience.⁷

The fear of potential exposure to infection has been shown to associate with psychological distress in the broader population.^{3,8,9} The mentioned distress may further escalate in persons who have experienced prior traumatic events¹⁰ and leads to grief and trauma in a long time.⁹

This case report suggests that the sensitive patient may

affect negatively by more exposure to the news of the COVID-19 pandemic through the media. It is noteworthy that health policymakers take into the psychological effects of the early stages of the pandemic in a society.

CONCLUSIONS

This case report showed that the public may be affected by psychological distress before reaching a pandemic to a region. The psychological distress symptoms must be considered by the general physicians before the onset of an outbreak in a region.

REFERENCES

1. Merza, MA, AAH Al Mezori, HM Mohammed, et al. COVID-19 outbreak in Iraqi Kurdistan: The first report characterizing epidemiological, clinical, laboratory, and radiological findings of the disease. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*. 2020; 14(4):547-54. [DOI]
2. Gloster, AT, D Lamnisos, J Lubenko, et al. Impact of COVID-19 pandemic on mental health: An international study. *PloS one*. 2020; 15(12):e0244809. [DOI]
3. Abdulah, DM, BMO Abdulla, and P Liamputtong. Psychological response of children to home confinement during COVID-19: A qualitative arts-based research. *International journal of social psychiatry*. 2020:0020764020972439. [DOI]
4. Qiu, J, B Shen, M Zhao, et al. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General psychiatry*. 2020; 33(2). [DOI]
5. Zhao, N and G Zhou. Social Media Use and Mental Health during the COVID-19 Pandemic: Moderator Role of Disaster Stressor and Mediator Role of Negative Affect. *Applied Psychology: Health and Well-Being*. 2020. [DOI]
6. Silver, RC, EA Holman, JP Andersen, et al. Mental-and physical-health effects of acute exposure to media images of the September 11, 2001, attacks and the Iraq War. *Psychological science*. 2013; 24(9):1623-1634. [DOI]
7. Liu, C and Y Liu. Media exposure and anxiety during COVID-19: The mediation effect of media vicarious traumatization. *International journal of environmental research and public health*. 2020; 17(13):4720. [DOI]
8. Gardner, PJ and P Moallef. Psychological impact on SARS survivors: Critical review of the English language literature. *Canadian Psychology/Psychologie canadienne*. 2015; 56(1):123. [DOI]
9. Van Bortel, T, A Basnayake, F Wurie, et al. Psychosocial effects of an Ebola outbreak at individual, community and international levels. *Bulletin of the World Health Organization*. 2016; 94(3):210. [DOI]
10. James, P, J Wardle, A Steel, et al. Post-Ebola psychosocial experiences and coping mechanisms among Ebola survivors: a systematic review. *Tropical Medicine & International Health*. 2019; 24(6):671-691. [DOI]