



Coronavirus disease-19 Pandemic-Induced Panic Disorder

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Abstract

Edited by: Branislav Filipović
Citation: Husada MS, Amin MM, Saragih M. Coronavirus disease-19 Pandemic-Induced Panic Disorder. Open Access Maced J Med Sci. 2021 Jun 11; 9(T3):237-239. <https://doi.org/10.3889/oamjms.2021.6318>
Keywords: Anxiety disorder, Panic disorder; Panic attack; Coronavirus disease-19
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Received: 08-Dec-2020
Revised: 26-May-2021
Accepted: 31-May-2021
Copyright: © 2021 Muhammad Surya Husada, Mustafa M. Amin, Munawir Saragih
Funding: This research did not receive any financial support
Competing Interest: The authors have declared that no competing interest exists
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BACKGROUND: Coronavirus disease (COVID)-19 is a newly emerging infectious disease which is found to be caused by severe acute respiratory syndrome-2. COVID-19 pandemic has spread worldwide causing a rapidly increasing number of mental disorders cases, primarily anxiety disorder. Since majority of panic disorder patients are present with great anxiety in response to their physical or respiratory symptoms, support and encouragement from psychiatrist or therapist are fundamental to alleviate the severity of the symptoms.

CASE REPORT: We reported a case of COVID-19-induced panic disorder in a woman, 52 years old, Batak tribe who started to experience multiple panic attacks since one of her family members was confirmed to be COVID-10 positive.

CONCLUSION: In general, panic disorder is a common diagnosis, but this case appeared to be interesting as it is induced by COVID-19 pandemic. As in this case, the individual who experienced multiple panic attack is not even a COVID-19 patient but has one of her family member affected by the virus. A wide body of evidence has shown that this pandemic massively contributes to worsening of psychosocial burden in nationwide.

Introduction

The disease of new coronavirus (nCoV, coronavirus disease [COVID]-19) has been stated as a hazardous threat to global society. It is highly contagious, caused by new type nCoV which is known as severe acute respiratory syndrome (SARS)-2. This respiratory disease was firstly reported in Wuhan, China in December 2019. Over 1.7 million cases have been reported in nearly 213 countries causing over 111.000 deaths worldwide [1]. As the number of cases rises, mental health issues also steal the spotlight, causing more aggravating burden toward those who are already diagnosed with mental disorder, those who provide care to these patients, and even previously healthy individuals. The general population, health workers, and individuals with mental health issues are all under inevitable psychological burden throughout this pandemic [2].

COVID-19 pandemic has caused elevated stress and anxiety commonly associated with lack of understanding regarding virus incubation period, viral transmission, and treatment approach. The stipulation of lockdown in many countries has required people to spend nearly entire time at home which causes negative mental state such as anxiety and insecurity. People also experience sudden monotonous lifestyle

and have become more irritable. One study reported that pandemic had caused a bigger problem in mental health. It may lead to newly diagnosed mental disorder and worsen already present disorders. Individuals may experience fear and anxiety due to the state of the disease, desperation, and may even also blame their worries to those who are infected by the virus, in which all of these induce the emergence of mental disorder. A number of mental disorders that may be found include depression, anxiety disorder, panic disorder, somatic disorder, self-blaming, feeling of guilt post-traumatic stress disorder, delirium, psychosis, and even suicidal action [3].

Shortness of breath, sensation of throat choking, chest pain, and fear of death are symptoms associated with this pandemic. Our mind has started to condition us of experiencing those symptoms and has transformed them into more debilitating form of disease. Those symptoms are not exclusively present in mental disorder alone but also commonly found in COVID-19, and even may happen alongside [4].

Anxiety disorder including panic disorder is one of most common mental disorders in the United States of America, but unfortunately the information is mostly limited to non-Caucasian ethnic group. The symptoms of a panic attack are also reported to be different between men and women. National Comorbidity Survey found that women with panic attack are more often to

experience respiratory symptoms, such as shortness of breath, sensation of getting choked, and pass out. On the other hand, men with panic disorder are often to present with gastrointestinal pain and excessive sweating. In addition, another study also noted that there is not actually any difference in terms of symptoms and frequency of panic attack, but it was revealed that women are more often to experience worse and more numbers of symptoms during the attack, worse agoraphobic behavior, and more debilitating condition in physical and functional aspects as compared to those in men [5].

Type of symptoms that occur during the attack may help distinguish those with lifetime panic disorder and those who only experience acute attack. According to DSM-5, individuals who fulfill the criteria for lifetime panic disorder are commonly to present with fear of death, derealization, and abdominal discomfort during their panic episode compared to those with panic attack. Even after treatment in pursuit of controlling the symptoms, fear of death, hot flashes/trembling, and abdominal discomfort is still commonly present [6].

Since majority of panic disorder patients are present with great anxiety in response to their physical or respiratory symptoms, support and encouragement from psychiatrist or therapist are fundamental to alleviate the severity of the symptoms. We emphasize that our goal is not to underestimate any authorities, particularly those physician attending COVID-19 patients, but mainly to raise a voice that alongside with the extent of COVID-19, mental health issues also deserve attention and proper management [7].

Case Report

A 52-year-old married woman, HN, was brought by her husband to a psychiatric outpatient clinic due to multiple panic attacks. She is from Batak ethnicity and is known to be an independent type of person. She has experienced a panic attack for about 5 times within these past 6 months. The first attack occurred at the beginning of pandemic which drew so much of her attention to news and reports related with the pandemic. The condition was getting even worse when one of her family members passed away due to COVID-19 in the past 5 months. Since that incident, HN started to experience even more symptoms, such as, palpitations, excessive cold sweating, chest pain, and quivering which made her admitted to the emergency room (ER). HN admitted that she is very scared of death and also experiences anticipatory anxiety. She further explains that during her admission to ER, blood check and electrocardiogram were carried out, but did not yield in any abnormality. We also found that our patient

is currently experiencing "house bonding" in which she started off getting feared of walking outside her house even when there is a highly important matter to address to the extent that she needs to be always accompanied by her husband.

Our patient's spouse stated that his wife has always been very dependent on others in taking even personally important decisions for her life. She was found to rely so much on her father before the marriage took place, and now she relies most of the things on her spouse. Our patient stated no history of other diseases, but she admitted that her mother was a very anxious person but did not experience any panic attack.

All vital signs were found to be within normal limits. During the psychiatric interview, we found that HN was euthymic with appropriate affect. Delusions, illusion, and hallucination were all not found and her behavior, orientation, and memory were all normal. Our patient also showed normal judgment and abstract thought. However, we noted that HN was difficult in maintaining her concentration and controlling impulses. According to the above findings, we diagnosed HN to experience panic disorder.

Discussion

DSM-5 and ICD-10 are both applied to render the diagnosis, as follows:

As stated previously, in accordance with all clinical and psychiatric interview, as well as, mental examination, we found that the patient fulfilled the diagnostic criteria of having panic disorder as mentioned in DSM-5 and ICD-10 (Table 1).

Panic disorder occurring in those infected with COVID-19 has been reported in numerous studies, but there is limited finding regarding this disorder that happens not in COVID-19 patients but their relatives instead. Respiratory distress that is commonly reported in patients with COVID-19 is believed to also cause massive anxiety along with fear of passing out or even death, fear of getting admitted to intensive care unit, and being supported with intubation [8]. From family perspective, this panic disorder is caused by grief, depression, difficulty sleeping, and anything related to the extent of COVID-19, as well as the fear of losing the beloved ones [8].

This shows us that COVID-19 contributes to at least two of the following: (1) Respiratory distress and worsening of panic attack in individuals with panic disorder and (2) potentially growing numbers of newly diagnosed individuals with panic disorder mainly due to excessive worries of experiencing respiratory distress due to COVID-19 [9].

Earlier studies showed that health crisis, such as epidemic and pandemic, increases psychosocial

Table 1: Diagnostic criteria of panic disorder in DSM-5 and ICD-10 [1], [2]

DSM-5 Diagnostic class: Anxiety disorders
Panic disorder
<ul style="list-style-type: none"> • Recurrent and unexpected panic attacks • \geq One attack has been followed by 1 month or more of 1 or both of the following
Persistent concern about additional attacks or their consequences
A significant maladaptive change in behavior related to the attacks
<ul style="list-style-type: none"> • The panic attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse or a medication) or a general medical condition • The panic attacks are not better accounted for by another mental disorder.
ICD-10 F.41.0 Anxiety disorder (episodic paroxysmal anxiety)
For confirmed diagnosis, several autonomic anxiety symptoms must happen within the past 1 month
<ul style="list-style-type: none"> • In a condition which no actual danger present • Is not limited to already known situation or previously anticipated event • Has relatively anxiety-free period in within the attacks (anticipatory anxiety may also be common)

burden to general population. Studies have indicated that experiencing physical problems and traumatic life events are able to increase the risk of mental disorder and suicidal action. Many previous epidemic reports revealed that COVID-19 is potentially able to alter those who are not in clinically targeted population as also shown in SARS pandemic in 2003 or H1N1 epidemic that contributed to the increased number of suicide and aggravated emotional burden. It is estimated that there will be increasing number of people affected with mental disorders throughout his pandemic [10].

Conclusion

In general, panic disorder is common diagnosis, but this case appeared to be interesting as it is induced by COVID-19 pandemic. As in this case, the individual who experienced multiple panic attack is not even a COVID-19 patient but has one of her family members affected by the virus. A wide body of evidences has shown that this pandemic massively contributes to worsening of psychosocial burden in nationwide.

References

1. Islam S, Zannatul M, Potenza MN. Panic and generalized anxiety during the COVID-19 pandemic among Bangladeshi people: An online pilot survey early in the outbreak. *J Affect Disord.* 2020;276:30-7. <https://doi.org/10.1016/j.jad.2020.06.049> PMID:32697713
2. Wang S, Wen X, Dong Y, Liu MC. Psychological influence of Coronavirus disease 2019 (COVID-19) pandemic on the general public, medical workers, and patients with mental disorders and its countermeasures. *Ann Oncol.* 2020;61(6): 616-624. <https://doi.org/10.1016/j.annonc.2020.05.005>
3. Kar SK, Arafat SM, Kabir R, Sharma P, Saxena SK. Coping with Mental Health Challenges During COVID-19; 2020. p. 199-213.
4. Perna G, Caldirola D. COVID-19 and panic disorder: Clinical considerations for the most physical of mental disorders. *Braz J Psychiatry.* 2020;43(1):110-1. <https://doi.org/10.1590/1516-4446-2020-1235> PMID:32756807
5. Sawchuk CN, Roy-Byrne P, Noonan C, Craner JR, Goldberg J, Manson S, et al. Panic attacks and panic disorder in the American Indian community. *J Anxiety Disord.* 2017;48:6-12. <https://doi.org/10.1016/j.janxdis.2016.10.004> PMID:27720578
6. World Health Organization. ICD-10 Version: 2016. Geneva: World Health Organization; 2016.
7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-5. Philadelphia, PA: American Psychiatric Association; 2013. https://doi.org/10.1007/springerreference_179660
8. Javelot H, Weiner L. Panic and pandemic: Narrative review of the literature on the links and risks of panic disorder as a consequence of the SARS-CoV-2 pandemic. *Encephale.* 2020;47(1):38-42. <https://doi.org/10.1016/j.encep.2020.08.001> PMID:33221039
9. Manderscheid RW. Preparing for pandemic avian influenza: Ensuring mental health services and mitigating panic. *Arch Psychiatr Nurs.* 2007;21(1):64-7. <https://doi.org/10.1016/j.apnu.2006.10.003> PMID:17258112
10. Sergeant A, van Reekum EA, Sanger N, Dufort A, Rosic T, Sanger S, et al. Impact of COVID-19 and other pandemics and epidemics on people with pre-existing mental disorders: A systematic review protocol and suggestions for clinical care. *BMJ Open.* 2020;10(9):e040229. <https://doi.org/10.1136/bmjopen-2020-040229> PMID:32873685