

The Impact of the 2020 Coronavirus Pandemic on Psychiatric Hospitalization and Mental Health

Category: Mental Health, Poster Presentation

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[Supplemental Video](#)

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Introduction

On December 31, 2019, the Wuhan Municipal Health Commission reported a cluster of cases of pneumonia that were later found to be due to a novel coronavirus. Over the next several months, a pandemic emerged, spreading around the globe. By March 2020, the world was nearly unrecognizable. Many countries, including the United States, had enacted travel restrictions. Many countries, states, and local officials were ordering residents to stay at home except for emergencies. Every major news source had the novel pandemic as their main story, and news of the virus's spread flooded social media. It seemed as though the country was in a state of mass hysteria. It is unsurprising, considering these circumstances, that many would struggle with new onset mental illness or face exacerbations of previously diagnosed mental illness. In the most severe cases of new onset mental illness or exacerbation of previously diagnosed mental illness, inpatient psychiatric care would be required. In this report, we will discuss three such cases: one of an exacerbation of general anxiety disorder, one of a new onset brief psychotic disorder, and one of an exacerbation of bipolar I disorder.

Case 1- Presentation

The first case is that of a 23-year-old female with a past psychiatric history significant for general anxiety disorder who presented with increased anxiety accompanied by somatic complaints. The patient reported a similar event two years prior, which led to a psychiatric hospitalization and subsequent diagnosis of general anxiety disorder. The patient was prescribed Vistaril (hydroxyzine) at that time but discontinued the medication six months prior to the current episode due to lack of symptoms. In the current episode, patient noted that she was having increasing anxiety over the coronavirus pandemic starting in March 2020. This was worsened by a miscarriage of her child in March 2020. In addition to anxiety, patient endorsed feeling overwhelmed and feeling like she was going to die. She also had somatic complaints, including gastrointestinal disturbances, shortness of breath, numbness, and insomnia. The combination of these symptoms led her to seek care in the emergency department and led to an eventual admission to a psychiatric inpatient service.

Case 1- Diagnosis

Inpatient evaluation led to a diagnosis of adjustment disorder with anxiety due to her development of symptoms in response to the coronavirus pandemic and her recent miscarriage. Her symptoms caused her significant impairment in functioning.

Case 1- Outcome

The patient improved throughout her six day stay in the inpatient unit. She was discharged on Remeron (mirtazapine) and BuSpar (buspirone) daily, as well as Vistaril (hydroxyzine) as needed for anxiety. Patient was enrolled in outpatient follow-up and cognitive behavioral therapy.

Case 2- Presentation

The second case is that of a 50 year old male with no significant past psychiatric history. He was admitted to the inpatient psychiatric unit due to severe anxiety, suicidality and paranoia all directly linked to the coronavirus

pandemic. The patient noted that he was depressed and anxious and had trouble thinking of anything other than the coronavirus pandemic. To cope with these feelings, he increased his alcohol intake and started smoking marijuana on a daily basis. This led to difficulty completing responsibilities, including missing work. The patient noted that he came close to suicide twice before hospital admission, once with a gun and once with a knife.

Case 2- Diagnosis

The patient was diagnosed with brief psychotic disorder due to less than one month of severe emotional distress, paranoid behaviors, and emotional instability.

Case 2- Outcome

The patient remained in the inpatient psychiatric unit for four days, throughout which he improved on Zyprexa (olanzapine). He was discharged with on Zyprexa (olanzapine) when he was considered stable and no longer at acute risk of harm to himself.

Case 3- Presentation

The third case is of a 55 year old female with longstanding Bipolar I disorder who presented to the emergency department with suicidal ideation and hallucinations. She was subsequently admitted to the inpatient psychiatric unit, where she described disturbed sleep, feeling fearful, anxiousness, depression and suicidal ideation. She believed that she was being watched by the president and others due to the coronavirus pandemic. The patient exhibited paranoid grandiose delusions relating to the coronavirus pandemic. She admitted to watching television news channels and seeing information about the coronavirus pandemic. Family members believe symptoms may have been worsened due to the patient's mother being diagnosed with coronavirus.

Case 3- Diagnosis

The patient was diagnosed with an exacerbation of longstanding Bipolar I Disorder.

Case 3- Outcome

The patient remained on the inpatient psychiatric ward for one week. During this time, she required several psychotropic medications for agitation. She was discharged on Tegretol (carbamazepine), Abilify (aripiprazole), and Desyrel (trazodone). Patient was further followed by an outpatient psychiatric clinic.

Learning Objectives

- Describe the impact of the coronavirus pandemic on mental health.
- Compare and contrast the effects of the coronavirus pandemic on those with previously diagnosed mental health disorders and those without such prior diagnoses.