

PSYCHO-SOCIAL EFFECTS DURING THE SARS-COV2 PANDEMIC IN THE ADULT POPULATION - LITERATURE REVIEW.

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Abstract

Introduction: the COVID-19 epidemiological emergency is related to lifestyle changes, which may have a negative psychosocial impact.

Objective: to describe the psycho-social effects during the SARS-CoV2 pandemic in the adult population.

Methods: Narrative review with scientific articles in specialized databases. They were included Spanish and English publications, with observational design, systematic reviews and meta-analyses on the psychosocial impact of COVID-19 in adult population. Information was extracted to answer the research question: What are the psychosocial effects during the SARS-CoV2 pandemic in the adult population?

Results: the psychological effect consisted in anxiety and stress increasing. The social effects were financial uncertainty, job loss, domestic violence, alcohol consumption, and reduced social functioning. The psychosocial impact of the pandemic was greatest among women, young adults, people without stable employment, those who were not physically active, and urban or rural areas residents without adequate resilience development. Minority populations, as well as those with chronic and catastrophic illnesses were also greatly impacted psychosocially by the COVID-19 pandemic.

Conclusions: the COVID-19 pandemic had wide-ranging psychosocial effects on the general population. The impact was heterogeneous and diverse and merits a comprehensive approach, from the family and community medicine approach, since both the psychological and social effects of the pandemic are interrelated, causing serious effects on the population life quality.

Palabras clave: pandemics, coronavirus infections, psychosocial impact, anxiety, depression.

EFFECTOS PSICOSOCIALES DURANTE LA PANDEMIA DE SARS-COV2 EN LA POBLACIÓN ADULTA REVISIÓN DE LA LITERATURA

Resumen

Introducción: la emergencia epidemiológica de COVID-19 está relacionada con cambios en el estilo de vida, que pueden tener un impacto psicosocial negativo.

Objetivo: describir los efectos psicosociales durante la pandemia de SARS-CoV2 en la población adulta.

Métodos: Revisión narrativa con artículos científicos en bases de datos especializadas. Se incluyeron publicaciones en español e inglés, con diseño observacional, revisiones sistemáticas y metaanálisis sobre el impacto psicosocial de COVID-19 en población adulta. Se extrajo información para responder a la pregunta de investigación: ¿Cuáles son los efectos psicosociales durante la pandemia de SARS-CoV2 en la población adulta?

Resultados: el efecto psicológico consistió en el aumento de la ansiedad y el estrés. Los efectos sociales fueron incertidumbre financiera, pérdida de empleo, violencia doméstica, consumo de alcohol y reducción del funcionamiento social. El impacto psicosocial de la pandemia fue mayor entre las mujeres, los adultos jóvenes, las personas sin empleo estable, las personas que no eran físicamente activas y los residentes de áreas urbanas o rurales sin un desarrollo adecuado de resiliencia. Las poblaciones minoritarias, así como aquellas con enfermedades crónicas y catastróficas, también se vieron muy afectadas psicosocialmente por la pandemia de COVID-19.

Conclusiones: la pandemia de COVID-19 tuvo efectos psicosociales de gran alcance en la población general. El impacto fue heterogéneo y diverso y amerita un abordaje integral, desde el enfoque de medicina familiar y comunitaria, ya que tanto los efectos psicológicos como sociales de la pandemia están interrelacionados, causando graves efectos en la calidad de vida de la población.

Keywords: pandemias, infecciones por coronavirus, impacto psicosocial, ansiedad, depresión.

INTRODUCTION

The disease caused by SARS-CoV2, called COVID-19 (COronaVirus Disease 19) caused a public health emergency of international concern, which was first reported in Wuhan, China, in December 2019. The virus was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and is considered which is responsible for the global health and economic crisis that the world has faced after many decades⁽¹⁾.

The provisions of authorities around the world to deal with the spread of COVID-19 have involved a drastic change in human relations, with respect to how they were previously known. This gave way to a lifestyle based on social distancing, the limitation of personal freedoms and the fear of infection, which can have a negative impact on the mental health of the population.⁽²⁾

Health emergencies and pandemics are known to cause large-scale psychosocial impact. The psychological effect

may include anguish induced by fear of contagion, death anxiety, uncertainty about the future, bereavement, physical isolation from individuals, families or communities. All of this leads to non-pathological distress and mental health problems in a minority of the population. It also exacerbates pre-existing problems such as severe mental disorders, alcohol abuse, and problems related to financial uncertainty⁽³⁾.

On the other hand, the social impact associated with the health emergency is related to pre-existing problems such as poverty, economic disparities, being a member of a minority social group or the appearance of social and economic problems induced by emergencies. Among them are the drastic decrease in income generation,

the economic crisis, family separation, the interruption of social networks, the reduction of resources, the increase in domestic violence and other social problems induced by the weakening of social structures, community or existing support mechanisms in the community^(4,5).

These types of health emergencies affect the majority of the population. Certain groups of people such as women, children, the elderly, the poor, migrants, frontline workers, the marginalized, and those with pre-existing vulnerabilities are likely to be disproportionately affected by this situation⁽⁶⁾.

Consequently, with the aim of describing the psychosocial effects of the SARS-CoV2 pandemic in the adult population, this narrative review was carried out, with which a compendium of specialized information on the subject was obtained. The importance of this research lies in the fact that it makes visible the psychosocial impact of the pandemic, an issue that has been left in the background due to the great demand for medical care due to the broad symptom complex that accompanies COVID-19. The results of this research will serve to carry out anticipatory and prevention guidelines in the current pandemic and in future ones that may arise.

METHODS

A narrative review was carried out, taking as a source of information high-level scientific articles published in indexed journals, in specialized databases such as Pubmed, Scielo, ScienceDirect, Chocrane and Hinari. The following MeSH

terms and Boolean operators were used as a search strategy: "COVID-19" AND "Depression" OR "SARS-COV2" AND "Depression" OR "COVID-19" AND "Stress in quarantine" OR "COVID-19" AND "Psychosocial consequences" "COVID-19" AND "Depression" OR "SARS-COV2" AND "Depression".

Publications in Spanish and English were identified, with observational-type designs, systematic reviews, and meta-analyses that address the issue of the psychosocial impact of COVID-19 on the adult population. Publications made with health personnel, with little academic rigor, degree thesis, letters to the editor or with minor populations and opinion articles were excluded. All the selected publications, included in the research, belong to the years 2020 to 2021. The scientific evidence was analyzed and interpreted and the information that allowed answering the following research question was extracted: *what are the psycho-social effects, during the SARS-CoV2 pandemic in the adult population?* Additionally, the information that allows the traceability of the selected articles was extracted.

RESULTS

In the search carried out, 211 articles were identified, of which, when applying the selection criteria, 42 remained. These included a total population of 252,149 adult subjects as shown in **Figure 1**. The list with all the articles can be seen in **Annex 1** of this document.

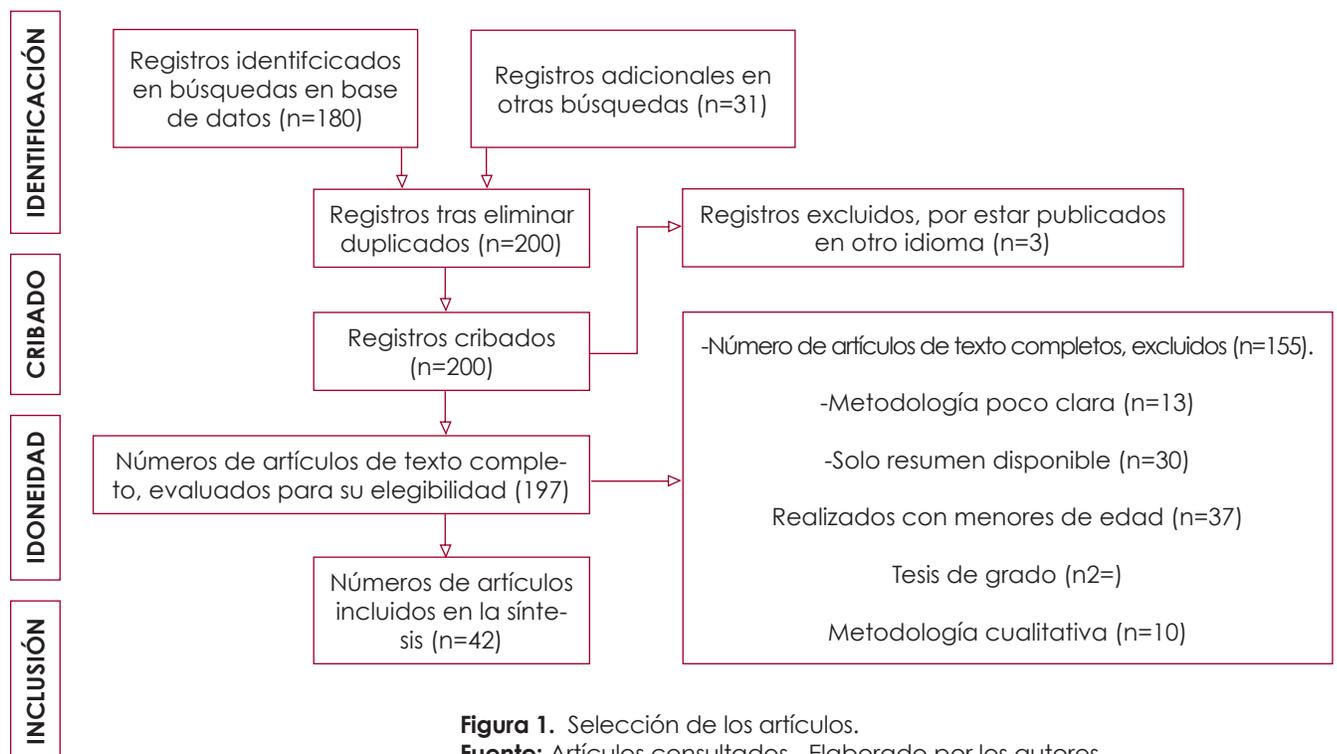


Figura 1. Selección de los artículos.

Fuente: Artículos consultados - Elaborado por los autores.

PSYCHOSOCIAL EFFECTS OF THE PANDEMIC

Psychological impact.

The impact of the pandemic on the mental health of the adult population is described in 18 of the studies consulted. These mention an increase in depressive disorders (stress and anxiety), which translated into a significant impact on quality of life, due to the radical change in the usual routine and economic uncertainty.^(7,8,17-22,9-16).

According to the available evidence, the pandemic was associated with depression figures, between 9% and 51.9%. Anxiety was reported in 11.6% to 76.4% of the population and stress was found with a variable prevalence, between 2.7% and 57.4%. See **table 1**.

Recent evidence suggests that people who are kept in isolation and in quarantine experience significant levels of anxiety, anger, confusion, and stress. In general, all studies that have examined psychological disorders during the COVID-19 pandemic have reported that affected people show various symptoms of psychological trauma such as emotional distress, depression, mood swings, irritability, insomnia, attention deficit, disorder of hyperactivity, post-traumatic stress and anger ^(20,30,31).

The female sex was identified as a risk factor for greater psychological affectation in eight of the investigations consulted ^(1,8,11,14,16,17,19,24). In the same number of articles, the fact of being a young adult or student is described as the main risk factor ^(9-11,22,24,26,28,32). And in three of the articles consulted, reference is made to a greater predisposition to develop anxiety and stress among older adults ^(20,33), especially if they have some degree of cognitive impairment ⁽³⁴⁾.

For Fernandez *et al.*,⁽⁷⁾ the greatest psychosocial impact on the elderly population in Spain occurred among those who had contracted the disease, who reported higher levels of stress, anxiety and depression than those who remained free of COVID-19. For his part, Sied *et al.*,⁽⁸⁾ observed that social isolation and confinement have caused emotional and mental health problems such as stress, fear, anxiety, insomnia and emotional exhaustion.

Saha *et al.* ⁽⁹⁾ studied the psychosocial impact of the COVID-19 pandemic on social network posts. With this, they observed that, at the beginning of the pandemic, there were many

that referred to anxiety and fear due to the uncertainty related to the health emergency. However, over time these manifestations were reduced, so it is clear that this is due to the adaptation of the population, which reduced the psychosocial impact of the pandemic.

For his part, Tee *et al.* ⁽¹⁷⁾ describe that the factors that are most associated with the psychological impact in the context of the pandemic and with higher levels of stress, anxiety and depression are the female gender, young adults, single marital status; in addition to being a student, the presence of specific symptoms of COVID-19, the quarantine imposed since the start of the pandemic, the prolonged stay at home, the exaggerated concerns of family members, and social discrimination.

The effects on the mental health of the population in the context of the COVID-19 pandemic seem to be greater among people with a history of anxiety, depression and obsessive-compulsive disorders. However, the available evidence indicates that the pandemic does not seem to worsen symptoms, when compared to the previous stage ⁽¹⁸⁾. In another sense, Prati *et al.* ⁽³⁵⁾ determined that there is a small but significant effect of COVID-19-associated mobility restriction on mental health symptoms, among the general population.

Depression and anxiety showed consistently small but significant effects of lockdown. However, no evidence was found that mandatory quarantine reduces positive psychological functioning, well-being, or life satisfaction. In addition, no evidence was found that loneliness increases or the perception of social support decreases, so it was concluded that mobility restriction in the COVID-19 pandemic had a selective and modest impact on mental health indicators, but no effect on positive performance ⁽¹⁸⁾.

Social impact.

The evidence suggests that the most important concerns of the population in the context of COVID-19 are not related to the possibility of falling ill or dying from this disease, but rather were related to the economic, social and political impact of this health crisis. Regarding life habits, an increase in unhealthy behaviors such as alcohol consumption and an increase in food intake are described. In addition, few variations in normal family dynamics are evident. The psychosocial effect is greater among those who lived alone ⁽⁷⁾.

The quality of life was also significantly affected during this pandemic, due to restrictions on citizen mobility. The social affectation is another result, since it was impossible to visit colleagues, colleagues and distant relatives. This is also associated with an increase in domestic and social violence due to confinement, which is also a cause of psychosocial discomfort. For the researchers, women are socially more vulnerable compared to men, due to the presence of factors such as greater physical and social vulnerability, financial instability, and the combination of

telecommuting with housework ⁽⁸⁾.

Research was also identified that describes that the psychosocial impact of the pandemic is due to the effect of factors such as the duration of the confinement or quarantine, boredom, frustration, fear of infection, the limited availability of resources or implements necessary to face the confinement and exposure to inappropriate and sensational sources of information, as well as scarce information from reliable sources and government sources. After quarantine, researchers mention factors related to financial uncertainty or social stigma for having suffered from COVID-19 ⁽³²⁾.

Additionally, the COVID-19 pandemic is associated with high levels of fear and anxiety. The application of the prevention measures ordered by the government has been significantly associated with the female gender; while income, age, education, and people living in urban and rural areas have no effect on the trust of the adult population in the government for the application of prevention measures ⁽¹⁴⁾. Another important aspect in the social impact of the pandemic is the availability of government and family support. There is evidence linking these factors with a lower level of anxiety and depression in the context of the pandemic and mandatory isolation measures ⁽²⁸⁾.

For their part, Qiu *et al.* ⁽³⁶⁾ mention that the levels of psychological distress in the context of the COVID-19 pandemic were also influenced, to a great extent, by the availability of local medical resources. Also, due to access to medical care, the efficiency of the regional public health system and the prevention and control measures taken in response to the epidemiological situation.

From a social point of view, the pandemic had a direct impact on people with chronic conditions and terminal illnesses, especially if they were from rural areas and had low incomes. This is due to the fact that they experience greater difficulty in accessing medical services and medications for continuous use. Reduced consumption of healthy foods and physical activity as a consequence of mandatory isolation also had a negative impact among people with comorbidities. This, in turn, led to an increase in symptoms of depression, anxiety and stress ^(27,37-39).

Another of the edges of the psychosocial impact of the pandemic and mobility restrictions is the increase in domestic violence, in all its manifestations, with serious effects on the mental health and well-being of the victims, mainly women, children and older adults ⁽²⁹⁾. **Table 2** shows the summary of the information collected.

Tabla 2. Impacto psicosocial de la pandemia.

Efecto psicosocial de la pandemia por COVID-19.

El impacto psicosocial de la pandemia fue mayor entre las mujeres, adultas jóvenes, sin trabajo estable, que no practican actividad física, residentes en zonas urbanas o rurales (1,8,29,11,12,14-17,22,24), sin un desarrollo adecuado de la resiliencia (6,15-18,23).

Las poblaciones minoritarias (4,5) y con enfermedades crónicas y catastróficas (27,37-39) tuvieron también un gran impacto psicosocial por la pandemia de COVID-19.

El efecto social se manifestó en incertidumbre financiera, pérdida del empleo, estigma social por haber padecido COVID-19 (7,13,28,32), violencia doméstica (29), deterioro del bienestar, comportamientos de riesgo, consumo de alcohol y otras drogas y reducción del funcionamiento social (2).

El impacto psicológico de la pandemia fue elevado, con grandes manifestaciones de ansiedad y estrés (7,9,25,26,28,32,35,36,10-13,17,19-21).

Fuente: artículos consultados - elaborado por los autores.

DISCUSSION

The purpose of this narrative review was to describe the psychosocial effects of the SARS-CoV2 pandemic in the adult population. According to the evidence collected, it can be stated that this effect was diverse and heterogeneous, depending on the population studied and the research design. However, the specialized literature seems to agree on the high prevalence of psychological disorders such as depression, anxiety and stress, as well as their relationship with some factors such as female sex, young age, inadequate development of resilience and dependence economic (1,8,29,11,12,14-17,22,24).

From the perspective of the social effect of the health emergency and mandatory isolation, the evidence is extensive and includes uncertainty due to the financial outcome, job loss, the increase in domestic violence, the consumption of toxic substances and social discrimination due to have been infected. The findings of this research coincide with similar research, in which the variety of ways in which the impact of the pandemic can be evidenced in the psychological and social sphere of the general population is exposed (40,41).

From the psychological point of view, although the evidence is extensive and the effect is diverse, there seems to be agreement among the researchers consulted on the high frequency of depression, anxiety, stress and alterations in mental health (7,9,25,26,28,32,35,36,10-13,17,19-21). This is the effect of mobility restrictions, concern about contagion, the death of close relatives, the economic impact that this represents or the possibility of losing one's job.

Thus, the predisposition to mental health problems and the insufficient development of resilience and coping skills could predispose to developing depression, anxiety and stress. Added to this are the consequences of the increase in alcohol consumption and domestic violence, due to involuntary and prolonged confinement, in the case of dysfunctional families.

The great impact of COVID-19 on the psychosocial spectrum of the adult population also coincides with the results of Pfefferbaum *et al.*, (42). For the authors, many of the experiences of patients, family members, and the general population can be adequately normalized by providing information about common reactions to stress and pointing out that people can and do overcome this psychological impairment, even in the midst of stress, of dire circumstances.

Consequently, family medicine professionals can offer suggestions for managing and coping with stress. Among them is structuring activities and maintaining routines; link patients with mental health and social services and advise patients to seek professional mental health assistance when necessary.

The authors of this narrative review consider that knowledge of the psychosocial impact of the pandemic on the general population is of great importance for primary health care, since it is the citizen's first line of contact with the health system. Therefore, it is necessary for this professional to be able to identify the psychosocial risk associated with COVID-19 in their community, allowing them to establish prevention actions, early diagnosis and management of this situation.

Among the strengths of this research, it can be mentioned that a large number of scientific publications were collected, with diverse designs and geographical origins, which provided a broad vision of the study problem. One of the weaknesses of this research is the fact that, being such a broad topic, the evidence collected is very heterogeneous and difficult to generalize.

The results of this research may be applied in the context of primary health care and family medicine, since it contributes to making visible the psychosocial impact of the current health emergency and will allow the design of strategies for the prevention and adequate management of psychosocial risk in community.

CONCLUSIONS

The epidemiological emergency related to the COVID-19 pandemic caused a wide variety of psychosocial effects in the general population. The impact was heterogeneous and diverse. Among the psychosocial effects are: alterations in mental health (anxiety, depression or stress) and effects on the social plane such as unemployment, economic uncertainty, alcohol consumption and domestic violence.

These phenomena merit a comprehensive approach from the perspective of family and community medicine, since both the psychological and social effects of the pandemic are interrelated and cause serious effects on the quality of life of the population. Health authorities must prioritize these problems as public health problems of interest and direct all efforts to prevent and control the disorders described above.

Anexo 1a. Totalidad de los artículos seleccionados.

Autor/es	Año	País	Diseño	Población	URL/Doi
Dalise et al.	2021	Italia	Observacional	134	DOI: 10.23736/S1973-9087.20.06535-1
Joshi	2021	India	Revisión	NA	https://doi.org/10.1007/s40847-020-00136-8
Veer et al.	2021	Alemania	Observacional	15.970	https://pubmed.ncbi.nlm.nih.gov/33479211/
Nilima et al.	2021	India	Observacional	1316	https://pubmed.ncbi.nlm.nih.gov/32838060/
Fernández et al.	2021	España	Observacional	315	https://pubmed.ncbi.nlm.nih.gov/33804449/
Syed et al.	2021	India	Observacional	410	https://pubmed.ncbi.nlm.nih.gov/34642625/
Tomar et al.	2021	EUA	Revisión	NA	https://pubmed.ncbi.nlm.nih.gov/34017893/
Brooks et al.	2020	Reino Unido	Revisión sistemática	NA	https://pubmed.ncbi.nlm.nih.gov/32112714/
Saha et al.	2020	EUA	Cuasi experimental	NA	https://pubmed.ncbi.nlm.nih.gov/33156805/
Raza et al.	2020	Alemania	Observacional	428	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7736613/
Dyer et al.	2021	EUA	Observacional	486	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7438976/
Shah et al.	2020	Pakistán	Observacional	678	https://pubmed.ncbi.nlm.nih.gov/33108569/
Deng et al.	2021	Canadá	Metaanálisis	NA	https://pubmed.ncbi.nlm.nih.gov/33009668/
Rudenstine et al.	2021	EUA	Observacional	1821	https://pubmed.ncbi.nlm.nih.gov/33045107/
Varma et al.	2021	Australia	Observacional	1653	https://pubmed.ncbi.nlm.nih.gov/33373680/
Bareeqa et al.	2021	Pakistán	Revisión sistemática	62382	https://pubmed.ncbi.nlm.nih.gov/33243029/
Yu-Pan et al.	2021	Holanda	Observacional	1517	https://pubmed.ncbi.nlm.nih.gov/33306975/
Tee et al.	2020	Filipinas	Observacional	1879	https://pubmed.ncbi.nlm.nih.gov/32861839/
Salari et al.	2020	Irán	Metaanálisis	9074	https://pubmed.ncbi.nlm.nih.gov/32631403/
Rubin et al.	2020	Reino Unido	Revisión	NA	https://www.bmj.com/content/bmj/368/bmj.m313.full.pdf
Shigemura et al.	2020	Japón	Revisión	NA	https://pubmed.ncbi.nlm.nih.gov/32034840/
Alkhamees et al.	2020	Arabia Saudí	Observacional	1160	https://pubmed.ncbi.nlm.nih.gov/32688022/
Boserup et al.	2020	EUA	Observacional	NA	https://pubmed.ncbi.nlm.nih.gov/33231496/
Prati et al.	2021	Italia	Metaanálisis	72004	https://pubmed.ncbi.nlm.nih.gov/33436130/
Jacques et al.	2020	España	Observacional	7053	https://pubmed.ncbi.nlm.nih.gov/33234664/
Qui et al.	2020	China	Observacional	52730	https://pubmed.ncbi.nlm.nih.gov/32215365/

Anexo 1b. Totalidad de los artículos seleccionados.

Autor/es	Año	País	Diseño	Población	URL/Doi
Hyland et al.	2020	Irlanda	Observacional	1041	https://pubmed.ncbi.nlm.nih.gov/32716520/
Schapira et al.	2020	Argentina	Revisión	NA	http://rasp.msal.gov.ar/rasp/articulos/vol-12supl/REV-Schapirae4.pdf
Wang et al.	2020	China	Observacional	4788	https://idpjournal.biomedcentral.com/articles/10.1186/s40249-020-00770-8
Baygi et al.	2021	Irán	Observacional	439	https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-021-03197-z.pdf
Singh et al.	2021	India	Observacional	1734	https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10708-w
Sung-Wang	2021	Corea	Observacional	1492	https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-021-03449-y.pdf
Queen et al.	2021	Reino Unido	Observacional	266	https://onlinelibrary.wiley.com/doi/10.1111/bjh.17427
Liu et al.	2020	EUA	Observacional	898	https://pubmed.ncbi.nlm.nih.gov/32512357/
Tang et al.	2020	China	Observacional	2485	https://doi.org/10.1016/j.jad.2020.05.009
Moraliyage et al.	2021	EUA	Revisión	NA	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7753606/
Chung et al.	2020	Hong Kong	Observacional	285	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7486880/
Sediri et al.	2020	Tunes	Observacional	948	https://pubmed.ncbi.nlm.nih.gov/33068161/
Grossman et al.	2020	EUA	Observacional	832	https://pubmed.ncbi.nlm.nih.gov/33316978/
Killgore et al.	2021	EUA	Observacional	5931	https://pubmed.ncbi.nlm.nih.gov/33385782/

Fuente: artículos seleccionados - Elaborado por los autores.

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