

## Anxiety and depression consequences of the pandemic

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### Abstract

There has been an increase in some mental disorders such as anxiety and depression that were caused by the Covid-19 infection and its secondary consequences. The consumption of medicines on their own has also increased due to the fact that people need to belong to a diagnosis. Anxiety disorders must be distinguished from adaptive fear or anxiety. They are also different from temporary fear or anxiety, which are often stress-induced because they are persistent. Although it is often triggered by loss, depression is not the same as the normal feeling of grief. However, the distinction between normal but intense grief and depression is not always easy. For diagnosis or treatment, an evaluation should be made with a psychologist or psychiatrist. Depression and anxiety can be treated with medication, psychotherapy, or a combination of the two. Antidepressants and anxiolytics prescribed by the psychiatrist help regulate brain chemistry and are applied according to each case, according to each patient.

**Keywords:** Anxiety; Pandemic; Depression; Covid-19; Differential diagnosis

### 1 Introduction

It is possible to consider as consequences of the pandemic the increase in some mental disorders and psychological trauma that were caused both directly by the Covid-19 infection and by its secondary consequences. Some common reactions presented were fear of getting sick and dying; sleep disorders, difficulty concentrating on daily tasks, negative thoughts; feelings of hopelessness, loneliness, anxiety and depression. There was an increase in the consumption of medicines on their own, e.g. people seem to need to be inserted in some clinical condition as a way to find relief there, assuming they know what needs to be treated and to which diagnosis it belongs. According to the DSM51, anxiety disorders should be distinguished from adaptive fear or anxiety because they are excessive or persist beyond developmentally appropriate periods. They are also different from temporary fear or anxiety, which are often stress-induced because they are persistent. In some mental disorders, anxious symptoms are markedly configured, which may be due to anxiety disorders such as generalized anxiety disorder [GAD] and panic disorder, or from those in which anxiety is of central or very relevant importance such as phobias, anxiety social, post-traumatic stress, dissociative and conversion conditions, hypochondriacal and somatization conditions and obsessive compulsive disorder [OCD] [2]. Anguish is characterized by the feeling of tightness in the chest and throat, of compression, suffocation. Although it is very similar to anxiety, it has a more bodily connotation. Fear is not a pathological emotion, it is a universal characteristic of higher animals and man, and phobias are fears that are disproportionate to the possibilities of real danger offered by the triggering objects or situations.

In psychiatry, the term depression refers to at least three meanings, that is, it can refer to a symptom, a disorder or a nosological entity [3]. Depression is characterized by sad mood, insomnia, easy crying, lack of appetite, slowing of thought, speech, movement. Anxiety Can come from a secondary or organic condition. From a psychopathological point

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of view, depressive disorders have sad mood as the most salient elements and, in the volitional sphere, discouragement. Sadness and despondency are, in depression, disproportionately more intense and lasting than in normal lifelong sadness responses. In severe forms of depression, there may be psychotic symptoms such as delusions and/or hallucinations, marked psychomotor alterations such as slowing down or stupor, as well as the associated biological phenomena - neuronal or neuroendocrine [1]. In depressive disorder, sadness, feeling of melancholy, most of the day, feeling of boredom, and chronic annoyance, irritability is significantly increased (to noises, people, voices, ), and the presence of anguish, anxiety, despair and hopelessness. There is alteration of volition and psychomotricity, manifested by discouragement, hypobulia, anhedonia, tendency to remain quiet in bed, throughout the day with the dark room, refusing visits. Ideas of death, ideation, plans or suicidal acts may be present. Depression must be distinguished from grief. Although it is often triggered by loss, depression is not the same as the normal feeling of grief. However, the distinction between normal but intense grief and depression is not always easy [2]. Most often, depression and anxiety are treated with medication, psychotherapy, or a combination of the two. For diagnosis or treatment, an evaluation should be made with a psychologist or psychiatrist. Antidepressants and anxiolytics prescribed by the psychiatrist help regulate brain chemistry and are applied according to each case, according to each patient.

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## 2 Conclusion

One of the consequences of the pandemic was the increase in the consumption of medicines on their own and of some mental disorders such as anxiety and depression that were caused both directly by the Covid-19 infection and by its secondary consequences. The diagnosis of these disorders and the treatment must be done by a psychologist or a psychiatrist, since the treatment is carried out by medication, psychotherapy or a combination of the two. The diagnosis performed by these professionals is essential for the correct direction of treatment. Thus, the patient will have greater benefit for the treatment of their symptoms.

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