

Case Report

Covid-19 and Psychological Impact: A Case of Post-Traumatic Stress Disorder in a Female Survivor of Covid-19 in Senegal

Maimouna D^{1*}, Ibra D², Khadim S³ and Gautier NA⁴

¹Psychiatrist, National Psychiatric Hospital of Thiaroye, Dakar, Senegal

²Psychiatrist, Department of Psychiatry, Public Health Establishment of Mbour, Thies, Senegal

³Psychiatrist, Kaolack National Centre for Social Reinsertion, Kaolack, Senegal

⁴Socio-Anthropologist, Regional Centre for Research and Training in HIV/AIDS Care (CRCF), Dakar, Senegal

***Corresponding authors:** Dieye Maimouna, Psychiatrist, Cheikh Anta Diop University of Dakar, Faculty of Medicine, Pharmacy and Odontology of Dakar, National Psychiatric Hospital of Thiaroye (CHNPT), Dakar, Senegal

Received: September 28, 2021; **Accepted:** October 22, 2021; **Published:** October 29, 2021

Abstract

The psychological impact of Covid-19 on those affected is well documented. Since the beginning of the pandemic, mental health specialists have drawn attention to the possibility of a wave of mental disorders, some of which are post-traumatic stress disorders.

We report the case of a 36-year-old female patient, who was directly confronted with Covid-19 with a 10-day stay in an epidemic treatment center. She presented to the psychiatry seven months later with frequent forgetfulness, incessant crying, and intrusive thoughts about her stay at the epidemic treatment center and absenteeism from work, and was found to have post-traumatic stress disorder with depressive symptoms.

This case study aims to evaluate the clinical presentation of post-traumatic stress disorder in a survivor of Covid-19. This case report shows that it is not uncommon in the current health crisis to have patients consulting psychiatry for post-traumatic stress disorder, especially those who are directly confronted with the disease.

We hope that the follow-up of recovered Covid-19 patients will be the subject of further scientific research in order to detect those who are at risk of developing post-traumatic stress disorder.

Keywords: Covid-19; Post-Traumatic Stress; Psychiatry; Senegal

Introduction

Like any unexpected, sudden and unpredictable event, the Covid-19 pandemic that has been raging around the world since December 2019 is an event that is a source of psychological trauma and mental health complications for some victims. Already, in April 2020, a significant number of psychiatric and psychological researchers had sounded the alarm about the mental health risks associated with SARS-CoV-2 [1]. A study published in "The Lancet psychiatry" in May 2020 comparing SARS-CoV-2 with other coronaviruses [2] highlighted the appearance of psychiatric disturbances during the symptomatic phases and after the disease in some people declared cured from Covid-19. Post-traumatic stress disorder is one of the common psychological consequences of these types of epidemics, the prevalence of which is around 32.2% [1]. Given the current state of knowledge about the psychological impact of Covid-19 on victims, there are few reported cases of post-traumatic stress disorder in the world in general and in Africa in particular. We report a case of post-traumatic stress disorder in a Senegalese woman who contracted the disease and was declared cured 10 days after her stay in a local Epidemic Treatment Center (ETC). She presented to the psychiatry department with frequent forgetfulness and intrusive thoughts about her past stay in an ETC. This case aims to draw readers' attention to the symptoms of post-traumatic stress disorder in Covid-19 and to stimulate the interest of mental health workers in the frequency of this pathology in these moments of crisis. It is hoped that the follow-up

of recovered Covid-19 patients will be the subject of further scientific research in order to detect those at risk of developing PTSD and in the hope that this unprecedented crisis will provide an opportunity for scientific advancement, especially in the field of psycho-trauma and psychosocial care.

Case Presentation

She is a 36-year-old Senegalese woman, married and mother of three children. She is a health worker in a local health facility where she has 10 years of experience. She was seen in psychiatry, accompanied by her mother, because of frequent forgetfulness, incessant crying, a tendency to isolate herself, insomnia that was not well tolerated and was interspersed with nightmares, intrusive thoughts and absenteeism at work. No personal or family psychiatric history was noted. The patient's symptomatology began about seven months before the start of her psychiatric consultation, marked by the progressive onset of severe anxiety, which had necessitated self-medication with anxiolytics of unspecified nature and dose. She told us that this anxiety began when she was contacted by her superior to tell him that her Covid-19 PCR test was positive. This sudden, unexpected and surprising announcement had left a deep impression on her, as she said that she couldn't stop crying and thought about her two asthmatic children, whom she could infect. At the ETC, she stayed in her room all the time and could not sleep with heavy thoughts and feelings of guilt about these children. After 10 days at the ETC, she tested negative after two PCR tests and was declared

cured. Her mother reported that the patient's behavior had changed since she returned home after her stay at the ETC. She increasingly locked herself in her room, crying for hours on end, no longer looked after her children and no longer participated in domestic activities. She sometimes reports frequent forgetfulness of recent events. The patient told her mother that she does not want to go back to work because the hospital causes her to have déjà vu or flashbacks, resulting in severe stress, headaches and a panic attack. She reported excessive worry and anxiety combined with heavy and unbearable thoughts related to her stay at ETC. She reported that she has frequent insomnia and sometimes when she is able to sleep she has nightmares related to her test and transfer to ETC. Her mother said that her daughter does not want to watch television or listen to the radio anymore because these media are always reporting on Covid-19. Due to the persistence of the patient's symptoms and her mother's growing concern, she was referred to psychiatry for further treatment.

On psychiatric examination, the corporal presentation is correct, the facial expression is anxious. Her gaze is terrified and worried. The answers are hardly audible with words interspersed with sighs. His speech is interspersed with silences and tears. Her words reflect a feeling of powerlessness in relation to what she is experiencing: "I can't get Covid-19 and my stay at the ETC out of my mind... it really marked me, I still see the look in my colleagues' eyes when I knew I had Covid-19". The mood is sad with anxious ruminations. Her thoughts are pessimistic, especially about her work, with avoidance behaviors: "I think I won't be able to go back to work, I tried to go back to the hospital but each time I have a very strong heartbeat and I wanted to leave the hospital as soon as possible". Her mother insisted that her daughter was eating little and not sleeping. This was confirmed by the patient who told us: "How can you sleep when you have nightmares all the time?". The patient is well oriented in time and space with no judgement problems. The examination of the other devices and systems was unremarkable. The biological and radiological check-up of the brain was normal.

The management of the patient was based on two aspects: chemotherapy and psychological support. The drug treatment was based on a Selective Serotonin Reuptake Inhibitor (SSRI) at a daily dose of 20mg combined with an anxiolytic: Alprazolam at a rate of 1mg per day. Psychological support interviews were organized with the patient and her mother, who accompanied her at each appointment, on a regular basis (once a fortnight), the aim of which was to provide attentive listening in order to help her synthesize the experience of Covid-19 and an attempt to provide clearer and more accessible explanations of her illness. After 60 days of follow-up, the patient had regained her self-esteem with a pleasant sleep and a decrease in reliving. She reported a gradual return to her professional activities. SSRI doses were reduced to 10mg and Alprazolam to 0.5mg. However, the patient continues to receive follow-up and further psychotherapy sessions have been scheduled.

Discussion

We have just reported an observation of a patient who was followed up for post-traumatic stress disorder complicated by depression following a Covid-19 contamination after a 10-day stay in an ETC. This case is a typical example of the effects that follow a traumatic experience with Covid-19, which is considered one of the

major disasters of the 21st century [3].

Following exposure to the trauma of a disaster of this nature, psychological morbidity has been noted to affect approximately 30% to 40% of the affected population [4]. The symptoms presented by our patient are characteristic of the symptoms of post-traumatic stress according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) [5]: a traumatic and unhappy experience of Covid-19, intrusive thoughts with repetitive memories associated with flashbacks of her diagnosis and stay at the ETC, avoidance behaviors with absenteeism from work and avoidance of the media, and all of these symptoms are associated with difficulties in falling asleep and frequent forgetfulness. All this symptomatology is related to the patient's psychological experience of Covid-19, which affected her for several months following her discharge from the ETC with an inability to carry on with these activities of daily living. Our patient's treatment was effective with the combination of chemotherapy and psychotherapy.

Drug treatment with antidepressants and anxiolytics helped to alleviate our patient's complaints. Antidepressants have been shown to be effective in managing PTSD symptoms [4,6,7]. Psychological support, consisting of listening to and explaining the symptoms of our patient, was helpful in coping with fear, anxiety and depressive symptoms.

This case report shows that the Covid-19 pandemic has negative impacts on the mental health of people who have been affected by this disease. This has been pointed out by several scientists around the world [1,2]. Given the limited amount of research conducted on the psychological impact of Covid-19 survivors, it is important that such cases are documented and added to the medical literature so that the psychological effects of Covid-19 can be understood and taken into account in post-pandemic management. This case draws our attention to facets of diagnosis and treatment of people directly confronted with Covid-19. It must be emphasized that at this time of pandemic, when the media are omnipresent about Covid-19, we need to focus more on our patients to provide the best care and support to cope with this event.

Conclusion

This case report shows that it is not uncommon, at this time of global health crisis, to have patients who consult psychiatry for post-traumatic stress disorder. Therefore, it is important for clinicians in the context of Covid-19 to look for symptoms of post-traumatic stress, especially media avoidance behaviors, in people who present to psychiatry with a direct or indirect confrontation with Covid-19. This clinical case example could be a pretext for a plea to research the short, medium and long-term psychological consequences of the Covid-19 pandemic.

Authors' Contributions

All the authors contributed to the care activity described in the study and to the design. They approved the final document.

References

1. Jonathan PR, et al. Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the Covid-19 pandemic. *Lancet Psychiatry*. 2020; 7: 611-627.

2. Emily AH, et al. Multidisciplinary research priorities for the Covid-19 pandemic: a call for action for mental health science. *Lancet Psychiatry*. 2020; 7: 547-560.
3. Arnaud Carre, et al. Covid-19: quelles conséquences sur la santé mentale?
4. Wong JCM and Ursano RJ. Traumatic Stress-An overview of Diagnostic Evolution and Clinical Treatment. *Ann. Acad. Med. Singapore*. 1997; 26: 76-78.
5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders 4th Edition* Washington, DC. 1994.
6. Friedman MJ. Post-traumatic Stress Disorder. *J. Clin. Psychiat.* 1997; 58: 33-36.
7. Vaiva G, et al. *Psychotraumatisme: prise en charge et traitements*, Paris, Masson. 2005.