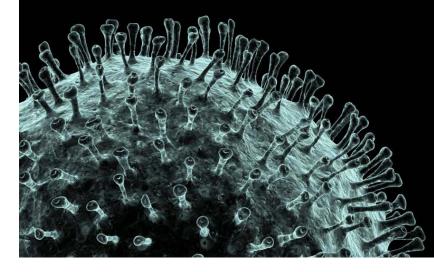
COVID-19 Conversations



Sandro Galea, MD, MPH, DrPH

Dean and Robert A. Knox Professor, Boston University School of Public Health



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Mental health and Covid-19

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Boston University School of Public Health



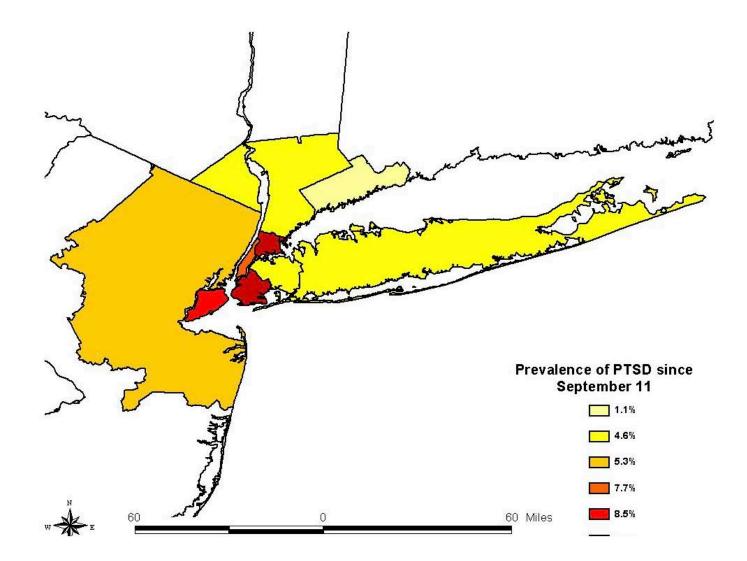
⁶⁶ A traumatic event is an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world. **99**

http://www.nlm.nih.gov/medlineplus/ency/article/001924.htm Levetown M. Communicating with children and families: from everyday interactions to skill in conveying distressing information. Pediatrics. 2008;121:e1441-e1460.

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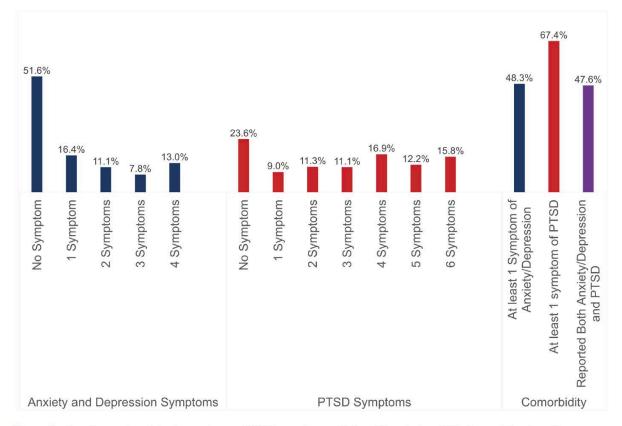


Figure 1 Prevalence of anxiety-depression and PTSD symptoms—National Knowledge, Attitudes and Practices Survey, Sierra Leone, July 2015 (N=3564). PTSD, post-traumatic stress disorder .

Jalloh MF, Li W, Bunnell RE, et al. Impact of Ebola experiences and risk perceptions on mental health in Sierra Leone; July 2015. BMJ Glob Health 2018;3:e000471. doi:10.1136/bmigh-2017-000471

Severity category		Occupation			Sex			Working position		Type of hospital			Location	-			
		No. (%)		No. (%)			No. (%)			No. (%)		No. (%)					
		Physician	Nurse	P value	Men	Women	P value	Frontline	Second-line	P value	Tertiary	Secondary	P valve	Wuhan	Hubei province outside of Wuhan	Outside Hubei province P valu	P value
PHQ-9, depres	ssion symptoms	6															1
Normal	623 (49.6)	268 (54.4)	355 (46.5)		171 (58.3)	452 (46.8)		217 (41.5)	406 (55.2)	<.001	483 (51.7)	140 (43.2)	. 03	335 (40.0)	146 (55.9)	142 (60.1)	<.001
Mild	448 (35.6)	157 (31.8)	291 (38.1)		92 (31.3)	356 (36.9)		211 (40.4)	237 (32.2)		326 (34.9)	122 (37.6)		296 (38.9)	85 (32.5)	67 (28.3)	
Moderate	108 (8.6)	44 (8.9)	64 (8.4)	.01	21 (7.1) 87 (9.0) 9 (3.0) 69 (7.1)	87 (9.0)	<.001	59 (11.3)	49 (6.6)		71 (7.6)	37 (11.4)		73 (9.6)	19 (7.2)	16 (6.7)	
Severe	78 (6.2)	24 (4.9)	54 (7.1)			69 (7.1)		35 (6.7)	43 (5.8)		53 (5.6)	25 (7.7)		56 (7.3)	11 (4.2)	11 (4.6)	
GAD-7, anxiet	ty												1				
Normal	697 (55.4)	293 (59.4)	404 (52.9)		189 (64.5)	508 (52.6)		253 (48.4)	444 (60.4)	<.001	533 (57.1)	164 (50.6)	.046	391 (51.4)	155 (59.3)	151 (63.9)	<001
Mild	406 (32.3)	143 (29.0)	263 (34.4)	07	71 (24.2)	335 (34.7)	.001	185 (35.4)	221 (30.0)		291 (31.1)	115 (35.4)		257 (33.8)	85 (32.5)	64 (27.1)	
Moderate	88 (7.0)	34 (6.9)	54 (7.1)	.03	23 (7.8)	65 (6.7)		48 (9.1)	40 (5.4)		61 (6.5)	27 (8.3)		66 (8.6)	11 (4.2)	11 (4.6)	
Severe	66 (5.3)	23 (4.7)	43 (5.6)		10 (3.4)	56 (5.8)		36 (6.8)	30 (4.0)		48 (5.1)	18 (5.5)		46 (6.0)	10 (3.8)	10 (4.2)	
ISI, insomnia s	symptoms																
Absence	830 (66.0)	358 (72.6)	472 (61.8)	<.001	208 (70.9)	622 (64.5)	.04	310 (59.3)	520 (70.7)	<.001	635 (68.0)	195 (60.1)	.02	473 (62.2)	186 (71.2)	171 (77.4)	.001
Subthreshold	330 (26.2)	107 (21.7)	223 (29.2)		66 (22.5)	264 (27.3)		148 (28.3)	182 (24.7)		227 (24.3)	103 (31.7)		214 (28.1)	60 (22.9)	56 (23.7)	
Moderate	85 (6.8)	24 (4.9)	61 (8.0)		17 (5.8)	68 (7.0)		55 (10.5)	30 (4.0)		61 (6.5)	24 (7.4)		65 (8.5)	13(1.3)	7 (2.9)	
Severe	12 (1.0)	4 (0.8)	8 (1.0)		2 (0.6)	10 (1.0)		9 (1.7)	3 (0.4)		10 (1.0)	2 (0.6)		8 (1.0)	2 (0.7)	2 (0.8)	
IES-R, distress	s symptoms																
Normal	358 (28.5)	163 (33.1)	195 (25.5)		122 (41.6)	236 (24.4)	<.001	124 (23.7)	234 (31.8)	<.001	259 (27.7)	99 (30.5)	0.81	190 (25.0)	76 (29.1)	92 (38.9)	<.001
Mild	459 (36.5)	167 (33.9)	292 (38.2)	.01	88 (30.0)	371 (38.4)		178 (34.0)	281 (38.2)		349 (37.4)	110 (33.9)		272 (35.7)	106 (40.6)	81 (34.2)	
Moderate	308 (24.5)	120 (24.3)	188 (24.6)		59 (20.1)	249 (25.8)		146 (27.9)	162 (22.0)		231 (24.7)	77 (23.7)		202 (26.5)	60 (22.9)	46 (19.4)	
Severe	132 (10.5)	43 (8.7)	89 (11.6)		24 (8.1)	108 (11.2)		74 (14.1)	58 (7.8)		94 (10.0)	38 (11.7)		96 (12.6)	19 (7.2)	17 (7.2)	

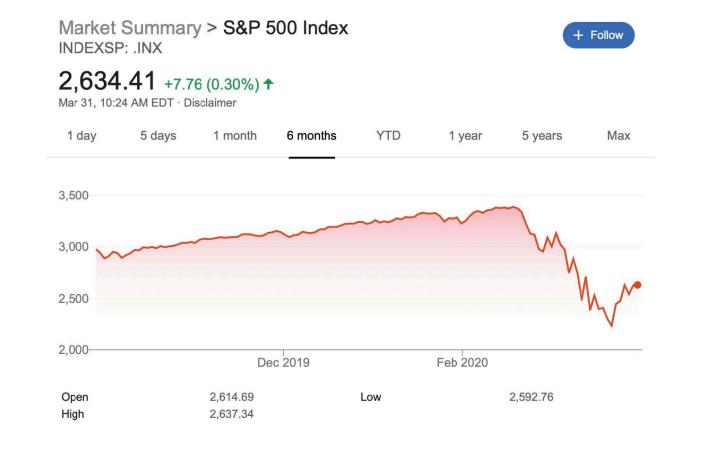
Abbreviations: GAD-7, 7-item Generalized Anxiety Disorder; IES-R, 22-item Impact of Event Scale-Revised; ISI, 7-item Insomnia Severity Index; PHQ-9, 9-item Patient Health Questionnaire.

Lai J et al. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019. JAMA Netw Open. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976

Variables	Prevalence(95%C	ŋ	Adjusted odds ratio(95%C		
Overall	19.4(18.3-20.6)				
Gender					
Male	20.0(18.0-22.1)		1(ref)		
Female	19.2(17.8-20.6)		0.90(0.77-1.05)		
Age(years)	10.2(11.0 20.0)	(14 m)	0.00(0.11 1100)		
-20	12.1(8.4-16.7)		1(ref)		
21-30	18.08(16.5-19.7)		1.51(1.00-2.30)		
31-40	24.4(22.1-26.8)		1.69(1.07-2.68)		
41-50	17.4(14.7-20.3)		1.04(0.64-1.68)		
51-	20.3(15.2-26.6)		1.22(0.71-2.80)		
Education	Loro(roit Loro)		(inter(or) / hooy		
Middle school	29.2(23.7-35.2)		1(ref)		
High School	26.7(23.7-30.0)		0.81(0.59-1.12)		
College	18.0(16.6-19.4)	-	0.50(0.37-0.68)		
Master	14.5(12.1-17.2)		0.40(0.28-0.57)		
Marriage			0.10(0.20 0.01)		
Married	22.2(20.6-23.8)		1(ref)		
No married	16.2(14.7-17.8)		0.79(0.64-0.97)		
Occupation					
Students/retired	14.9(12.9-17.0)		1(ref)		
Health care workers	19.5(14.8-25.0)		0.79(0.54-1.16)		
others	21.0(19.7-22.4)		0.90(0.65-1.26)		
Cities					
Hubei	25.4(18.1-33.8)		1(ref)		
Others	19.3(18.1-20.5)		0.67(0.45-1.01)		
Area	1000 B 1000 B 1000	1000			
Urban	19.6(18.4-20.9)		1(ref)		
Rural	18.6(18.4-20.9)	+=+	0.87(0.71-1.06)		
Self-rate health			Consideration of the last of the construction of		
Excellent	18.3(16.7-20.0)		1(ref)		
Very good	18.7(17.1-20.4)	+=-1	1.09(0.93-1.26)		
Good/general/poor	27.4(23.6-31.5)		1.77(1.41-2.21)		
Social media exposure			· · · · · · · · · · · · · · · · · · ·		
Less	15.6(12.2-19.4)		1(ref)		
Sometimes	19.1(15.6-23.1)		1.17(1.00-1.37)		
Frequently	19.9(18.6-21.2)		1.91(1.52-2.41)		
anna tarainn ta			1		
		0.5 1 1.5 2 2.5 Odds ratio	3		

Figure 3. Prevelance of combination of depres	sion and anxiety and relevant factors

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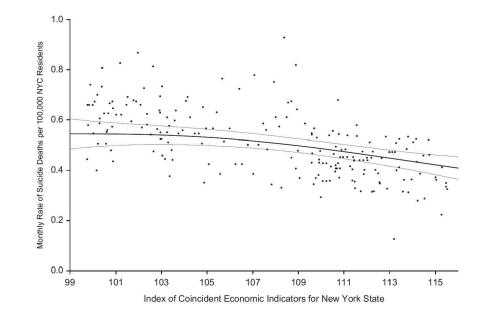
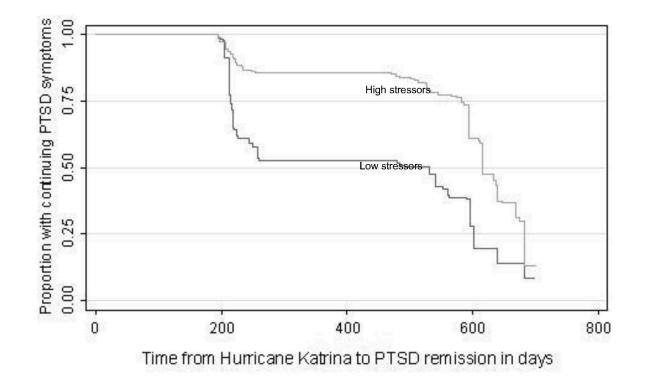


Figure 2. Generalized additive model showing the association between the Index of Coincident Economic Indicators and the predicted monthly rate of violent suicides per 100,000 New York City (NYC) residents after accounting for time trends, 1990–2006. The points indicate the actual monthly rates of suicide per 100,000 residents of New York City. The solid line represents predicted values, and dotted lines indicate 95% confidence intervals.

Nandi A, Prescott AR, Cerda M, Vlahov D, Tardiff KJ, Galea S. Economic conditions and suicide rates in New York City. American Journal of Epidemiology 2012;175(6):527–535. PMID: 22362583. PMCID: PMC3299418. http://dx.doi.org/10.1093/aje/kwr355

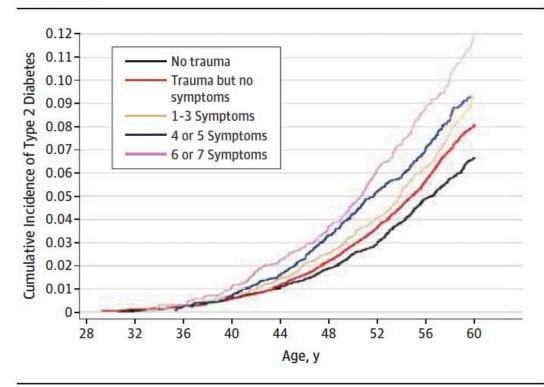
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Galea S, Tracy M, Norris F, Coffey S. Financial and social circumstances and the incidence and course of PTSD in Mississippi during the first two years after Hurricane Katrina. Journal of Traumatic Stress. 2008; 21(4):357-68. PMID: 18720399. URL: http://hdl.handle.net/2027.42/60922

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Figure. Cumulative Incidence of Type 2 Diabetes, Stratified by Number of Posttraumatic Stress Disorder Symptoms (Nurses' Health Study II, 1989-2011)



Roberts AL, Agnew-Blais J, Spiegelman D, Mason SM, Galea S, Hu F, Rich-Eclwards JW, Koenen KC. Posttraumatic stress disorder and type 2 diabetes incidence in women: A 22-year longitudinal study. JAMA Psychiatry. 2015;72(3):203-10. PMID: 25565410. https://dx.doi:10.1001/jamapsychiatry.2014.2632

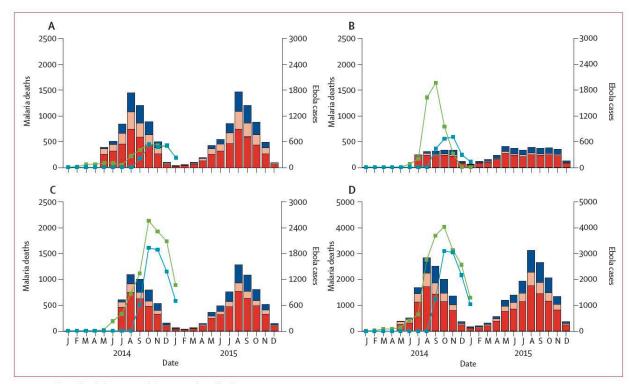
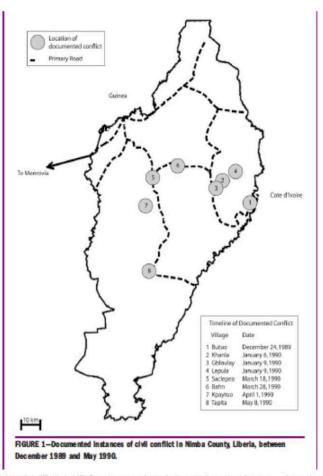


Figure 3: Effect of health-systems failure on malaria deaths

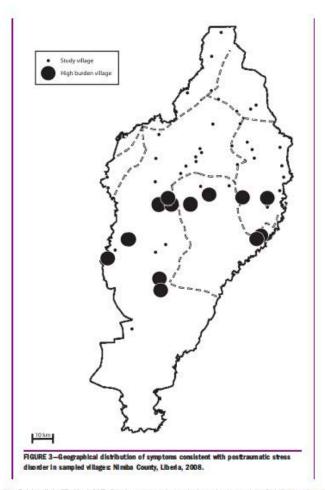
For Guinea (A), Liberia (B), Sierra Leone (C), and the combined total (D). Red bars show additional deaths in individuals who would otherwise have been treated with an artemisinin-based combination therapy (ACT) and recovered, pink bars show additional deaths in individuals who would not have received ACT or failed to respond to ACT but would have otherwise recovered after hospital care, and blue bars show additional deaths caused by the additional malaria cases attributable to increased malaria transmission. Green lines show probable and confirmed Ebola cases from patient databases, blue lines show Ebola cases from WHO situation reports.

waiker mail et al. walana morbioity and mortality in obola-arrected countries caused by decreased nearth-zare capacity, and the potential effect or mitigation strategies: a modelling analysis, Lancet Infect Dis 2015, 15: 825–32. http://dx.doi.org/10.1016/S1473-3099(15)70124-6

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- 1. Education
- 2. Surveillance
- 3. Stepped care approaches
- 4. Improving social and economic conditions

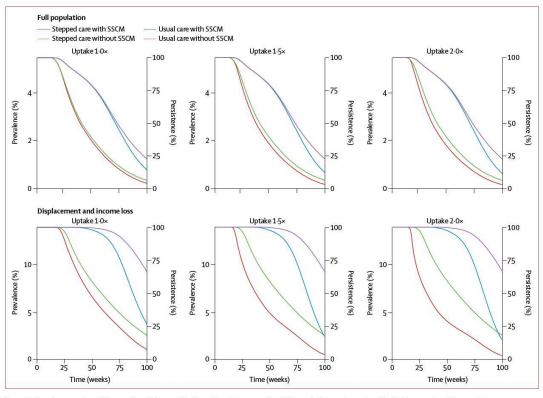


Figure 2: Prevalence and persistence of post-traumatic stress disorder among the full population and agents with displacement and income loss SSCM=social services case management.

Gohen GH, Tamrakar S, Lowe S, Sampson L, Ettman CK, Kilpatrick D, Linas B, Ruggiero K, Galea S. Improved social services and the burden of posttraumatic stress disorder among economically vulnerable people after a natural disaster: a modelling study. The Lancet Planetary Health. 2019;3(2):e93e101. PMID: 30797416. https://doi.org/10.1016/S2542-5196(19:30012-9)

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