

# The tale of COVID-19 survivor: Primary care physician's management strategies for mental health and chronic disease during pandemic COVID-19 era

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### SUMMARY

The coronavirus disease 2019 (COVID-19) pandemic has impacted the mental health of those with chronic illness since its declaration. Primary care physicians play an essential role in the fight against the disease. They are the first point of contact for a significant proportion of patients. It is very important to be holistic and emphasise the importance of early mental health screening among primary care physicians in managing post-COVID-19 patients, especially those with comorbidities. This is to improve the detection rate for mental illness at the primary care level and subsequently assist in managing the disease accordingly. Low detection of mental illness among COVID-19 patients has resulted in serious implications and an increased morbidity. Managing post-COVID-19 patients with mental and multiple comorbidities require good family support along with the involvement of a multidisciplinary team to ensure diseases controlled and prevent further complication. This case illustrates the diagnosis and management of a 67-year-old woman with underlying diabetes mellitus and depression, where she had been recently infected with the COVID-19. Based on the latest evidence, the key element in managing the aforementioned patient is via a holistic approach, pharmacological treatment and supportive care from primary care physician and family members.

### INTRODUCTION

In December 2019, China reported the first case of a new coronavirus (SARS-CoV-2). The World Health Organisation (WHO) subsequently named the disease 'the 2019 novel coronavirus disease' (COVID-19) and declared it a pandemic subsequent to its global outbreak.<sup>1</sup> This virus has the potential to cause acute infectious pneumonia. The COVID-19 pandemic has impacted the mental health of those with chronic illness since its declaration. Hence, the identification of this condition and its appropriate management is essential to ensure that this group of patients is being screened and given early psychological first aid. This case describes how an elderly woman with an underlying history of depression and diabetes mellitus developed a relapse of her major depressive disorder (MDD) episode following the COVID-19 infection, and the challenges faced by medical team and her family in managing this patient.

### CASE PRESENTATION

A 67-year-old postmenopausal lady with multiple comorbidities, which include COVID-19, diabetes mellitus, hypertension, dyslipidaemia, and a history of depression in the past, was treated in a post-COVID-19 clinic. She was diagnosed with depression in 2016 and was started on an antidepressant. She was stable after 2 years of treatment and subsequently in remission and no longer on follow-up and medication. Two weeks after being discharged from the ward, she began to experience depressive symptoms. She had low mood, lost interest engaging in any activity, poor sleep, diminished appetite and lost weight for almost 2 weeks. Initially, the patient was reluctant to attend the clinic because she was concerned about contracting another infection, but her daughter persuaded her. The symptoms have moderately impaired her social activity and function. She denied having any suicidal thoughts or intentions. There was no psychotic, anxiety or manic symptoms. In addition, she did not consume alcohol, smoke or take any substances. She has good family support and stays with her daughter, where the daughter financially supports her. There is no family history of mental illness among her family members.

On physical examination, her height, weight and BMI were 153 cm, 66 kg, and 28.2 (obese), respectively. All her vital signs were normal. The Patient Health Questionnaire-9 (PHQ-9) score was 10, which indicates moderate depression; and the GAD-7 score was 0, which indicates no anxiety. The mental status examination indicates that her consciousness was clear. She was not cooperative throughout the conversation, where she demonstrated reluctance to talk and was avoiding eye contact. Her mood was low, but there were no signs of hallucination and delusions. No other abnormalities were noted.

Blood investigations showed a high HbA1c of 7.5%, triglyceride (TG) level of 1.2 mmol/L, low density lipoprotein (LDL) of 2.2 mmol/L, high density lipoprotein (HDL) of 1.1 mmol/L and total cholesterol (TC) of 7.0 mmol/L. The liver, renal and urine tests were all normal. Both the annual eye examination and baseline electrocardiogram were also normal.

Both the patient and the daughter were informed about the diagnosis. Initially, the daughter could not accept the diagnosis of depression, as she thought the disease was resolved in the past. The initial management was to educate

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the patient and the daughter regarding the disease. Following clarification, both the patient and the daughter agreed that the former is to be started on an antidepressant treatment. The patient started with a low-dose tablet of fluvoxamine (50 mg), a selective serotonin reuptake inhibitor (SSRIs) antidepressant medication group, via oral administration once a day. Starting antidepressants at low doses will reduce side effects and improve adherence. The side effects of SSRI medications, such as stomach disturbance, sleep disturbance and nervousness, were explained to the patient. A short course of benzodiazepine lorazepam (1 mg/day) was also prescribed to the patient due to her sleep disturbance. The benzodiazepine tablet was prescribed for a short duration, as it may cause dependence in the long term. Its side effect has been addressed to the patient as well. In addition, a separate consultation with the daughter was done to assess for psychological impact on the caregiver. It was reported that the daughter could cope, as she received support from her other siblings as well.

A second visit was done after 2 weeks, which showed that the patient's mood had improved after starting the medication. She is more responsive to questions and her mood lifted. Additionally, she became talkative and answered questions readily. Following her medication, she is able to sleep at night and converse more. Her sugar profile was normal during the visit, as she was compliant with her medication. Her daughter supervised her mother's medication daily. Her antidepressant and diabetes medication were continued, and a 1-month follow-up was given.

During the third visit after 1 month, the patient's depression significantly improved. Her sugar level was also normalised. Her mother was compliant with all her medications under supervision. During the visit, the patient asked about contracting another infection in the future. Subsequently, vaccine was given to the patient, considering she was a high-risk patient. In this case, virtual consultation was recommended to the patient, as her condition had improved and become stable. This was also a request by the daughter to avoid another infection, as she was aware of the increased risk for the elderly.

## DISCUSSION

The rising number of depressions among COVID-19 patient with comorbidities has revealed serious implications and resulted in increased morbidity. It is very important for primary care physicians to be holistic and emphasise the importance of early mental health screening in managing a post-COVID-19 patient, especially those with comorbidities, in order to improve the detection rate for depression at the primary care level and subsequently manage the disease accordingly. It is important to detect depression early to prevent delay in management. The first step is to screen depression among post COVID-19 patient.

Moreover, primary care physicians should be well-equipped and responsible for managing COVID-19 in Malaysia. This case is an example of inspiration, whereby during the COVID-19 pandemic, people are prone to stress, anxiety and

depression. Some groups are more likely to be affected than others, as they have a poor ability to tolerate stress and are more likely to experience a relapse of depression. Studies have suggested the need for surveillance and care for people with pre-existing psychiatric disorders during the COVID-19 pandemic.<sup>2</sup>

Therefore, it is essential to emphasise on psychological first aid to patients who have suffered from COVID-19. Primary care physicians need to assess patient's psychological status during every consultation post-COVID-19 infection. Patients discharged from the ward should be psychologically evaluated using a simple mental health screening tool. These tools include the Whooley test, Patient Health Questionnaire (PHQ) or the Generalised Anxiety Disorder (GAD). Whooley test is commonly used to screen depression at primary care setting, as it is very simple to use, with a specificity of 99 and 78%.<sup>3</sup> Similarly, the PHQ could be incorporated to screen depression due to its good sensitivity and specificity at 97 and 67%, respectively. Moreover, the GAD screening tool, which has a sensitivity of 86% and a specificity of 83%, can be used to screen for anxiety.<sup>3</sup> All these tools are simple and easily applicable at primary care clinics.

Besides that, non-pharmacological therapies for depression are equally important. These include psychoeducation, relaxation therapy from the occupational therapist, support groups from people who have survived depression and yoga or mindfulness activities, which may ease stress and anxiety. The incidence of depression could also affect the caregiver. Caregiver of patient with depression is more likely to develop depression, a strong risk factor for depression. Hence, psychoeducation is beneficial for the caregiver as well. Families who have undergone psychoeducation showed a significantly lower rate of depression.<sup>4</sup>

During the pandemic, primary care physicians find it difficult to manage chronic diseases, as some patients may find it challenging to attend the clinic, particularly during a Movement Control Order (MCO). These concerns indicate the need for improvement in chronic care management during the COVID-19 pandemic. Alternatively, consultation and psychological counselling via telephone call or virtual follow-up can be done. The Ministry of Health (MOH) embarked on a virtual clinic project in order to improve chronic care management. This concept enables patients to communicate with healthcare professionals at their homes via a virtual approach application. The Malaysian Medical Council (MMC) has developed a virtual consultation guideline during the COVID-19 pandemic, which ensures that medical services comply with medical ethics, laws and legislation. Obtaining the information, consent, and maintaining the medical records of patients must be established in accordance with professional and ethical requirements. During virtual consultations, doctors can follow up with their patients, review their blood test results, provide interactive consultation and order an investigation. However, the virtual clinic provides neither an online prescription nor a diagnosis during consultation. It can only be offered to those with a stable chronic disease case, consented to use virtual consultation and reachable with internet connection.

### CONCLUSION

In conclusion, early identification and holistic management of depression among coronavirus disease (COVID-19) patients with multiple comorbidities are essential to be enhanced among primary care clinicians. The increase in the prevalence of mental health problems among COVID-19 survivor has coincided with severe disruptions to mental health services, leaving huge gaps in care for those who need it most. Concerns about the potential increase in mental health conditions among COVID-19 survivors make it important to include mental health and psychosocial support in their COVID-19 response plans, but major gaps and concerns remain.

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### COMPETING INTEREST

There was no conflict of interest.

### CONSENT FOR PUBLICATION

Written informed consent was obtained from the patient for publication of this case report.

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