Depression & Anxiety in Age of COVID



April 22, 2021 Mental Health Summit Louisiana Addiction Research Center Terry C. Davis, PhD

COI Disclosure Statement

I have no relationship(s) with the industry to disclose relevant to the content of this CME activity.

Objectives

- Discuss results of recent national surveys of depression, anxiety and loneliness in COVID era.
- Review findings of O-LSU patient phone survey of COVID knowledge, beliefs, behavior, stress and loneliness.
- Evaluate brief, validated measures of depression and anxiety for use clinically or research studies.
- Recommend clinical, research and personal 'actionable takeaways'.

What a year this has been

- In the last year, many people experienced loss of health, loved ones, income, graduations
- Families have missed intergenerational contact and comfort
- Kids have missed school structure, learning, friends; parents have felt overwhelmed
- Many of us have felt hunkered down, stressed, isolated, vulnerable, COVID brain fog
- Workers are burned out on zoom
- People are tired of TV

What's the result of all the interactions and connections we have missed in the last year at work, with friends, informal random interactions on streets, stores, going to movies, concerts etc.

Malaise, burnout, depression and stress are up (MetLife Employee Survey)

People report serious loneliness (Harvard's Making Caring Common Survey)

- 36% of Americans
- 61% of young adults



Anxiety, Depession and Substance Use Up Nationally

Adults reporting symptoms of anxiety and depression during COVID: Kaiser Family Foundation tracking poll Jan –June 2019 11% Jan – june 2020 41%

- Most common symptoms include difficuty sleeping, eating, increase use of alcohol and drugs
- More prevelant among young adults, African Americans, Hispanics and low-income populations

American Psychiataric Association DSM IV criteria

- pre-COVID 6.7% population depressed in a given year,16.6% some time in life feelings of sadness, loss of interest in acivites, lower energy, change in appetite, trouble sleeping, feeling worthless, guilty, difficulty concentrating
- Anxiety is the most comon mental disorder affects 30% of the population excessive fear, anxiety, hindering ability to function

*Kaiser Foundation tracks public opinion on various topics from various polls (phone and on-line)

Adults Reporting Depression & Anxiety by Age*

Age	
18-24	56.2%
25-49	48.9%
50-64	39.1%
65+	29.3%

Anxiety assessed with GAD -2 (Generalized Anxiety Disorder)

Over the last 2 weeks how often have you been bothered by

- 1) Feeling anxious, nervous or on edge?
- 2) Not being able to control worrying?

4-point Likert scale: Not at all (0), several days (1), more than half days(2), nearly every day(3). 3 is cut off

Depression assessed with PHQ -2 (Patient Health Questionnaire)

Over the post 2 weeks how often have you been bothered by following problems

- 1) little interest of pleasure in doing things
- 2) feeling down depressed lonely

Scored on 4-point Likert scale

Long Haul COVID

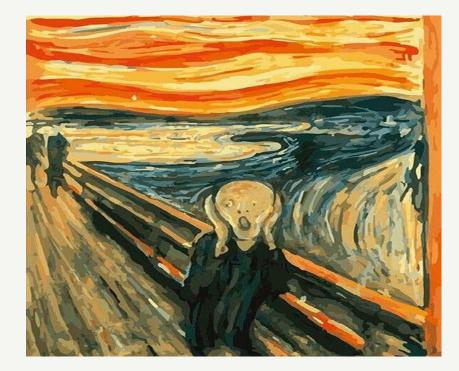
Symptoms lasting > 6 wks are wide ranging

Most common inclued fatigue, anxiety, depression, cognitive dysfunction and dyspnea (labored breathing).

Many affected individuals struggle to be heard and believed about their condition by family, friends and health care workers.

Recent study found a higher proportion of "long haulers" had preexisting autoimmune disorder and depression /anxiety compared to general population.

Lerner, Ann Intern Med, March 2021 Graham,Ann Clini TrNSL Neurol, March 2021 Annals intern med, March 2021



O-LSU Patient Phone Survey May – October COVID Experience and Knowledge

• N=537, 76% Female, 56% Black, 44% white, 45% small town/rural

98%

Experience

Know some one who had the virus 53%

- 60% Black vs 46% white *
- April June 36%
- July Oct 64%

Name 3 steps to avoid

Spoke to HCP about virus50%Been tested25%Knowledge
Name 3 symptoms98%



COVID-19 Beliefs & Behaviors

How difficult is managing your health

 Not at all 	36%
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- Not that 31%
- Somewhat 23%
- Very 10%

Think you will get sick due to virus:

•	No	22	2%
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- Possibly 68%
- Probably/definite 11%

How serious of a public health threat is the virus*

- Not that 5%
- Somewhat 16%
- Very 79%



COVID-19 Beliefs & Behaviors

In the past week, how often have you felt nervous or stressed due to virus

- Never 55%
- Some 26%
- Most/All 20%

How often have you felt alone or lonely because of the virus

- Never 74%
- Some 17%
- Most /All 10%



Feel Alone or Lonely Because of Coronavirus

% of patients reporting most or all the time in last week

Race Black White	7.2 11.7
Sex Male Female	8.5 9.9*
Age 18-29 30-44 45-64 65+	12.8 11.7 10.3 4
Residence City Town	10.2 9.3
Dates April – Jun July – Oct	12.2 7.3



*p< 0.001

Feel Nervous or Stressed because of COVID

% of patients reporting *most or all the time in last week*

Black	16.8			
White	17.2			
Male	10.0			
Female	20.8*			
18-29	11.7			
30-44	23.8			
45-64	18			
65+	14.3±			
City	17.6			
Town	18.2			
April – June July – October				

20.7 16.1

*p<001 ±p= 0.001



PROMIS Anxiety

Patient Reported Outcomes Measurement Information system

NIH initiative -easy to understand -validated with patients with low literacy - good for research

In the past 7 days	Never	Rarely	Sometimes	Often	Always
I felt fearful		2	3	□ 4	5
I felt anxious		2	□ 3	\square ₄	5
I felt worried		□ 2	□ 3	\square 4	5
I found it hard to focus on anything other than my anxiety		□2	□ 3	□ 4	5
I felt nervous		□ 2	□ 3	\square ₄	5
I felt uneasy		2	□ 3	\square ₄	5
I felt tense			□ 3		5

PROMIS Depression

In the past 7 days	Never	Rarely	Sometimes	Often	Always
I felt worthless	1	2	3	4	5
I felt helpless	□ 1	2	□ 3	4	5
I felt depressed	□ 1	2	3	4	5
I felt hopeless	□ 1	2	3	4	5
I felt like a failure		2	□ 3	4	5
I felt unhappy		2	□ 3	4	5
I felt that I had nothing to look forward to		2	□ 3	4	5
I felt that nothing could cheer me up	□ 1	2	3	4	5

Takeaways

Symptoms of depression and anxiety increased during pandemic.

<u>Clinically</u>, we need to be mind full of this problem especially with the young.

We need to ask patients about symptoms and thoughts of suicide.

Ask what they have found that helped? Hindered? Consider telling them they are not alone, not crazy for having these feelings.

Be aware of impact of Social Determinants of Health [poverty in Caddo - 34% Blacks vs 12% whites, food insecurity (30% in LA), living conditions, safety, quality of education, job security].

Offer support (touch points) and if needed referral for counseling, social services, further assessment.

Research - move from measurement to intervention

Work with providers and patients to develop understandable, accessible, culturally appropriate education and feasible interventions.

Track progress and measure outcomes.

Personally offer small acts of kindness and find a sense of purpose.

What's our Bridge to Action?

What clinical, research and personal practices could we implement to address depression, anxiety, loneliness?

Are they mindful of Health Disparities and Social Determinates of Health?

