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Somatoform Symptoms among Frontline Health-Care Providers during the COVID-19 Pandemic

To the editor,

Globally, frontline healthcare providers (HCPs) are utmost prone to psychological symptoms during a pandemic.¹ Numerous studies have reported the prevalence of adverse psychological outcomes, namely, anxiety, depression, stress, burnout, and post-traumatic stress disorders among the frontline HCPs who are at battlefield against COVID-19.^{2,3} A pandemic of this magnitude has the potential to afflict long-lasting agony on the personal life and work spheres of those affected.⁴ Every nation relies on the strength and caliber of its health workforce to combat pandemics, and exploring mental health issues among this group is of paramount importance. However, somatoform disorders are less explored among the frontline HCPs during the COVID-19 pandemic. Somatoform disorder is an enduring phenomenon, which may lead to social and occupational misery and increased health-care utilization. As of January 3, 2021, no studies have explored somatoform symptoms among frontline HCPs from India. Hence, our study aimed at evaluating the

prevalence of somatoform symptoms among frontline HCPs in India.

Methodology

After obtaining permission from the Institute Ethics Committee, an online survey was conducted from June 01 to July 25, 2020, among frontline HCPs, that is, doctors and nurses, working in India, by adopting the snowball sampling technique. Tools included were study participant profile, the Screener for Somatoform Disorder (SSD)⁵ to assess somatoform symptoms, and depression, anxiety, and stress scale (DASS-21)⁶ to assess other psychological symptoms.

SSD consists of 12 dichotomous items, wherein each participant chooses “yes” or “no” for each item. The participant has to choose the “yes” option if the problems had lasted three or more months, and choose “no” otherwise. If the participant reported at least 3 of the items as “yes,” they are regarded to have screened positive.

Results

Out of the 803 responses received, 700 were included in the analysis after removing duplicates and incomplete responses. The overall prevalence of psychological symptoms was 49.7% ($n = 348$), whereas 28.8% ($n = 202$) reported multiple psychological symptoms (screened positive for more than one symptom,

i.e. depression, stress, anxiety, and somatoform symptoms). The most frequent presentation was depression with anxiety, which was followed by somatoform symptoms along with depression, stress, and anxiety (**Figure 1**).

The prevalence of somatoform symptoms was 27.4% ($n = 192$), of which 10.9% ($n = 76$) had screened positive for somatoform symptoms without any other psychological symptoms. The remaining 16.5% ($n = 116$) had multiple psychological symptoms along with somatoform symptoms (**Figure 1**).

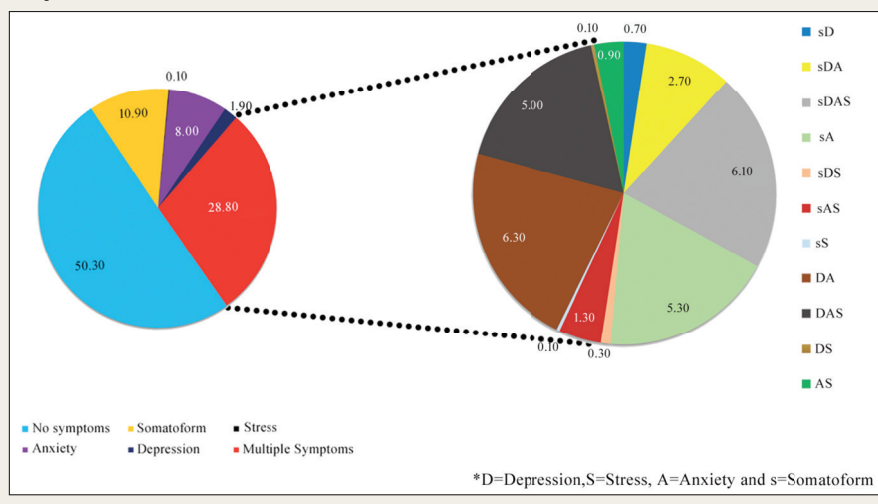
In the 27.4% ($n = 192$) HCPs who screened positive for somatoform symptoms, the most prevalent somatoform symptoms were muscle ache (66.1%), back pain (63%), headache (57.8%), heaviness or lightness in the head (51.6%), abdominal discomfort (49%), fatigue (48.4%), feeling of heaviness or lightness in arm or leg (42.2%), heart pounding (39.6%), and dizziness (29.2%). Further analyses revealed that somatoform symptoms were more prevalent among females (33.5%) than male (19.8%) HCPs.

Discussion

The prevalence of somatoform symptoms in the present study is higher than that in the findings of a study from Italy, which reported muscle tension among 48.4% and stomach upset among 37.3%

FIGURE 1.

Prevalence of Somatoform Symptoms Comorbid with Other Psychiatric Disorders



HCPs.⁷ The heightened prevalence of somatoform symptoms in the current study may be attributed to the fact that the study was conducted when COVID-19 positive cases in India were rising swiftly and most hospitals were running short of vacant beds for coronavirus patients. The current study finding of comorbidity of somatoform disorder along with anxiety or depression or stress disorder has been reported in various studies.⁸⁻¹⁰ This is because most of the depression or anxiety cases have a dual diagnosis with pain disorder or somatoform disorder. Further analyses revealed that somatoform disorder was more prevalent among females (33.5%) than male (19.8%) HCPs, as reported in earlier studies.¹¹

The working group of World Health Organization, has proposed a new and much simplified category of bodily distress disorder (BDD), which replaces all of ICD-10 categories within the group of somatoform disorders (F45.0) and, to a large extent, neurasthenia (F48.0), bringing these together under a single category. The only ICD-10 somatoform condition excluded from BDD is hypochondriasis (F45.2).

Conclusion

During a pandemic situation, the front-line HCPs are prone to the somatoform symptoms with specific group of mental disorders such as depression, anxiety, and

stress. Identifying somatoform symptoms among HCPs could help design timely mental health interventions to mitigate adverse psychosocial outcomes and enhance their mental resilience.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical Statement

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Mental Health of College Students Amidst COVID-19: Implications for Reopening of Colleges and Universities

Dear Sir,

The COVID-19 pandemic has impacted the mental health of college students and research scholars. Among college students, recent evidence highlights a spectrum of psychological consequences such as increased levels of stress, loneliness, over-thinking, anxiety, depressive thoughts, sleep disruptions, difficulty concentrating, anger, increased concerns about academic performance, and a heightened sense of uncertainty about their academic and professional career.¹⁻⁴ Furthermore, this situation may exacerbate the psychological symptoms of those students with existing mental illness and increase some students' risk for suicide and substance abuse.⁵ Some additional challenges are financial struggles, health complications within the family, death of dear ones, and the fear of getting the infection and transmitting it to their family members.⁶ As compared to the general population, college students are in a vulnerable phase of transition, experiencing uncertainty about career and academic pressure while the world is barely managing to recover from the pandemic.⁷ Unlike the school students, challenges in internship or research, worries about the future, disrupted job market, and financial crisis uniquely affect the college students.

It is commendable that many colleges and universities have responded promptly by starting remote education. Although online classes have allowed for education to continue amidst the wreck of the pandemic, it hasn't been the most comfortable for many. This transition can even result in acute stress among some students because of the lack of time

to adjust to online learning. Anecdotally, students have also reported complaints such as headache, backache, irritation and watering of the eyes, ear problems, lack of motivation to study online, not feeling involved, missing in-person classes, and screen fatigue. Further, the stigma associated with COVID-19 and mental health can be another important issue that prevents college students from accessing appropriate health care services.

Colleges should be strategizing not only for the educational curriculum but also for the students' mental health and wellbeing. This can be done by ensuring support through helplines and online support groups made for students whose research projects or study is being affected,



making flexible schedules for academic assignments, scheduling weekly online recreational activities, and incorporating reporting on mental health problems as part of regular educational feedback. As colleges are reopening, adequate measures are warranted to promote positive mental health of students, research scholars, and staff. In addition to advisories released by the University Grants Commission,⁸ the following strategies could also be considered.

1. As students start coming in, a campaign focused on positive mental health to cultivate conducive environment in which students feel encouraged and empowered to care for their emotional wellbeing is encouraged.

2. Consistent communication should be established with students, which should be clear, compassionate, and helpful to them to not just stay connected to get academic updates but also feel emotionally better.
3. Promote healthy digital habits, as the pandemic has increased dependency on screens, invariably leading to many physical and psychological complaints. At the same time, as social media can potentially help in screening as well as educating college students regarding mental health and wellbeing, positive use of social media should be encouraged.
4. College students would benefit from weekly recreational or stress management classes that enhance their coping and psychological resilience.
5. Innovative approaches such as peer support model or *saathi* (companion) club and formation of student wellbeing committees, implemented by some colleges, can be adopted.
6. Counseling cells (if any) should be engaged in mental health promotion activities on the campus. Colleges may also consider collaborating with civil service organizations to help students access appropriate levels of care and foster their mental health.
7. Faculty members should be trained on lay counseling, identifying common mental health problems, providing psychological first-aid, and referring appropriate cases to specialist mental health services.
8. Lastly, the colleges must not forget to actively address the emotional wellbeing of the college staff and academicians who have equally been contributing to make students' learning experience worthwhile and promote positive mental health. The staff must be encouraged to prioritize self-care, including getting adequate sleep, healthy eating, regular exercise,