Commentary: How Can We Detect and Manage COVID-19 Worry and Related Factors?

Regarding the impact of the COVID-19 pandemic on mental health, psychological distress has gained importance during the pandemic.[1,2] For example, the proper detection and management of viral anxiety is related to reassurance seeking, obsession, and intolerance of uncertainty.[3] The relationship between COVID-19 and mental health is supported by many psychosocial factors.[4] In addition to COVID-19 infection, lack of infectious disease knowledge, lack of health behaviors, and other factors can significantly impact mental health problems during the COVID-19 pandemic. Most importantly, the lack of mental health assessment and self-judgement methods can contribute to the under-detection and under-management of the COVID-19 pandemic-related mental health problems. Moreover, worry denotes uncontrolled thoughts related to negative feelings (i.e., anxiety and distress) in terms of a fear of uncertain and undesirable outcomes.[5] COVID-19 worry has been suggested as the main cause of psychological distress and mental health problems during the pandemic.

The COVID-19 Worry Scale (CWS),[6] which was initially developed in Bangladesh, is a self-report questionnaire used to evaluate COVID-19 worries about ones' self and loved ones.[6] Unlike the Coronavirus Anxiety Scale, Fear of COVID-19 Scale, and Obsession with COVID-19 Scale, the CWS can be defined as a unique method to assess only COVID-19 worry. The CWS is composed of seven items rated on a 4-point Likert response. Uygur et al[6] recently validated the single-factor model of the Turkish version of the CWS with reliability. Thus, the CWS may be a useful instrument for the early detection and management of COVID-19 pandemic-related worry and other mental health problems in Türkiye. Further, the formal translation of the CWS into multiple languages and their own validation studies may contribute to evaluating the global level of COVID-19 worry and its international difference-related psychosocial factors. However, the categorical definitions have several limitations as they are substantially heterogeneous and are based on psychiatric symptomatology without neurobiological underpinnings.[7] Network analysis is a purported novel method to evaluate the structure of symptom clusters as a whole. A network analysis is based on the presumption that "symptoms are not outcome factor of an underlying disease, but symptoms are the associations between them and the disease itself." Network analysis is predominantly based on a bottom-up approach, whereas factor analysis using the structural equation model is predominantly based on a top-down approach.[8,9] Herein, with the help of further network analysis for the seven items of the CWS, Uygur et al[6] proposed a new perspective on COVID-19 worry, which is distinct from the results of the structural equation model.

Additionally, Uygur et al[6] reported that individuals with high levels of COVID-19 worry are characterized by a female predilection; higher comorbidity of chronic disease; higher proportions for the loss of first-degree relatives, other relatives, or close friends due to COVID-19 infection; a higher rate of never-vaccination for COVID-19; and higher levels of conformance with the preventive rules of the COVID-19 pandemic (i.e., mask wearing and social distancing). Thus, COVID-19 worry may have both positive and negative effects on mental health problems and prevention of epidemics during the pandemic. Herein, a more distinctive differentiation of COVID-19 may be required in terms of mental health care measures in response to the COVID-19 pandemic. Moreover, comparisons of COVID-19 worry-related factors reported in other countries may be required to verify the novel findings of Uygur et al[6] Currently, since COVID-19 is a constant rather than a variable in mental health care, COVID-19 and its related factors may require continual evaluation to overcome its under-detection and under-management.

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Park. How Can We Detect and Manage COVID-19 Worry and Related Factors?

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