

PSYCHOPHARMACEUTICAL THERAPY AND SUPPORTIVE PSYCHOTHERAPY FOR COVID-19 PATIENTS WITH DEPRESSION

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ABSTRACT: A depressive disorder is a disorder characterized by the presence of major symptoms of a depressive mood, loss of interest and excitement, reduced energy leading to increased fatigue and reduced activity, namely reduced concentration and attention, reduced self-esteem and self-confidence, ideas about guilt and uselessness, gloomy and pessimistic outlook, thoughts or actions of self-harm or suicide, disturbed sleep, and decreased appetite for at least 2 weeks. In this case report, a 24 years old female complaints of feeling sad after being diagnosed with COVID-19. Patients had a sad face, depressive affect, become less interested in their usual activities (e.g. exercising in the morning), easily tired. Sometimes patient didn't want to eat, had disturbed sleep, felt guilty of why she caught COVID-19 and thought about the fate of her family, lacks self-confidence and trust to those who cared for her, is irritable and makes it difficult for medical workers to provide treatment, overreacting to the officer who told her the results of the examination, had wanted to move hospital without appropriate medical indication. These have happened for more than 2 weeks, thus disrupting the patient's activities and health in general. Patients were given pharmacological (sertraline and clobazam) and non-pharmacological (supportive psychotherapy and cognitive behavior therapy) therapy.

KEYWORDS Major Depression Without Psychotic Symptoms, Supportive Psychotherapy, Cognitive Behavior Therapy

Background

Depression can be prolonged or recurring, substantially interfering with a person's ability to function at work or school or cope with everyday life (WHO, 2017a); classified as mild, moderate and severe. Mild depression with at least two of the three main symptoms plus at least two additional symptoms. Moderate depression is on the rise with at least two of the three main symptoms plus three (preferably four) additional symptoms. Severe depression is established when there are three main symptoms plus at least four additional symptoms, and some of them must be severe intensity, with psychotic symptoms (waham, hallucinations, or depressive stupor) and without psychotic symptoms (Departemen Kesehatan RI, 1993).

The proportion of the global population with depression in 2015 is estimated at 4.4%. Depression was more common in women (5.1%) than men (3.6%), peaks in the elderly (above

7.5% in women aged 55-74 years, and above 5.5% in men) also occurs in children and adolescents. The results of the 2018 Basic Health Research (Riskesdas) by the Indonesian Ministry of Health showed that the prevalence of depression for the total population over 15 years old in Indonesia is 6.1%. The prevalence of depression in adolescents in Bali is 5.35%. 3.12% of the total population in Denpasar City experienced depression (Indonesian Ministry of Health (Kemenkes), 2018). There are several therapeutic modalities to treat depression.

Psychopharmaceuticals with antidepressants and anti-anxiety drugs or psychotherapy using behavioural activation therapy, cognitive behavioural therapy, and interpersonal therapy. Successful therapy for depressive disorders requires adherence to a treatment plan. Side effects or treatment requirements can also lead to non-adherence to therapy. It is important for psychiatrists to build therapeutic alliances with patients (Gautam et al., 2017).

Case report

Female, 24-year-old Hindu, last education D1 tourism, not married, working privately, was consulted from Internal Medicine on April 24, 2020, because of her anger and history such as "kerauhan". When asked about her feelings today, she replied, "I am sad, disappointed, angry with my swab result. My result was not informed for a long time then suddenly I was swabbed again

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without prior notice. Why am I the only one with the wrong name?" while sobbing in tears. The patient felt disappointed, felt like been harmed by the hospital, the only patient experiencing this.

Still crying, she talked about her family problems. She felt that from childhood, she had treated differently from her younger brother. The patient had worked away from the family several times, but her income was used to pay off her brother's gambling debt. The patient said, "There were many incidents that hurt my heart, and my motorbike was sold without my consent. My brother graduated from tourism college but does not want to work, just play and gamble, used to do drugs. Now I am sick, and I feel sorry for my family." The patient said, "Since childhood, I accompanied my mother to sell, rarely could play with friends. My brother never joined." Slowly the patient's cry subsided. The patient recalled how she felt disappointed with the swab result. When asked, the patient explained that only she had the wrong name, treated unfairly.

The patient shared a room with a fellow female cruise ship worker. "We are both afraid to be alone. I've been bothered by something." When asked what kind of bothering, the patient felt unsure; she just felt like something is up, so they closed their eyes and screamed and asked to move the room. The patient did not feel like having supernatural powers or the like, only since a long time ago, she should not be carelessly in a place that is considered unclean. The patient said, "like a sutri, one must always be in a clean place, but now I am hospitalized, so I cannot help." Sometimes patient did not want to eat because she felt lazy to eat.

The patient had difficulty to sleep and woke up during sleep for three days—less appetite, especially since the results of the old swab test during the second week of the admission. "I already felt that something was strange; my friend's results were out. I was very angry. Why could my name be wrong? Then I was swabbed again. I wanted to be moved to Sanglah Hospital, ma'am; my friend told me I'd immediately given medicine there, the test results come out fast." The patient often contacted friends or relatives to find out about COVID and how to recover quickly. When asked whether her view of the future was affected, she answered, "Sometimes I feel that if I can work again, hopefully, I can, my life and my family's will improve. Sometimes I'm sad and afraid if I do not get well." When asked if she ever felt like dying, the patient fell silent and then answered, "Hopefully not, ma'am, I remember my parents."

Before being treated, the patient often felt sad and stressed due to various problems, but now she felt even sadder with the treatment, beyond expectations. Since the apprenticeship, the patient would be hysterical and "kerauhan" if facing problems. While working on the ship, the patient returned home with her ticket earlier because of a problem with a boyfriend that made her stressed and fainted, then. In Bali patient went to various Balian to calm her.

Last year patient planned to get married, but there is no enough money due to the pandemic. The patient felt that her condition is now the worst among her friends; she only got vitamins and sometimes paracetamol if she complained. When asked if there are severe physical complaints, the patient shook her head. "I want to get out quickly, and please give me medicine so my swab will get negative quickly."

Before being sick, the patient likes to have a well-groomed and beautiful appearance. With superficial and unstable affection, not ashamed to become the center of attention, what

happened and deemed unpleasant is always a very big thing, though not always. If there is a problem or was angry, the patient often reacts hysterically and exaggeratedly to the point where people around her are shocked, until like "kerauhan" or fainting.

Based on nurses' heteroanamnesis, the patient was treated at Udayana Hospital due to a positive swab test with mild flu-like symptoms. The patient often does things that make the staff overwhelmed, such as not wanting to be separated from her friend, asked to switch room because she felt disturbed, rather difficult to eat, often got angry, especially when notified of the swab result. Once, the patient had to be calmed down because she cried and screamed, disturbing other patients.

Physical examination showed a blood pressure of 110/70 mmHg. Internal examination showed mild COVID infection without a symptom—normal neurological status. Psychiatric status, normal appearance, looking sad, clear consciousness, mood/affect: sad/depressive/appropriate, thought content: preoccupation to swab results, instinctual urges: hypobulia, raptus history, early-type insomnia—insight of 4.

Scores of BDI examination are 38 (major depression) on April 24 2020; 29 (moderate depression) on June 15, 2020; 26 (moderate depression) on July 12, 2020. Scores of HDRS examination are 38 (major depression) on April 24, 2020; 24 (moderate depression) on May 30, 2020; while the HARS scored on April 24, 2020, is 18 (mild).

Multiaxial diagnosis Axis I: severe depressive episode without psychotic symptoms (F32.2), Axis II: histrionic personality traits, MPE conversion, Axis III: mild covid-19 infection, Axis IV: disease problems and family support group, Axis V: GAF when examined 40-31 (Best GAF in the past 1 year 90-81).

The patient was given pharmacological therapy of sertraline tablets 25 milligrams every 24 hours intraoral in the morning and clobazam tablets 10 milligrams every 24 hours intraoral at night; and non-pharmacological therapy such as supportive psychotherapy and Cognitive Behavior Therapy (CBT). The patient's family is given an explanation of the patient's condition so they can provide support. Several studies have shown that high family support will improve patient adherence to therapy and improve prognosis.

Discussion

A depressive disorder is a disorder characterized by the presence of major symptoms of a depressive mood, loss of interest and excitement, reduced energy leading to increased fatigue and reduced activity and other symptoms, namely reduced concentration and attention, reduced self-esteem and confidence, ideas about feelings of guilt and uselessness, a gloomy and pessimistic outlook, thoughts or actions of self-harm or suicide, disturbed sleep, and decreased appetite for at least two weeks. Major depression is established when there are three main symptoms, plus at least four additional symptoms. Some of them must be of severe intensity, accompanied with or without psychotic symptoms. (Departemen Kesehatan RI, 1993) 24-year-old female patient with a sad face, depressive affect, lost interest in usual activities, easily tired, less appetite, disturbed sleep, feels guilty of her illness and think about the fate of her family, lacks confidence and trust, irritable and makes it difficult for medical personnel, overreacting to the officer who informs the swab result, wanted to move to another hospital. From psychiatric status, it was found that there were mood and affective disorders in the form of sadness and depression, the preoccupation

of the swab test result, and disturbance in instinctual drives in the form of early-type insomnia, history of raptus. This has happened for more than 2 weeks, disrupting the patient's activities and health. Based on PPDGJ III, the patient's symptoms met the diagnostic criteria for axis I as a severe depressive episode without psychotic symptoms (F32.2). Before being sick, the patient likes to have a well-groomed and beautiful appearance, with a superficial and unstable affection, not ashamed to be the center of attention; what happens and is considered unpleasant is always a very big thing. If there is a problem patient often reacts hysterically and exaggeratedly to the point where people around her are shocked, until like "kerauhan" or fainting. Based on this, PPDGJ III leads to axis II: histrionic personality traits of the with MPE conversion On-axis III: COVID 19 infection with no significant symptoms. Axis IV is related to the problem of the disease and the primary support group. On-axis V, GAF Scale (Global Assessment of Functioning) at admission was 40-31 (Some disabilities concerning reality and communication, severe disabilities in several functions). Best GAF for the past 1 year 90-81 (minimal symptoms, the good functioning, quite satisfied, nothing more than the usual daily problem). Patients who were provided with psychoeducation and supportive therapy will be given cognitive behavioural therapy to improve the mind patterns. According to the literature, CBT is quite effective in patients with depression and anxiety. The patient's negative thoughts are identified as irrational thoughts or irrational belief (B). Irrational belief arises because of the activating event (A), which will then have consequences (C), both behavioural and psychological. The patient is helped to develop more rational alternative thoughts that make the patient feel more comfortable and result in better consequences

The CBT technique requires steps taken during the therapy process, including:

1. Build and cultivate rapport and empathy
2. Preparing the patient for therapy: assessing the patient's motivation, explaining the therapy goals and how to approach therapy, making a therapy contract.
3. Problem identification: The problem identified in this patient is irrational affective, cognitive, and autonomic sadness that occurs every day.
4. Determine therapy targets according to the problem: The target to be achieved is to reduce the occurrence of irrational affective, cognitive and autonomic sadness that occurs
5. Assess and determine the consequences of emotions and behaviour (Consequences of emotion and behaviour = C)
6. Assess and determine a situation as a trigger for the patient (Activating Event = A)
7. Assess and determine the existence of perceptions, assumptions, and beliefs (Beliefs = B). And Looking for the irrational Relationship of B to C.
8. Prepare the patient always to wear rational B.
9. Ask the patient to apply the new B in their daily life

Conclusion

A depressive disorder is a disorder characterized by the presence of major symptoms of depressive mood, loss of interest and excitement, reduced energy leading to increased fatigue, reduced activity, reduced concentration and attention, reduced self-esteem and self-confidence, the idea of feeling guilty and useless, gloomy and pessimistic outlook, thoughts or actions of self-harm or suicide, disturbed sleep, and decreased appetite for at least 2 weeks. Major depression is established with three main symptoms plus at least four additional symptoms, with psychotic symptoms (delusions, hallucinations, or stupor depressions) or without psychotic symptoms. In this case report, a 24-year-old woman was diagnosed with major depression without psychotic symptoms and was given pharmacological (sertraline and clobazam) and non-pharmacological (supportive psychotherapy and cognitive behavioural therapy).

Disclosures

The authors have no funding or conflicts of interest to disclose.

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