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Use of Anxiolytics by Health Professionals Facing The COVID-19 Pandemic Scenario

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Abstract

The effects of COVID-19 have caused severe damage to healthcare systems worldwide. Its high rate of infection resulted in a vast number of patients requiring hospitalization and intensive medical care. Generally, healthcare workers find themselves exposed to multiple stressors, such as heavy workloads and high demands. During the COVID-19 pandemic, these stressors are amplified, causing fear, uncertainty, and intensification of psychological symptoms. As a result, there has been an increase in the search and consumption of anxiolytic substances, either through medical prescription or self-medication, to cope with the mental health challenges created as a result of COVID-19. Therefore, it is critical to determine the pandemic's impact on the mental health of healthcare workers and implement prevention strategies that focus on the preservation of their physical and mental well-being.

Keywords: COVID-19; Anxiolytics; Health care professionals

Submitted: May 11, 2020

Revised: October 6, 2020

Accepted: December 7, 2020

The global population has been impacted by the COVID-19 pandemic. Feelings of fear, anguish and uncertainty surrounding the disease are prevalent; this pandemic is the largest public health emergency in modern history. The high number of infected people and the subsequent amount of resources required to cope is overwhelming (Satici et al., 2020). The rapid spread of the virus exponentially increased the number of people hospitalized and in need of intensive care (Miranda et al., 2020), which generated an increased workload for health professionals.

Among all professionals active in the fight against COVID-19, health care professionals are among the most vulnerable groups. Daily tasks for these employees have increased and intensified, in addition to the continuous exposure to high-stress environments, jeopardizing their mental health and causing both physical and emotional exhaustion (Fernandes & Ribeiro, 2020).

The environment in which healthcare activities are being performed has impacted employees' work and social lives (Ribeiro et al., 2019). In addition to already performing exhaustive work, employees facing routine disruptions and poor working conditions must cope with fears of becoming infected or transmitting the virus to others. Healthcare professionals continue to work despite feelings of anguish and impotence (Fernandes & Ribeiro, 2020) due to the unknown potential impacts of COVID-19 on the population's health.

There have been similar coronavirus outbreaks in Toronto, Hong Kong and Singapore. Studies show that health care professionals have identified significant levels of distress, especially among nurses, where fear of loss of control, the spread of the virus, and becoming ill themselves were common (Wang et al., 2017). In this sense, these circumstances have contributed to the intensification or development of

symptoms of mental suffering and illness. Some of the factors that have intensified symptoms of mental illness include stress, anxiety, fatigue, nervousness, depression, poor quality of sleep, job pressure, lack of social and family support, and behavioural and physiological changes (Huang & Zhao, 2020; Jianbo et al., 2020).

Research related to the mental state of frontline health professionals during the COVID-19 pandemic in China found that the prevalence of symptoms of anxiety, depressive symptoms, and poor quality of sleep was significantly higher among health professionals who worked longer shifts (≥ 3 hours a day) compared to those who worked shorter shifts (< 3 hour a day) during the outbreak (Huang & Zhao, 2020). Similarly, health professionals involved in the diagnosis, treatment and direct care of COVID-19 patients were at greater risk of developing symptoms of depression (OR: 1.52; 95%CI: 1.11-2.09; $p = 0.01$), anxiety (OR: 1.57; 95%CI: 1.22-2.02; $p < 0.001$), insomnia (OR: 2.97; 95%CI: 1.92-4.60; $p < 0.001$) and distress (OR: 1.60; 95%CI: 1.25-2.04; $p < 0.001$) (Jianbo et al., 2020).

Such working conditions have led health care professionals to psychological and physical burnout, which led to the loss of pride in their identity as health professionals and feelings of vulnerability to a set of biopsychosocial stressors, causing them to consume psychotropic substances. Among such drugs, anxiolytics are most common, being used either through prescription or self-medication, in an effort to relax and alleviate tension (Ribeiro et al., 2019; Ribeiro, 2019) from their working environment throughout the pandemic.

Psychosomatic factors that surround health care professionals contribute significantly to the consumption of illegal anxiolytic substances. In a Brazilian study, 97 out

of 289 health care professionals from 14 professional categories used some psychotropic substance (Ribeiro, 2019). The reasons related to substance use were depression, stress, anxiety, mental fatigue and insomnia, triggered by their occupational environment (Ribeiro, 2019). The study showed that the most prevalent consumption rates were among nursing technicians, physicians and nurses (Ribeiro, 2019).

An Iranian study consisting of 304 health care professionals found that many professionals had some level of psychological distress, including anxiety (28.0%), depression (30.6%) and distress (20.1%), requiring mental health care (Zhang et al., 2020). In China, in addition to identifying these signs and symptoms, they also identified worrying patterns of poor sleep quality among health professionals, particularly those working with COVID-19 patients, when compared to other occupations (Jiang et al., 2020; Yeen & Ning, 2020; Wang et al., 2020).

A study evaluated levels of depression and medication use among 86 nursing professionals in a hospital in Montes Claros, MG, Brazil, using the Beck Depression Inventory (BDI) (Pereira et al., 2017). The study found that 17.4% of participants had suggestive signs of mild depression (Pereira et al., 2017). Additionally, 10.5% had moderate signs of depression and 12.8% presented with severe signs. (Pereira et al., 2017) Approximately 70% of these professionals did not consume any medication, while 20.1% of participants mentioned using anxiolytics and antidepressants (Pereira et al., 2017).

The use of psychotropic substances can result from multiple factors, including anxiety, nervousness, poor sleep quality and daily occupational stress. Physical and mental stress can predict consumption of psychotropic substances. Other determinants, such as precarious working conditions, can also

contribute to substance use (Fernandes et al., 2017; Scholze et al., 2017).

Job dissatisfaction is not caused exclusively by poor physical and mental health, work hours, or low wage; it is also affected by the ability to conduct safe work without fear of being exposed to the virus. This was highlighted in an Iranian study with physicians, nurses and technicians. In this study, they were able to adequately access Personal Protective Equipment, providing health care professionals with better physical health conditions, and increased job satisfaction (Zhang et al., 2020). Employees who were unsure of their level of protection or were exposed to the virus were distressed, anxious, and less satisfied with their job (Zhang et al., 2020).

One of the main factors associated with the consumption of psychotropic substances by health care professionals is job dissatisfaction. Research conducted studying Brazilian health care professionals found that 40 (13.8%) participants were classified as having low levels of job satisfaction, presenting odds four times higher (OR = 4.05; 95%CI: 1.15-14.26) for the consumption of psychotropic substances when compared to those with a high level of job satisfaction (Ribeiro, 2019). Another study evaluated anxiolytics' consumption by nursing professionals who consumed anxiolytics in the past 12 months (Oliveira et al., 2014). Psychosocial factors associated with anxiolytics consumption in this study included occupational stress from workload and dissatisfaction with working conditions (Oliveira et al., 2014).

The impact of COVID-19 on the mental health of health care professionals has yet to be adequately measured; however, a population-based study highlights potential long-term psychological consequences resulting from the pandemic (Ornell et al., 2020). These consequences may result in the

emergence of mental illnesses such as depression, post-traumatic stress, and anxiety, and may lead to high consumption of anxiolytic substances (Ornell et al., 2020).

Therefore, it is critical to conduct research that strengthens public policies and encourages its implementation to preserve the mental health of healthcare professionals. Additionally, strategies that offer psychological support should be in place before the pandemic to ensure quality health care and minimize the potential impact that these circumstances may have on healthcare professionals' well-being.

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