

LETTERS

COVID-19: Treating the Pandemic Today and Coping with the Aftermaths Tomorrow

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Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), appeared in December 2019 in Wuhan, China, and since March 11, 2020, is a global challenge, being declared a pandemic by the World Health Organization (WHO). The new coronavirus continues to spread faster and faster all over the world, with an exponential increase in cases and people in quarantine. The world population is increasingly afraid of the phenomenon. Thus, the more closer the virus gets to their homes, the more people are worried.

As of May 5, 2020, there are globally 3,525,116 laboratory-confirmed cases, 243,540 confirmed deaths and 215 countries, areas or territories involved and *worldwide mortality appears to be around 6.89%*. [1]

The global death toll and the contagion increase day-by-day out of control. Until a few weeks ago, Europe was the continent with more reported cases, with Spain, Italy, France and Germany among the most affected countries. Currently, the virus has spread also in the United States of America (USA) with 946,921 confirmed cases and 53,461 confirmed deaths. Indeed, this is the typical spread like wildfire of a pandemic. Different countries of the world have imposed an unprecedented lockdown to limit the risk of propagation of the infection, with immense implications for the daily life of billions of people. As the national lockdowns proceed, a wave of uncertainty in their duration, utility, impact and consequences prevail and psychological disorders may begin to emerge.

Doctors, nurses and healthcare professionals who are in the front lines, taking care of patients with COVID-19, are at greater risk of contracting the infection than the general population. They may show dread of contagion and of spreading the virus to their colleagues or loved ones. Besides this, there is another alarming risk: the physical, emotional and mental exhaustion due to overload in an increasingly burdensome healthcare system. These stressors could lead healthcare professionals to develop frustration, panic attacks, psychological pain and other stress-related disorders. In particular, healthcare professionals working in intensive care units carry the world upon their shoulders, dealing routinely with deaths and being the last person a dying patient in enforced isolation will see.

In literature, it is well recognized that health professionals who worked in past epidemics such as SARS-CoV and MERS, respectively in 2003 and 2013, developed depression, anxiety, fear,

frustration, and obsessive-compulsive disorder (OCD) [2-6]. Human disasters, such as global pandemic diseases, man-made tragedies, natural disasters, war conflicts, and social crises, can cause enormous mental health disturbances, which should not be underestimated. In the light of previous experiences, it could be suggested to take prompt and timely actions to minimize mental health damage of the healthcare workers and of the world population during the pandemic. The development and implementation of mental health support, assessment, treatment, and services are crucial and pressing goals for the health response to the SARS-CoV-2 outbreak. [7]

While we are currently engaged in this fight to the death with the virus, we must not forget that life still goes on during a pandemic. The impact of the economic consequences at the end of the SARS-CoV-2 outbreak cannot currently be thoroughly predicted, but certainly can be conceived. The negative economic impact of COVID-19 is analyzed daily by supreme authorities of the states and governments. Wake-up calls that foreshadow the burden of an imminent world economic crisis are numerous; there are a great number of closures and bankruptcies of business companies despite monetary and fiscal support, as well as rising unemployment, evidenced by an unprecedented number of over 3 million unemployment claims in the United States in just one week, as at the end of March 2020. Furthermore, published data estimates a decline of global gross domestic product (GDP) of around 0.42% in the first quarter of 2020 due to the COVID-19 pandemic spread [8]. Morgan Stanley's U.S. economists, led by Ellen Zentner, told clients in a report that they will shortly see the American gross domestic product falling 30.1% in April-June 2020. That will drive up unemployment to an average 12.8% over the period, they said [9]. It will be necessary to find the right moment for gradually reopening the world, balancing the risk of spreading the virus and the risk of killing our economies.

Such reports and predictions are obviously increasing anxiety and stress. Nevertheless, at this point, *one must not feel discouraged: as they say, fortune favours the bold*. Such a crisis is the best time to increase our resilience, enhancing social integration and human values. The pandemic could be used as a chance to strengthen community bonds, fighting misinformation, understand the 'double-edged' role of media in a time of crisis and finally appreciate the importance of global access to healthcare and the necessity to start to attribute equal importance to mental and emotional care. The lessons learnt might make us better equipped, emotionally and socially, for probable future crises.

Finally, as WHO effectively states, it should not be forgotten that: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". [10]

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