



Delusions and COVID-19 pandemic - A case report & short review

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Summary

We present some clinical cases admitted to our psychiatric ward after the beginning of COVID pandemic in Italy. Our aim is to give some contributions to the hypothesis that massive socio-cultural phenomena can shape delusion contents, according to some recent development of psychopathological reflexions.

Key words: delusions, COVID-19, pandemics

Introduction

Pandemics pose significant threats to the life and health of the population, representing a massive traumatic event. As that, as other past pandemics, COVID pandemic induced in some people the onset of fears and phobias with the risk of triggering a sort of collective madness fueled by the fear of “contagiousness”¹. Moreover, the impact of a rigid lockdown declined for an indefinite but in any case prolonged time can induce significant psychological discomfort².

Socio-political and cultural factors may influence the contents of delusions, in partial conflict with a supposed “stability” of the delusional content within the same subject³⁻⁶. Thus, apparently “new” delusional themes develop actually representing only the contingent expression of more general and stable themes⁷. In particular, exposure to mass traumatic events represents a particularly important factor in determining the cultural orientation of a population, expressing an enormous emotional drive (anxiety, depression, worry) being able to shape the specific content of a general delusional theme⁸. A biocultural approach to psychopathology can explain this: in front of a common biological factor, social events and cultural development induce changes both in the phenomenological component of psychopathology and in the biological expression of the same (epigenetics)⁹.

The COVID-19 pandemic represent a complex mass traumatic event not only for inducing fear and anxiety. Severe lockdown measures applied in Italy have actually led to an almost complete social isolation; at the same time a pounding mass of informations on infection and on the dead has determined a condition of chronic overexposure and therefore of emotional tension. Actually, the available data do not show, in this acute phase of the pandemic, an increase (if anything a decrease) of psychiatric acute cases requiring hospitalization¹⁰, but we can speculate also a reduction on the intensity of mental health services assistance provided in this period, enabling therefore conditions of abandonment or isolation of the patients in charge. Recent available literature data associate feelings of loneliness and isolation with the development of

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Conflict of interest

The Authors declare no conflict of interest.

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psychotic features, the lockdown state therefore appears to be an adequate trigger factor of psychotic states ¹¹.

At all, the admissions in our acute psychiatric ward in the analyzed period (March-April 2020) were 43, among them four cases showed a delusional exacerbation of pre-existing psychiatric illness directly correlated to the impact of the pandemic on the psychopathological basal condition. Of the admitted subjects, 10 subjects presented with non-delusional psychiatric symptomatology but related to COVID (3 for bereavement reaction, 5 for isolation and 2 for lockdown measures reactions). The others had diagnosis not related to COVID pandemic.

The aim of our presentation is to describe, with some paradigmatic cases, the conversion of the delusional content in psychiatric patients, already long settled, speculating that the isolation and the anxiety linked to pandemic were main factors not only of an exacerbation of psychotic activation but also of the shaping of delusions.

Case 1, female, 75 years old

History of recurrent depression, with previous hospitalization (July 2018) characterized by psychomotor blockade. Premorbid personality described as extravagant and extroverted, with a tendency to react to a series of dramatic family events locking herself in a fantasy world. She developed an histrionic personality, manifested with incongruous and bizarre behaviors (e.g. wandering around the ward with his eyes closed or dragging behind a pillowcase used as a sack filled with personal linen books and various objects without providing consistent explanations or responding fatuously and dissent). After discharge, she maintained well on antidepressants until a few weeks before the actual hospitalization when she began to experience increasing anguish and paranoid concerns about the Coronavirus pandemic: antidepressant therapy was increased but with no benefit, rather determining an activated state with disorganization and theatricality such as to make hospitalization necessary. At admission the patient was difficult to speak with, she emitted warps keeping her eyes closed and did not answer the questions except in a bizarre way (for example, disconnected sentences in English) and tangentially, resulting at times in opposition (for example, compared to taking therapies). The clinical picture quickly resolved by stopping the antidepressant and introducing antipsychotic therapy.

Case 2, female, 45 years old

Unknown to our Psychiatric Service, but a previous depressive episode, when the patient was resident in another city with her parents. In family history, a younger sister showed a psychotic/dissociative episode.

The patient presented in ER with a state of increasing anguish that began about two weeks earlier with a fear of contagion developed after a date with a person who worked

in Codogno (city of the beginning of the epidemic in Italy). She had developed persecutory and guilty ideation after an illness absence at work: she had convinced herself that she was supervised and that she had not carried out her duties correctly, causing the spread of the contagion on the workplace. The development of the delusion of contagion was heavily emotionally charged; she also generalized her delusions involving almost all aspects of reality in an auto referred way and with the conviction that some family members, in particular a sister, may have died. At the admission, she was markedly agitated with busyness, screams and regressive behavior (she felt down repeatedly on the ground for no reason or rung the room bell despite the close presence of the operators). In the first days of hospitalization, despite tranquilizing therapies (benzodiazepines and antipsychotics), she showed an inversion of the nictemeral cycles and substantial insomnia. The introduction of lithium salts has made it possible to obtain a gradual recovery on the behavioral and ideic level and the progressive appearance of criticism and emotional stability.

Case 3, female, 39 years old

Unknown to Psychiatric Services, referred for incongruous intake of alprazolam (1 vial and 20 cp) after having developed deep anguish linked to the feeling of not having other exit routes. She undergone psychological treatment due to an anxious basic state causing negative repercussions in the relationship with her 9-year-old daughter; she developed also a depressive switch with disdain and guilt thoughts. She self-described as markedly hyper-controlled, with a strong sense of duty and responsibility, extreme precision and punctuality in carrying out her daily activities. She works within the family company that manufactures packaging for drugs and therefore remained in business even during the restrictions from COVID; in the days before the admission, she managed the organization in safety of work for its employees. In relation to this responsibility, she began to manifest an increasingly fear of not having adequately provided for the safety of the workers, of being in default of the norms, structuring the conviction, increasingly anguishing and pervasive, of having caused the contagion to its employees. Supporting her guilt ideation, she further developed the theme of her inability to have a good relationship with her daughter interpreting in an amplified way, with self-critical and self-accusing terms, some tips that she received by the girl's teachers to better manage her daughter's staying at home following schools lockdown. The proper treatment with antidepressants and antipsychotics reduced anxiety and subsequently the delusional content of inadequacy and guilt.

Case 4, female, 44 years old

In charge of community psychiatric services since 2016 after an episode of brief reactive psychosis developed

on a hypochondriac basis (daughter's dermatological disease). She had a further hospitalization at the end of January 2019 after a psychotic reactivation with anguish, interpretativeness and self-reference ideas characterized by persecutory and guilty themes, insomnia, almost complete absence of criticism. This episode, more serious than the previous one, was likely reactive to a period of work overload and heightened perceived responsibility in relation to her role as elementary school teacher. There was an underlying affective radical and a significant obsessive trait. A month after discharge, she was newly admitted after a rapid worsening with marked psychomotor agitation, anguish and persecutory and guilty delusional ideation, centered on the figure of her daughters. Hypothesizing an underlying affective dysregulation and an anancastic personality structure, an antidepressant treatment was added to antipsychotic medication, with gradual recovery of normotimia and lysis of delusions. In the month preceding the current hospitalization, she had suspended antipsychotic therapy, showing a sudden worsening of the clinical picture. Admitted in ER by police officers whom she had asked for help to save her daughters: only her arrest would allow the daughters not to be turned away from the family. The delusional picture of guilt developed in connection with the COVID emergency which would have been a "fake" to deceive her, and that only her girls are left home from school. She expressed these delusional contents with extreme anguish and desperation. The patient accepted hospitalization (which is still ongoing) in a resigned way but with the delusional ideation that even doctors and nurses are "making fun of her".

Discussion

Even if there was a significant reduction in psychiatric ER access from the beginning the COVID emergency¹⁰, many of the psychiatric admissions in the last period pertained subjects expressing different uncomfortable conditions related to COVID, the more serious, as the ones we presented, showed a significant impairment of ideation, which is dramatically involved.

The cases we briefly described are suggestive of the pattern of psychotic decompensation in this pandemic period. Our data highlight, actually, how mass socio-cultural events such as the ongoing pandemic can shape psychopathology: the condition of isolation, and the massive exposure to media information all focused on the pandemic and the dangers connected to it, can influence the salient contents of the delusions by modifying the more external aspects, thus confirming the data of previous observations¹⁻⁶.

An element that was highlighted as of significant importance was the reduction of the community

activities normally offered in mental health services with consequent interruption of important emotional containment and monitoring interventions for psychiatric patients already in charge (data in course of analysis). Another important issue emerging from the analysis of the cases described is how, in all four clinical situations, there is an affective dimension underlying the psychotic manifestations, confirming the thesis according to which it is mainly the prevailing emotional/affective structure (especially anxiety and tension) to determine the disruption of cognitive and interpretative processing, ending in a delusional thought^{12,13}.

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