



Anxiety and Depression in Human Health: Longitudinal Changes during COVID-19

Raju N¹, Kumar A^{2*} and Singh S^{1*}

¹Department of Biotechnology, Vignan's Foundation for Science Technology and Research, India

²Department of Clinical Sciences, Lund University, Sweden

Keywords

Anxiety; Health informatics; COVID-19; Depression

Short Communication

There has been a considerable rise in anxiety and depression among the populace since COVID-19 was declared a pandemic in 2020. It is still an inclined graph, and it becomes an intriguing concept to investigate in a more progressive manner. Anxiety is a mental disorder that develops in reaction to stress and worsens over time as we continue to worry about it; on the other hand, depression is a serious medical ailment that can cause a variety of emotional, mental, and physical difficulties as well as a reduction in quality of life. According to the World Health Organization (WHO), younger adults are more likely to suffer from anxiety and depression during this ongoing pandemic, with 56.2 percent of victims being 18 to 24 years old, 48.9% being 25 to 49 years old, 39.1 percent being 50 to 60 years old, and 29.3 percent being 65 years and older in their age groups. Because of many challenges that occurred during this COVID-19, approximately 27% of individuals in India are suffering from stress and despair.

Anxiety and depression have had a significant impact on human wellbeing during COVID-19. As a result, anxiety and depression are divided into three major categories: Impact during the lockdown, people's survival, and the impact of the media (Figure 1).

People who labor for daily earnings have lost their jobs and daily work, resulting in later phases of hunger and, with no other option, an upsurge in self-destruction attempts. According to reports, there were nearly 300 non-corona deaths, which fall under the broad category of suicides, because of this anxiety and depression.

Staying at home ideally resulted in numerous quarrels that escalated to social phobia, culminating in divorces, unintended separations, and family segregation etc. The student community was the most affected, during the lockdown because there were no physical educations or outdoor activities.

With the help of internet apps and tools, technology bridged this divide. It provided opportunities for students to learn, and it was funded by a variety of organizations. When technology is used appropriately, it is always beneficial; however, when it is used unnecessarily or becomes an addiction, it has negative consequences. As a result, continuous hours of online lessons increased students' onscreen time and fostered a sense of isolation.

Because of all of this, students were under a great deal of stress and displayed a variety of behavioral changes, including being annoyed, short-tempered, depressed, and nervous. Apart from that, a significant group of people emerged who were also dealing with depression and anxiety: Internet traders. Many people began crypto-trading during the lockdown period, with estimates indicating a nearly 40% increase. People, on the other hand, entered the market with little expertise. There was a strong market downturn that eventually resulted in market collapse, which was unexpected. The initial and basic losses of these new players led to anxiety and depression, which raised suicidal impulses and long-term mental disorders. Because there were no proper treatments available during this period, human existence was a question mark, and doctors administered various combinations of medicines, which eventually revealed long-term adverse effects. According to the Indian government, there were 3.2 beds for every 10,000 persons in rural India. This number clearly shows that the uncalled COVID-19, which hit the whole world in the two waves, threw off the entire planning and arrangement by government officials, resulting in an unanticipated scenario among the populace. There was no adequate hospitalization, pharmacy, oxygen cylinders, nursing,

OPEN ACCESS

*Correspondence:

Sachidanand Singh, Department of Biotechnology, Vignan's Foundation for Science Technology and Research, Vadlamudi, Guntur, Andhra Pradesh, India,

E-mail: drsachinbioinfo@gmail.com

Atul Kumar, Department of Clinical Sciences, Lund University, Sweden,

E-mail: atul.kumar@med.lu.se

Received Date: 27 Jan 2022

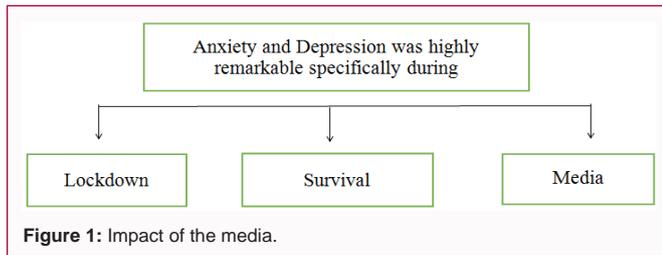
Accepted Date: 15 Feb 2022

Published Date: 21 Feb 2022

Citation:

Raju N, Kumar A, Singh S. Anxiety and Depression in Human Health: Longitudinal Changes during COVID-19. *Clin Case Rep Int.* 2022; 6: 1288.

Copyright © 2022 Kumar A and Singh S. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



or medical practitioner, resulting in a huge number of deaths. These all-unplanned events also created a catastrophic situation for the body's final departure [1-9].

Throughout all stages of COVID-19, anxiety and depression entered human life at various levels. But, with all of this, there were some good things as well; family relations improved as most skilled, grounded people left their jobs and began spending more time with their families; and, as a measure to prevent the spread of the disease, many government and private sectors prompted their staff to contribute from home, allowing people to spend more time with their families. Many individuals began assisting others in need, demonstrating that humanity is still alive. The government has made various initiatives and funds available to frontline workers as well as the general public. Finally, the COVID-19 pandemic is educating us the importance of changing our eating habits and adopting alternative diets to strengthen our immunity. Exercise and a healthy nutrition are also beneficial to our mental health.

References

1. Robinson L. Stress and anxiety. *Nurs Clin North Am.* 1990;25(4):935-43.
2. Malhi GS, Mann JJ. Depression. *The Lancet.* 2018;392(10161):2299-312.
3. Ciotti M, Ciccozzi M, Terrinoni A, Jiang WC, Wang CB, Bernardini S. The COVID-19 pandemic. *Crit Rev Clin Lab Sci.* 2020;57(6):365-88.
4. Kumar A, Nayar KR, Koya SF. COVID-19: Challenges and its consequences for rural health care in India. *Public Health in Practice.* 2020;1:100009.
5. Bhardwaj M, Singh S, Kumar A. Health informatics-a vital strategy to tackle pandemic diseases. *BJSTR.* 2021;39(4):31497-8.
6. Kamran A, Naeim M, Bagvand SG. Effective recommendations for reducing anxiety and depression caused by COVID-19 outbreak in medical staff. *Arch Psychiatr Nurs.* 2020;34(4):192.
7. Rehman U, Shah Nawaz MG, Khan NH, Kharshiing KD, Khursheed M, Gupta K, et al. Depression, anxiety and stress among Indians in times of COVID-19 lockdown. *Community Ment Health J.* 2021;57(1):42-8.
8. Verma K. The mental health impact of the COVID-19 epidemic on college students in India. *Asian J Psychiatr.* 2020;53:102398.
9. Kumar A, Nayar KR. COVID 19 and its mental health consequences. *J Ment Health.* 2021;30(1):1-2.