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**Anxiety and depression among patients admitted at COVID wards of East Avenue Medical Center (EAMC) using the validated Filipino version of the Hospital Anxiety and Depression Scale (HADS-P)****Mariane Ann A. Gabaon<sup>1</sup>, Frances Jane B. Guiang<sup>1</sup>, Norman Maghuyop<sup>1</sup>, Mary Daryl Joyce Lindo-Calleja<sup>1</sup>**<sup>1</sup>East Avenue Medical Center, Quezon City, Philippines

COVID-19 is a multifaceted disease establishing differences in terms of its occurrence, manner of clinical presentation and disease predilection. While mental health becomes one of the less analyzed aspects, addressing anxiety and depression allows clinicians to provide more patient-centered care in this pandemic era. This study determined the prevalence of anxiety and depressive symptoms and describes the socioeconomic, psychosocial, clinical factors affecting its development among COVID-19 patients. A total of 232 patients admitted at COVID ward of East Avenue Medical Center for at least 14 days were included in the study. Participants were interviewed using the validated Filipino version of the Hospital Anxiety and Depression Score (HADS-P) questionnaire with informed consent. STATA 13.1 was used for data analysis at 95% confidence interval. Anxiety was significantly correlated with hypertension ( $p=0.044$ ), diabetes ( $p=0.008$ ), employment status ( $p=0.038$ ), and with patients who had family members affected with COVID-19 ( $p=0.033$ ). Depressive symptoms occurred 2.31 times more likely in Chronic Kidney Disease. It was also associated with COVID classification ( $p=0.036$ ) where symptoms were 59.91% less likely to occur in confirmed COVID-19 patients than suspect patients. Most participants had a normal HADS-P anxiety (6) and depression (4) median scores. Mild symptoms of anxiety ( $n=55$ ) and depression ( $n=30$ ) were noted among participants. The severity of COVID-19 classification was a statistically significant variable for developing anxiety symptoms. Among the total 88 participants with anxiety symptoms, COVID suspect and moderate has the greatest number ( $n=17$ ) followed by COVID confirmed, moderate ( $n=15$ ). On the other hand, COVID severity classification for depression was noted to be not statistically significant. In conclusion, employment status, COVID severity classification, and comorbidities (hypertension and diabetes) are predictors of developing anxiety symptoms. Patients with CKD can be a predictor of developing depressive symptoms and COVID-19 confirmed is less likely to develop depressive symptoms. Thus, these results can assist our health sectors in revisiting its existing healthcare policies, strategies and plans to take into consideration the mental health as one of the important aspects of patient management most especially during this time of pandemic.

**Biography**

Frances Jane Guiang and Dr. Mariane Ann Gabaon are senior medical residents at East Avenue Medical Center in the Philippines. They have a shared interest in research involving mental health, cancer, and chronic diseases, also with this pandemic carrying a significant impact on everyone's way of living, it has given them motivation to sharpen their expertise in recognition and management of COVID-19 complications