

# Patient Trying to Tell Something Else: Severe Stress During COVID-19 Pandemic

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## INTRODUCTION

\*\*The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health due to isolation, burnout, or economic crisis resulting in job loss linked to poor mental health outcomes (Panchal et al., 2021).

\*\*The following case study illustrates the clinical role of primary care physicians to consider a 'hidden agenda' when a patient presenting with signs or symptoms of undifferentiated illness investigated to be normal. The symptoms were persistent, representing a plea for help of underlying stress, worry, and concerns.

\*\*This case described a young working adult man who suffers from severe stress presented with heart disease symptoms. He has extensive responsibility during this pandemic and on follow-up for hypertension and dyslipidaemia. Despite non-significant investigations related to heart disease at the cardiology clinic, he returned with the same intense unresolved symptoms. Depression Anxiety Stress Scales 21-item (DASS-21) (Lovibond et al., 1995) revealed a very high score for stress and anxiety.

\*\*Stress management counselling includes detecting the underlying stress (mainly by the impact of the COVID-19 pandemic), behavioural changes, stress coping skills and spiritual empowerment. Reassessment of stress and anxiety score by twelve weeks follow-up showed significant improvement and the symptoms subsided. He adapted to the stress environment with an adequate coping mechanism.

\*\*This case highlighted the clinical complexity and diagnostic challenges in picking up a mental illness. In our case, the diagnostic approach of PROMPT with the last 'PT' refers to 'Patient is trying to tell something else' demonstrated that; without high index of suspicion, mental health illness especially during the COVID-19 pandemic, may be overlooked for early intervention to prevent inevitable consequences.

## CASE REPORT

A 44-year-old gentleman with underlying hypertension and dyslipidaemia diagnosed five years ago presented with recurrent chest tightness, left upper arm discomfort, and difficulty in breathing for one day. He denied any chest pain, sweating, or syncope attack. On further questioning, he also experienced non-specific symptoms: easy fatigue, intermittent chest tightness, palpitation, and left upper limb cramps that disturbed his sleep for the past year at the beginning of COVID-19 pandemic. As the patient was obese, hypertensive, high cholesterol, and had a family history of cardiovascular disease (both his parent) he was referred to the cardiology clinic to investigate for the unstable angina. Cardiac enzymes and electrocardiograph (ECG) yielded non-significant results. Both investigations of cardiac stress test and echocardiography showed normal cardiac function with no acute ischemic changes and discharged from the cardio clinic. He was then screened for stress and anxiety using the available DASS-21 questionnaire as the history raised a suspicion of underlying stress.

Table 1: DASS-21 Level According to The Mental Illnesses:

Mental Health Illnesses / DASS21 Level	Depression	Anxiety	Stress
Normal	0 - 4	0 - 3	0 - 7
Mild	5 - 6	4 - 5	8 - 9
Moderate	7 - 10	6 - 7	10 - 12
Severe	11 - 13	8 - 9	13 - 16
Extremely severe	≥ 14	≥ 10	≥ 17

He admit was severely affected as he has to cover a task beyond his responsibility during COVID-19 pandemic. He felt he was accountable for all the additional tasks at school if it goes wrong. His emotion was mixed with worry, fear of COVID-19 infection, intense stress, and eventually feeling burnt out, worsening the somatic symptoms. Otherwise, there was no history of depressed mood, or suicidal thoughts.

He participated four sessions of stress management counselling. The 1st session of one hour duration was to instil positive thinking and behavioural changes of the underlying stress as well as to counsel the stress coping skills which include spiritual empowerment.

It is found that he has been severely affected by the outbreak of coronavirus disease (COVID-19) with mixed feeling of fear, anxiety, stress and increasing workload at his workplace.

Table 2: Stress Management Counselling

STRESS MANAGEMENT	
Behavioral Changes	Positive thinking - Identify the stressor which creates the most stress and develops a positive response (American Psychological Association. 2018). To take responsibilities steadily, to discuss with the superior and colleague for assistance and to look at the additional responsibilities as a way to help others. This practice of giving help to others may also reduce his anxiety (Nelson, S. K., et al. 2016).  Encouraged to be assertive, get organized, and divert to a healthy lifestyle such as balance daily diet, exercise suited to his daily schedule, good sleep pattern, and leisure.
Stress Coping Skills	Deep Breathing Method - diaphragmatic breathing (Relaxation Technique 2020)  Progressive Relaxation Method (Gaylord, C., et al. 1989)
Spiritual Empowerment	Islamic Integrated Meditation (Anchor, M., et al. 2015). Five times per day for 5 to 10 minutes, sit in a relaxed position, eyes closed, and repeat a word (zikir) with each breath. Recite or listen to Qur'anic verses blend with controlled breathing.

Reassessment of stress level at twelve-week followed up showed significant improvement (normal range score level for depression, anxiety, and stress).

## DISCUSSION & CONCLUSION

Identifying mental health illness poses a dilemma at the primary care level as it is not easy to discriminate symptoms of cardiovascular disease from psychiatric illnesses like anxiety and severe stress. Although stress and anxiety usually present with a psychological response, certain patients may present with other physical symptoms relating to autonomic hyperactivity and muscle tension (MedicineNet. 2021).

As in this patient, severe stress impacted by COVID-19 pandemic affects his quality of life and social dysfunction. His medical problems seem to have been worsened due to the escalating of somatic symptoms in which representing a 'plea for help' of underlying stress, worry, and concerns. This patient might develop stress or anxiety disorders, leading to inevitable complications if not been detected and intervened.

The stress management counselling is best done by integrating behavioural changes, stress coping skills, and spiritual empowerment. The Islamic concept of stress management can be practiced by integrating meditation and mindfulness practice (muraqabah) with the trust in God, prayer, recitations of the Qur'an, remembrance of Allah, and thankfulness; all were found to be effective methods for a Muslim to face life stressors (Anchor, M., et al. 2015 & Parrot, J. 2017). This holistic method has certainly facilitated the patient coping with negative stress at workplace and current life challenges during the COVID-19 pandemic.

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