

Need for Psychosocial Assistance in Times of the New Coronavirus Pandemic: a Close Look at Oncology Patients and Oncology Professionals

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Necessidade de Assistência Psicossocial em Tempos de Pandemia Causada pelo Novo Coronavírus: um Olhar Atento aos Pacientes Oncológicos e aos Profissionais da Área da Oncologia

Necesidad de Asistencia Psicosocial en Tiempos de Pandemia Causada por el Nuevo Coronavirus: una Mirada Cercana a los Pacientes y Profesionales de Oncología

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INTRODUCTION

The year of 2020 was marked by the appearance and dissemination of the pandemic provoked by the virus Sars-CoV-2 – severe acute respiratory syndrome coronavirus 2, the cause of a disease called COVID-19 – coronavirus disease 2019. His extremely elevated infectivity pattern has quickly made COVID-19 a challenging problem for every health system worldwide¹⁻³.

The patients infected by the novel coronavirus can present a large variety of signs and symptoms. COVID-19 manifestations are divided in five groups: asymptomatic, mild, moderate, severe and critical infections⁴. The proportion of asymptomatic patients is considered low, less than 1% and most of the infected individuals, 80.9%, manifests only mild symptoms, similar to a common influenza condition^{5,6}. Approximately 5%, however, can evolve to severe forms of the disease, demanding medical intervention as hospitalization in intensive care units and respiratory support⁷⁻⁹.

The group of individuals with great risk of severe evolution to infection by the novel coronavirus is formed by men, older adults (more than 56 years) with comorbidities and severe and chronic diseases¹⁰⁻¹². The current literature indicates that individuals with cancer, systemic arterial hypertension, chronic obstructive pulmonary disease, *diabetes mellitus* and coronary heart disease are more frequently affected by the severest form of the disease and more possibilities of unfavorable outcomes¹³⁻¹⁵.

The dissemination and evolution of the pandemic are being responsible for the development of important psychological symptoms for health professionals and the general population¹⁶. Historically, epidemics and outbreak of diseases contamination were invariably followed by drastic individual and collective psychosocial impacts¹⁷⁻¹⁹.

Because of the pandemic scenario by the novel coronavirus, the fast production and sharing of information together with measures of social isolation implemented as forms of fighting the transmission of the disease are provoking higher levels of stress, anxiety and depression in the population^{20,21}. These psychological effects associate to the wave of sickening as an important problem for public and collective health. The psychological well-being of the population is essential for coping with COVID-19 because the individuals need to feel safe to tackle adverse situations that may appear or are already existing, standing out the oncologic patients and healthcare professionals who work in the services of oncologic care¹⁶.

DEVELOPMENT

Getting ill by cancer is a process that, on its own, exposes the patients to situations of intense corporal and psychological aggression as result of its process of treatment or the stigma of the disease because it threatens the patients' health^{22,23}. Commonly, the diagnosis and treatment of cancer by chemotherapy, radiotherapy or oncologic surgery²², produce important psychological effects as anxiety, depression, anguish and acute stress²⁴.

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It is observed overall a decrease of the number of diagnosis of cancer during the pandemic by the novel coronavirus. Wise²⁵ indicates that in England for 2020 are expected at least 6,270 deaths by cancer representing a raise of 20% in relation to the same period of last year. The result is considered a consequence of the infection of these patients by the novel coronavirus or the delay of cancer^{25,26} diagnosis and treatment.

Mainly, the scenario formerly quoted is a consequence of pandemic control for the population (as reassignment of physical, technical and financial resources) and reduction of the hospital's capacity of providing care to infected patients²⁶. Nevertheless, it is known that the growth of stress, anxiety and depression symptoms in the population in general, as fear of infection by the novel coronavirus or waste of medical resources can also contribute negatively to reduce the diagnosis and quality of cancer treatment²⁷.

The treatment of oncologic patients involves a large group of individuals among them, the professionals who actively work in these services. They are continuously exposed to situations of psychological stress caused by the process of dealing with death, providing high complexity and palliative care and watching over the families^{28,29}. Therefore, the period of coping with the pandemic by the novel coronavirus is an additional toll to the process of psychological suffering of these individuals.

Lai et al.³⁰, in a cross-sectional study with 1,257 professionals of 34 hospitals caring for patients with COVID-19 in China observed that there is high risk for unfavorable outcomes to the mental health of this population with potential need of support or psychological intervention. This process has created the necessity of counting with evidences-based strategies to reduce these outcomes³¹.

The aggravation of the psychological stress can be more intense in oncologic patients than in the general population. Thus, understand how these individuals are affected by the pandemic and how the psychological status can interfere and lead to the abandonment or irregularities of the treatment is essential to guide preventive measures and resolve these possible issues.

CONCLUSION

It is essential that the strategies of controlling the pandemic by the novel coronavirus include in the agenda the assistance to groups that face situations of vulnerability. In this context, the oncologic patients and the professionals who provide them care are the most susceptible groups for the aggravation of preexisting psychic suffering conditions and development of new

situations of psychological damage, including more stress, crisis of anxiety and depressive episodes.

Therefore, actions that meet the necessity of caring for these patients at locoregional level must be elaborated, considering the specificities and demands of each service, each patient and each professional. For this, it is suggested that robust studies at regional and local level are elaborated in order to allow the analysis and understanding of the pandemic psychological effects over these groups specifically to minimize damages and favor actions and interventions while there is time for this.

CONTRIBUTIONS

All the authors contributed equally in the conception and planning of the study, gathering, analysis and interpretation of the data and critical review. The authors approved the final version to be published.

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DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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