

Veranderingen in mentale gezondheid tijdens de corona-pandemie

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AFDELING PSYCHIATRIE | EPIDEMIOLOGIE & DATA SCIENCE



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BEVINDINGEN IN DRIE LANGLOPENDE PSYCHIATRISCHE COHORTSTUDIES



De pandemie en mentale gezondheid...



De uitbraak van het nieuwe coronavirus (COVID-19) en alle maatregelen die zijn afgekondigd, hebben invloed op de mentale gezondheid van bijna iedereen. Voor professionals verwijzen we naar betrouwbare kennis om

mensen met en zonder eigen mentale gezondh

Een specifieke groep mensen met ernstige psychische aandoeningen neemt deel aan het panel Psychisch Gezien van het Trimbos-instituut. Bijna de helft van hen rapporteerde eind april een toename van hun psychische klachten (De Lange et al. 2020). Een klein deel van de panelleden meldt juist minder klachten en meer dan de helft ervaart (ook) positieve kanten van de corona-maatregelen, zoals meer rust, minder prikkels en minder (sociale) stress (De Lange et al. 2020).

De situatie in NL psychiatrische cohorten: veranderingen...

- ▶ ...tussen pre-corona en april/mei 2020
- ▶ ...van april 2020 tot juni 2021

The logo for NESDA (Netherlands Epidemiology and Demography Study) features the letters 'NESDA' in a bold, black, stylized font. The 'N' and 'S' are particularly prominent and interconnected.

baseline n=2981 (2004)
MDD en/of Angststoornis
652 controles

The logo for NESDO (Netherlands Epidemiology Study on Depression and Anxiety) features the letters 'NESDO' in a bold, black, sans-serif font. The letters are closely spaced and have a slight shadow effect.

baseline n=510 (2008)
MDD of MDD/Angst
132 controles

The logo for n(CD)a (Netherlands Cohort for Depression and Anxiety) features the letters 'n(CD)a' in a bold, black, sans-serif font. The 'n' and 'a' are white, while the 'CD' is black, all set against a blue background.

baseline n=419 (2004)
OCD
geen controles

Covid-studie

- ▶ Online vragenlijst
- ▶ 14 keer tussen april 2020 en juni 2021
- ▶ N = 1714
- ▶ M = 56 jaar
- ▶ 64% vrouw

	Pre-covid	Tijdens covid
Depressieve klachten: IDS	●	●
Angstklachten: BAI	●	●
Piekerklachten: PSWQ	●	●
Eenzaamheid: De-Jong Gierveld	●	●
Ervaren geluk (happiness)	●	●
<i>Ervaren impact op mentale gezondheid</i>		●
<i>Angst voor Covid-19</i>		●
<i>Positieve coping</i>		●

Covid-specifieke vragenlijst

Ervaren impact op mentale gezondheid	Angst voor Covid-19	Positieve coping
9 items	6 items	5 items
In deze corona-periode...	Door de dreiging van het virus...	Ondanks corona...
...slaap ik slechter	...verlaat ik mijn huis niet meer	...blijf ik actief
...kan ik me slechter concentreren	...kom ik liever niet bij andere mensen in de buurt	...onderhoud ik actief sociale contacten
...eet ik meer snoep of snacks	...volgt ik strikt de regels	...kan ik mij prima thuis vermaken

Ernst van stoornissen: chroniciteit

	2006	2008	2010	2012	2014	2016	2018	2020
NESDA	●	●	●			●		● (c)
NESDO		●	●		●			● (c)
NOCDA		●	●		●			● (c)

percentage waves met 1-jaarsstoornis

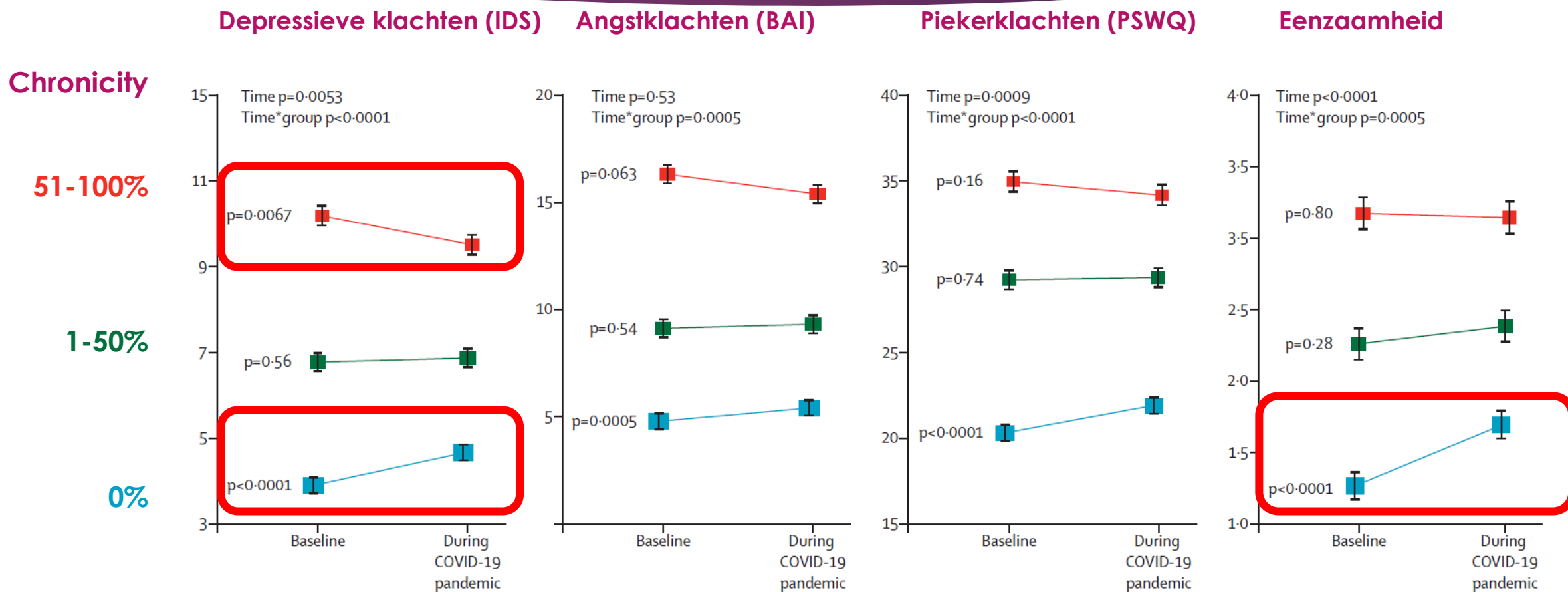
▶ Studie 1

- ▶ 0 % (controls & lifetime)
- ▶ 1-50%
- ▶ 51-100%

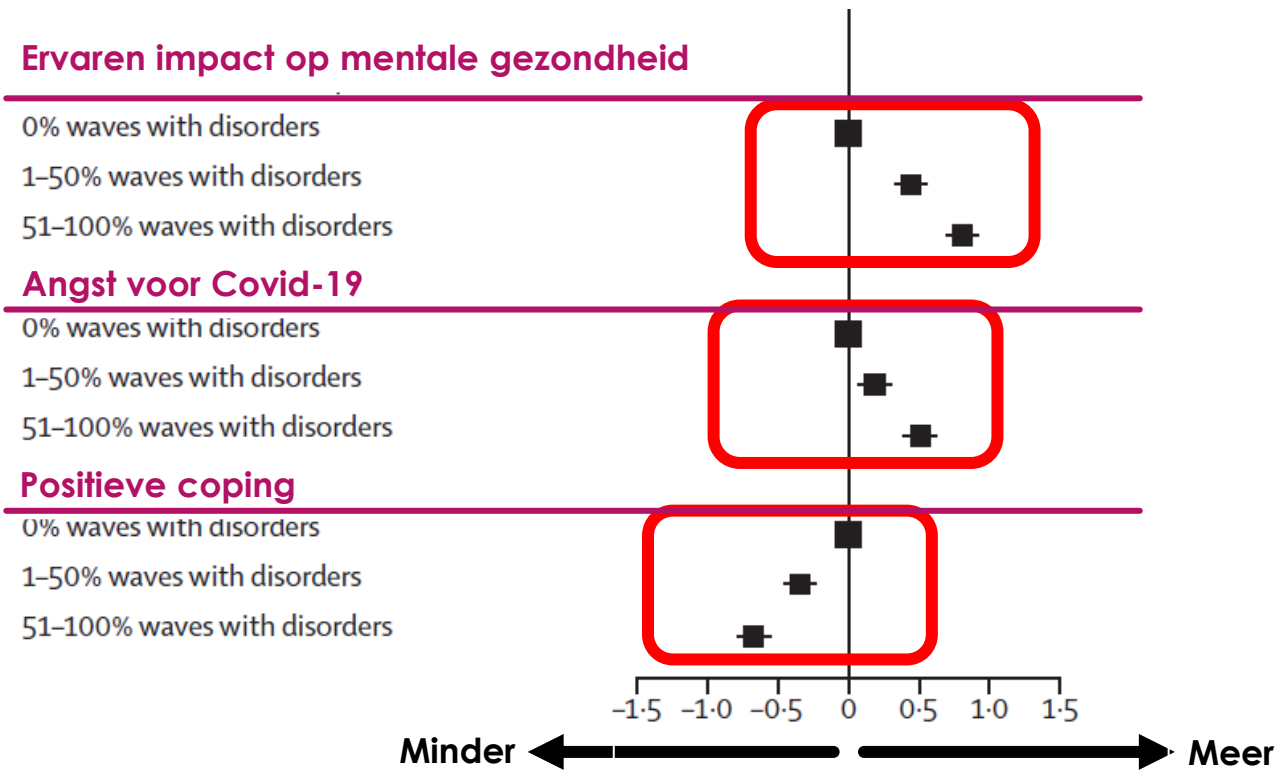
▶ Studie 2

- ▶ 0 % controls
- ▶ 0% maar wel lifetime
- ▶ 1-50%
- ▶ 51-100%

Studie 1: eerste maand



Studie 1: covid-impact



Studie 1: verschil naar type stoornis

- ▶ Geen significante verschillen tussen typen stoornissen in *verandering in* IDS, BAI, PSWQ en eenzaamheid

Independent variable:	n	t-stat	p-value
Depressive symptoms (QIDS):			
Major depressive disorder	894	0.495	0.62
Dysthymic disorder	369	-2.049	0.04
Panic disorder	448	-0.018	0.99
Generalized anxiety disorder	434	-0.477	0.63
Agoraphobia	379	-0.368	0.71
Social anxiety disorder	491	-0.810	0.42
Anxiety symptoms (BAI):			
Major depressive disorder	984	-0.264	0.79
Dysthymic disorder	373	-0.813	0.42
Panic disorder	481	-0.796	0.43
Generalized anxiety disorder	456	-0.610	0.54
Agoraphobia	404	0.143	0.89
Social anxiety disorder	523	-0.655	0.51
Obsessive-compulsive disorder	120	0.551	0.58
Worry symptoms (PSWQ):			
Major depressive disorder	852	-0.844	0.40
Dysthymic disorder	343	-0.992	0.32
Panic disorder	428	0.377	0.71
Generalized anxiety disorder	428	-0.511	0.61
Agoraphobia	419	-1.438	0.15
Social anxiety disorder	360	-0.548	0.58
Obsessive-compulsive disorder	471		
Loneliness (DeJong Q):			
Major depressive disorder	886	0.224	0.82
Dysthymic disorder	336	-2.247	0.02
Panic disorder	336	0.246	0.81
Generalized anxiety disorder	439	-0.231	0.82
Agoraphobia	413	-0.673	0.50
Social anxiety disorder	363	-1.412	0.16
Obsessive-compulsive disorder	465	-0.486	0.63
Obsessive-compulsive disorder	124		

Studie 1: verschillen naar type stoornis

Angst voor Covid-19

- Major depressive disorder
- Dysthymic disorder
- Panic disorder
- Generalized anxiety disorder
- Agoraphobia
- Social anxiety disorder
- Obsessive-compulsive disorder

Angst voor Covid-19

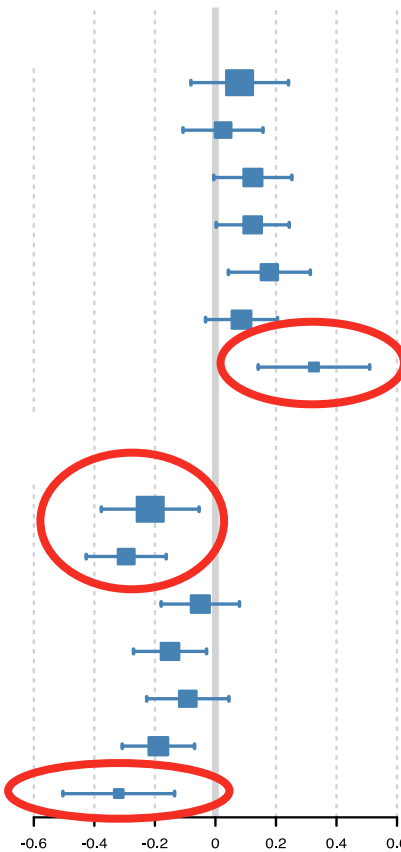
Grootst bij OCD

Positieve coping

- Major depressive disorder
- Dysthymic disorder
- Panic disorder
- Generalized anxiety disorder
- Agoraphobia
- Social anxiety disorder
- Obsessive-compulsive disorder

Positieve coping

Laagst bij depressieve stoornis en OCD



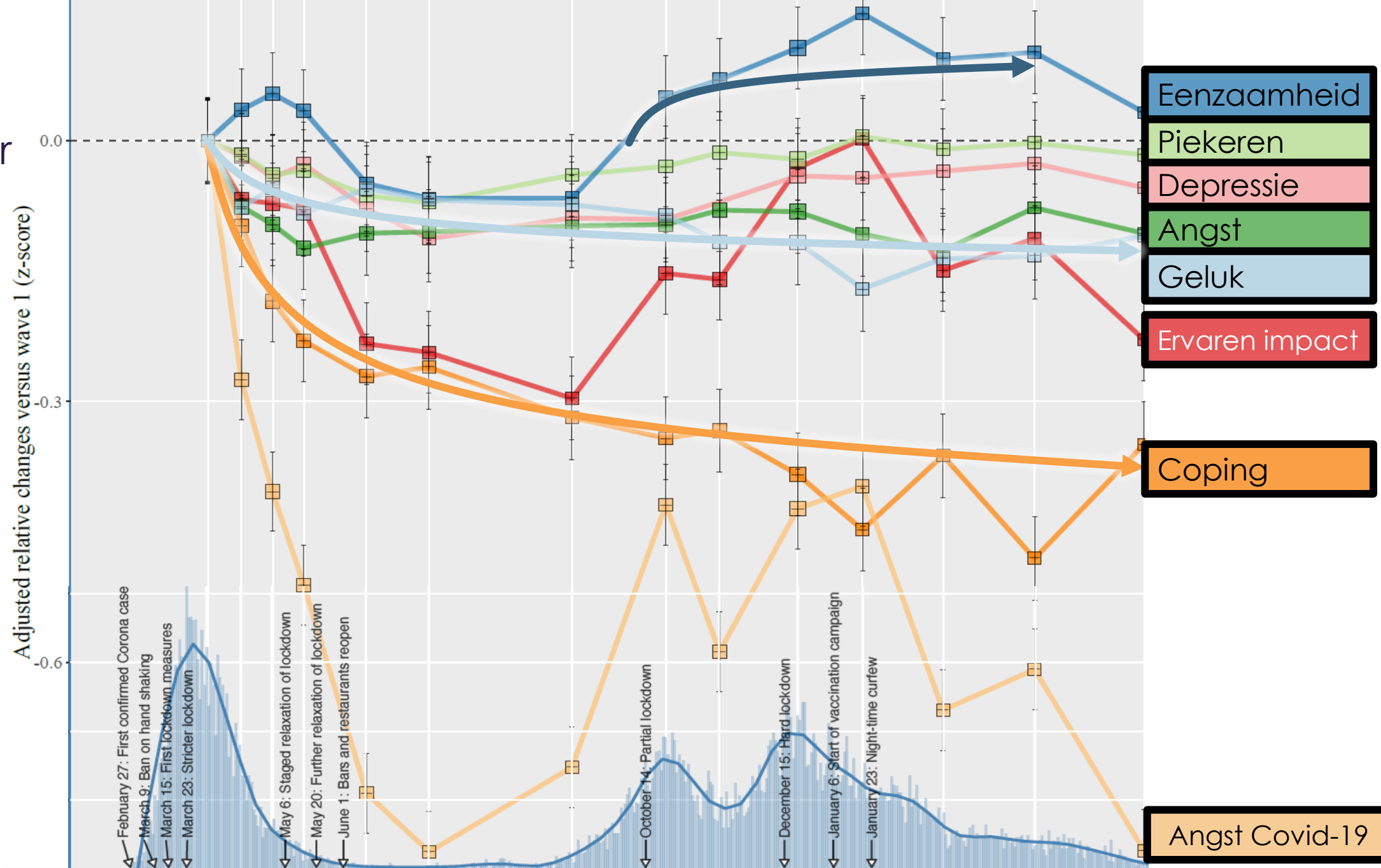
Minder ← → Meer

Studie 2

verloop

eerste jaar

Studie 2 verloop eerste jaar



Conclusie

- ▶ Geen duidelijke langetermijn-impact van coronapandemie op **stemmingsklachten**
- ▶ Ondanks duidelijke schommelingen in ervaren impact en angst
- ▶ Punten van zorg:
 - ▶ Alle uitkomsten persistent slechter in psychiatrische groepen
 - ▶ Stijging in **eenzaamheid**; afname in positieve coping **met name in sociale aspecten**



Discussie



- ▶ Specifieke groepen?
Trouwste deelnemers; relatief oude groep
- ▶ Verschillen naar kenmerken (leeftijd, persoonlijkheid, quarantaine, etc.)



Dank!

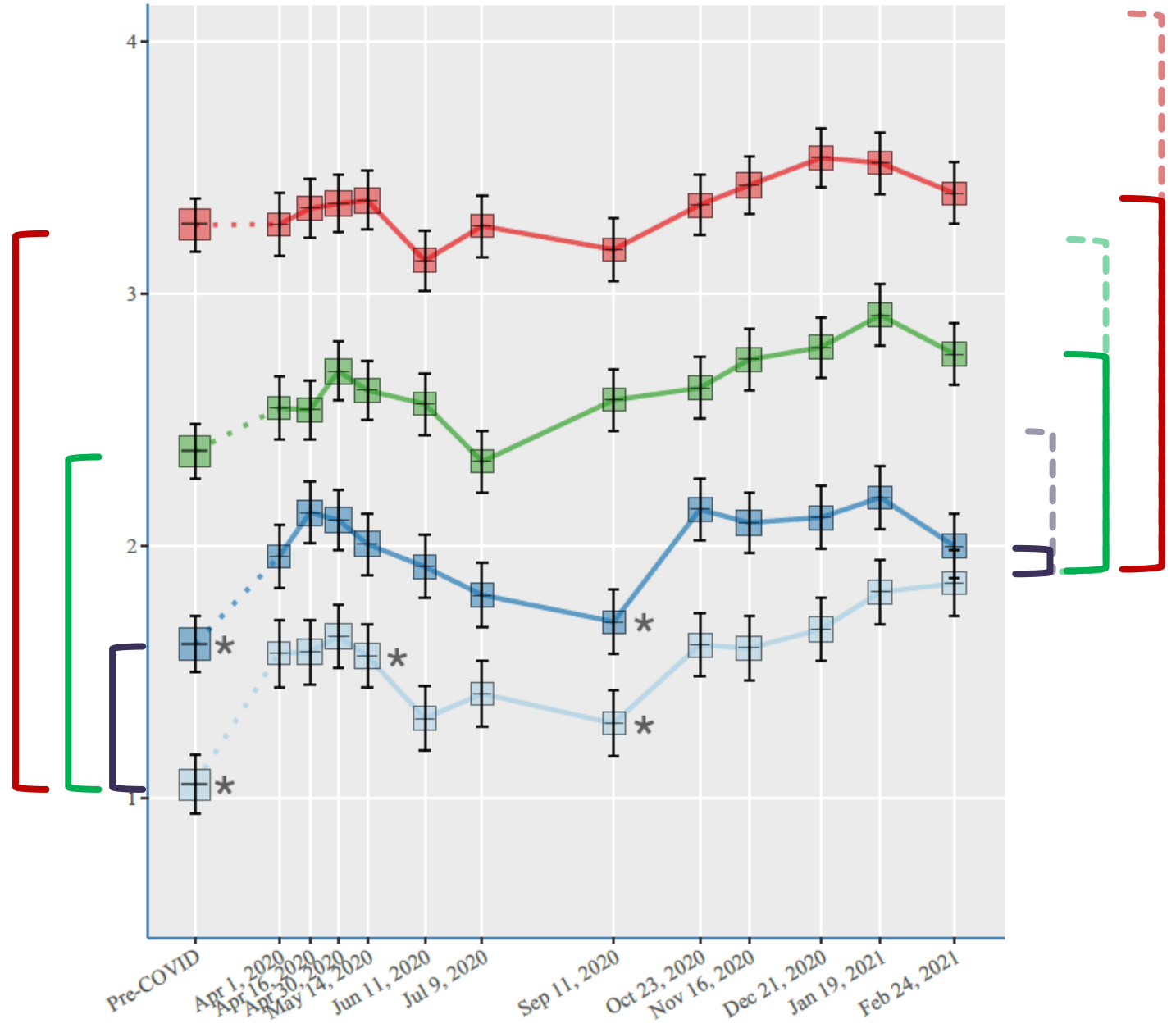
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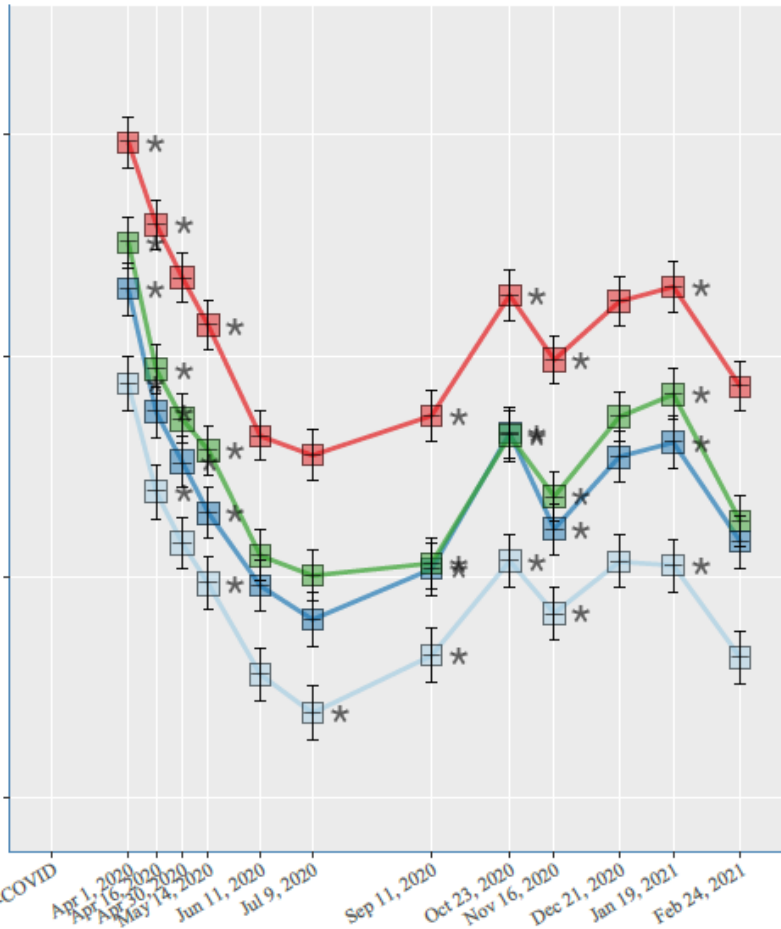
	Depressive symptoms (QIDS)	Anxiety symptoms (BAI)	Worry symptoms (PSWQ)	Loneliness (DeJong Q)
Female sex	$\beta = 0.052$; $p=0.049$	$\beta = 0.015$; $p=0.57$	$\beta = 0.041$; $p=0.15$	$\beta = 0.051$; $p=0.02$
Age	$\beta = -0.013$; $p=0.68$	$\beta = -0.084$; $p=0.009$	$\beta = -0.101$; $p=0.008$	$\beta = 0.024$; $p=0.40$
High education	$\beta = -0.020$; $p=0.50$	$\beta = 0.032$; $p=0.24$	$\beta = 0.041$; $p=0.18$	$\beta = -0.034$; $p=0.18$
Living alone	$\beta = 0.069$; $p=0.02$	$\beta = 0.007$; $p=0.81$	$\beta = 0.002$; $p=0.95$	$\beta = 0.077$; $p<0.001$
Home with outdoor space	$\beta = 0.006$; $p=0.84$	$\beta = -0.025$; $p=0.32$	$\beta = 0.035$; $p=0.25$	$\beta = 0.011$; $p=0.62$
Essential worker	$\beta = 0.010$; $p=0.70$	$\beta = -0.019$; $p=0.46$	$\beta = 0.042$; $p=0.10$	$\beta = -0.028$; $p=0.20$
Number of mental health disorders	$\beta = 0.066$; $p=0.06$	$\beta = 0.053$; $p=0.16$	$\beta = 0.001$; $p=0.98$	$\beta = 0.074$; $p=0.04$
Neuroticism	$\beta = 0.107$; $p=0.02$	$\beta = 0.104$; $p=0.03$	$\beta = 0.172$; $p=0.003$	$\beta = 0.098$; $p=0.02$
Extraversion	$\beta = 0.056$; $p=0.25$	$\beta = 0.058$; $p=0.10$	$\beta = -0.041$; $p=0.24$	$\beta = -0.067$; $p=0.046$
Openness to experience	$\beta = 0.035$; $p=0.30$	$\beta = -0.011$; $p=0.72$	$\beta = 0.042$; $p=0.26$	$\beta = -0.036$; $p=0.20$
Agreeableness	$\beta = -0.007$; $p=0.86$	$\beta = -0.011$; $p=0.70$	$\beta = -0.006$; $p=0.85$	$\beta = -0.042$; $p=0.12$
Conscientiousness	$\beta = -0.009$; $p=0.79$	$\beta = -0.026$; $p=0.44$	$\beta = 0.015$; $p=0.65$	$\beta = 0.043$; $p=0.17$
Quarantine in prior 2 weeks	$\beta = 0.072$; $p=0.005$	$\beta = 0.106$; $p<0.001$	$\beta = 0.030$; $p=0.35$	$\beta = 0.004$; $p=0.86$
Strictly following Covid-19 guidelines	$\beta = -0.014$; $p=0.60$	$\beta = 0.082$; $p=0.002$	$\beta = 0.069$; $p=0.02$	$\beta = -0.033$; $p=0.14$
Change of activity upon Covid-19	$\beta = -0.069$; $p=0.02$	$\beta = -0.088$; $p=0.003$	$\beta = 0.011$; $p=0.71$	$\beta = -0.061$; $p=0.03$
Working from home (Teleworking)	$\beta = -0.015$; $p=0.59$	$\beta = -0.075$; $p=0.01$	$\beta = 0.017$; $p=0.62$	$\beta = -0.015$; $p=0.60$
Taking care of children at home	$\beta = 0.057$; $p=0.04$	$\beta = 0.003$; $p=0.91$	$\beta = 0.013$; $p=0.70$	$\beta = -0.021$; $p=0.45$

Loneliness (DeJong Q)

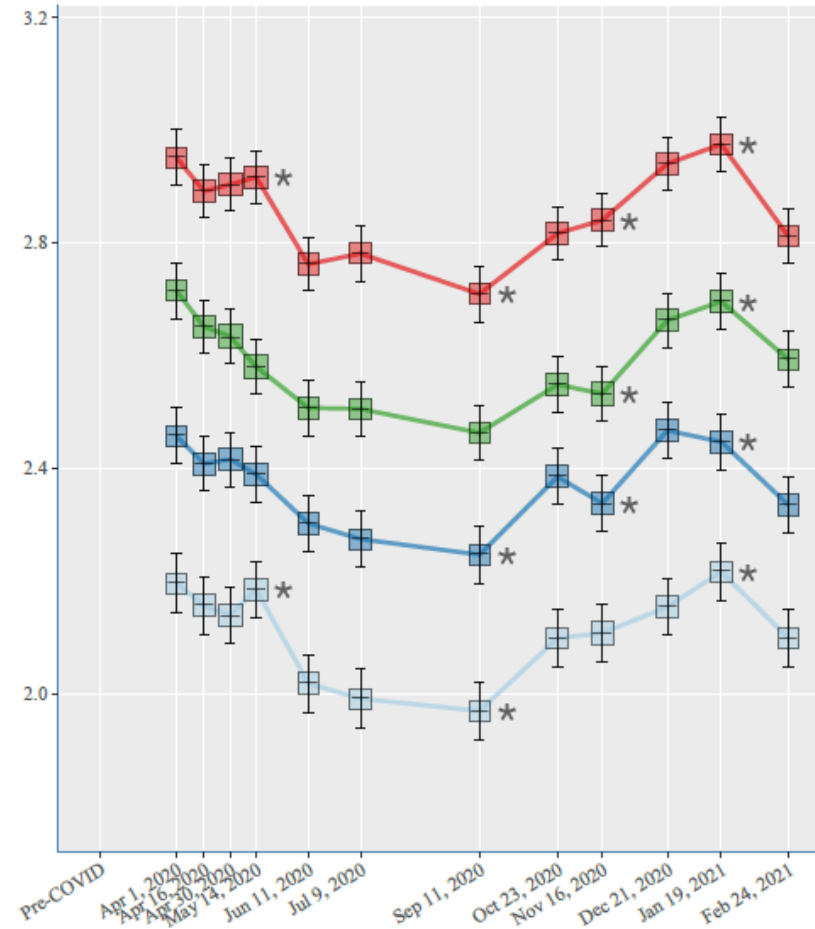


Studie 2: **geen verschillen** in veranderingen naar chroniciteit

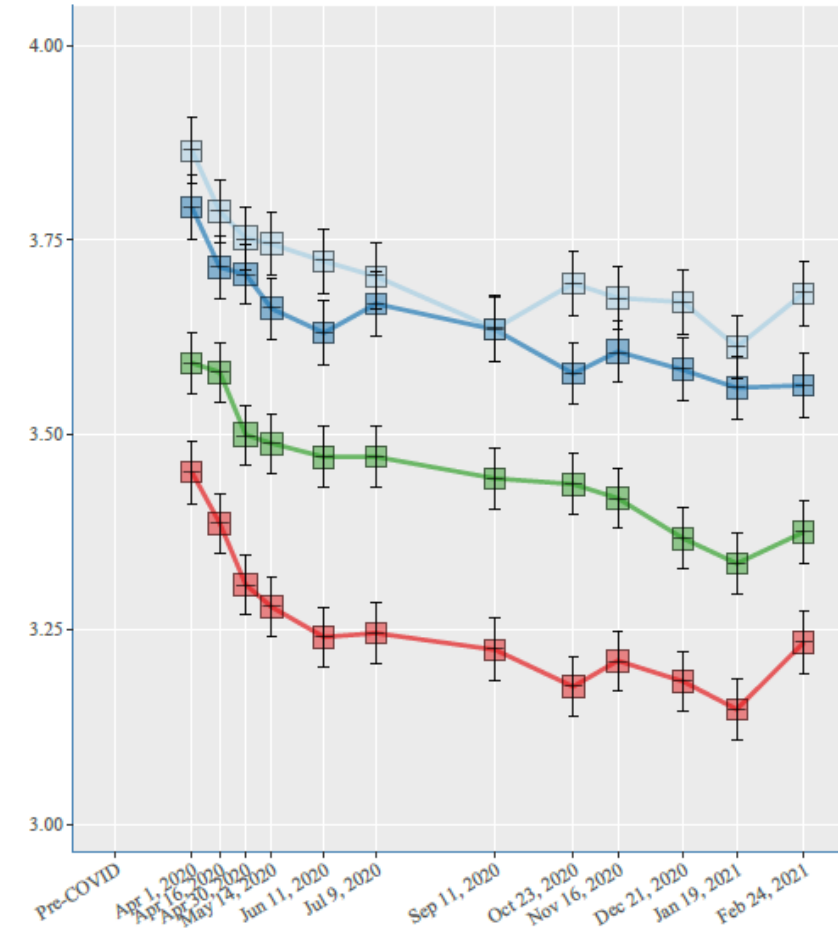
Fear of Covid-19



Perceived mental health impact

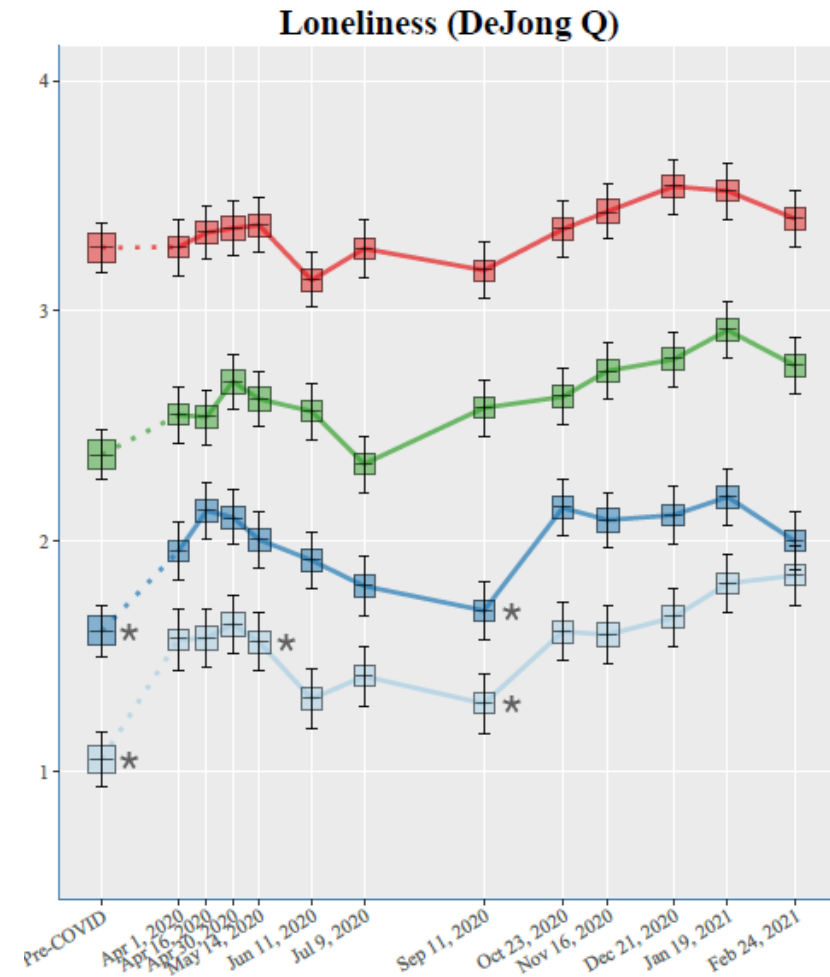
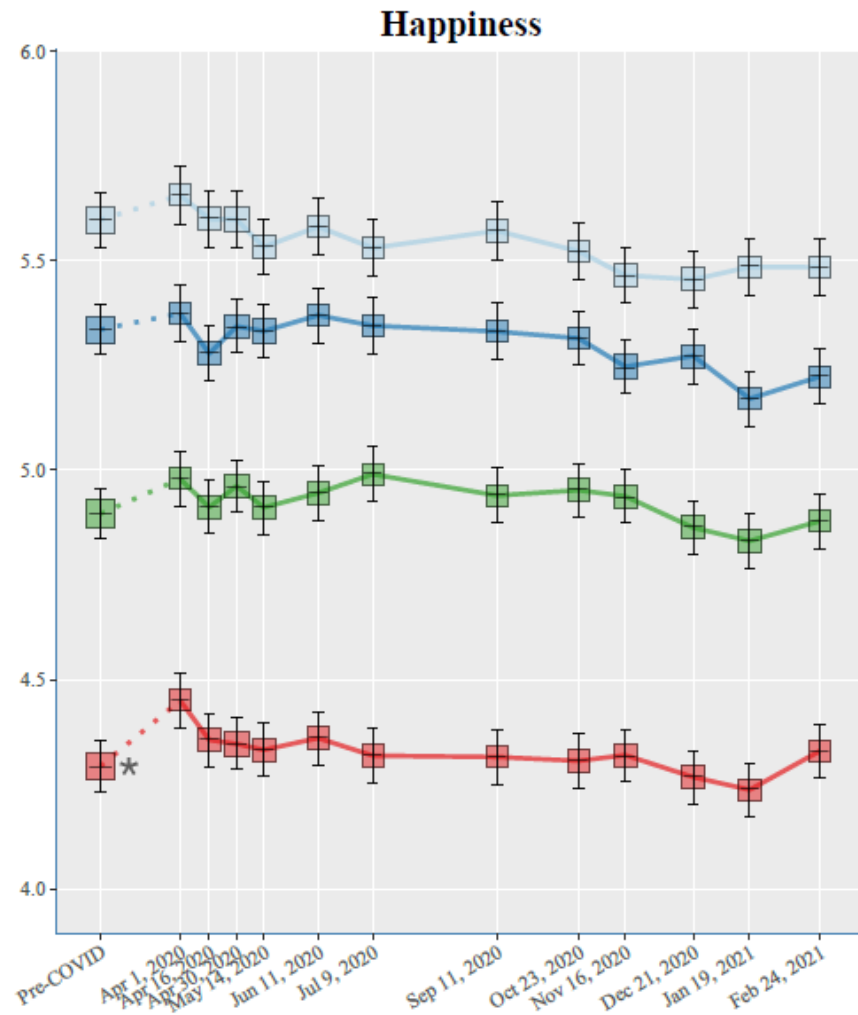


Positive coping



Previous waves with disorders: ■ No lifetime disorder ■ Remitted disorder ■ Low-Medium Chronicity ■ High Chronicity

Studie 2: **geen verschillen** in veranderingen naar chroniciteit



Previous waves with disorders: ■ No lifetime disorder ■ Remitted disorder ■ Low-Medium Chronicity ■ High Chronicity