

Regression in a COVID-19 Positive Patient Managed at the Isolation Centre of a Tertiary Hospital in South West, Nigeria

Dr. Abolaji Paul ADEKEYE^{1*}, Dr. Musiliu Adejare LAWAL¹, Dr. Tolutope Fasanmi KOLAWOLE², Dr. Babatunde Emmanuel ERIN¹, Dr. Bolawale Adedeji AMPITAN¹

¹Department of mental health, federal teaching hospital, ido-ekiti, p.m.b 201, ekiti state, Nigeria

²Department of internal medicine federal teaching hospital, ido-ekiti, p.m.b 201, ekiti state, Nigeria

Abstract

Objective: To demonstrate the psychological reaction of the exhibition of the ego defence mechanism of regression by patients with physical conditions like COVID-19 and how it can be managed.

Method: An ethical clearance for this case report was obtained from the Human Research and Ethics Committee of the Federal Teaching Hospital, Ido-Ekiti, Ekiti state.

Results: The patient is a 52-year-old male public servant and known patient with hypertension who presented at the accident and emergency unit of the Federal Teaching Hospital, Ido-Ekiti, Ekiti State with a 3-week history of fever, 2-week history of cough, 2-week history of body weakness and a day history of difficulty in breathing. A provisional diagnosis of atypical pneumonia to keep in view COVID-19 infection was made. He was managed as a suspected case of COVID-19 infection which was confirmed the following day. After five days of testing positive and while being managed at the isolation ward, the patient was noticed to be reclining in a fetal position and exhibiting some temper tantrums like shouting, screaming, claiming that he's in respiratory distress and that he's almost dying, but his vital signs were usually within normal limits when reviewed. His mental state examination was assessed and some sessions of supportive counselling were offered to him.

Conclusion: regression is an immature defence mechanism that can be exhibited while coping physical conditions, including emerging diseases as reported in this case and can be properly attended to with quality sessions of supportive counselling.

1. INTRODUCTION

1.1. Definitions

Regression is the adoption of behaviour appropriate to an earlier stage of development—for example, dependence on others.¹ It is the return to a previous stage of development or functioning to avoid the anxieties or hostilities involved in later stages.² It is an immature defence mechanism and reflects a basic tendency to achieve instinctual gratification or to escape instinctual tension by returning to earlier

modes and levels of gratification when later and more differentiated modes fail or involve intolerable conflict.^{1,2} Defence mechanisms are unconscious responses to external stressors as well as to anxiety arising from internal conflict, while the conscious responses aimed at reducing the impact of stressful circumstances are called coping strategies.¹

COVID-19 is the acronym for the corona virus disease caused by the novel corona virus discovered in Wuhan, China in December, 2019.³ Coronaviruses are a large family of RNA viruses that infect birds and many mammals including humans.⁴ These viruses cause diseases that range from common cold to more severe respiratory diseases and rarely gastroenteritis.⁵ Coronavirus disease (COVID-19) is caused by a new strain of coronavirus (SARS-Cov-2) that has not been previously identified in humans, and which is a member of the family of viruses responsible for severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS), for which zoonotic and person-to-person transmission have been confirmed.^{3,4} Person-to-person transmission has been established between people who are in close contact with one another, primarily through respiratory droplets.⁵ Droplet transmission occurs when respiratory droplets generated through coughing, sneezing or talking attach to susceptible mucosal surfaces, such as the eyes, nose or mouth.^{4,5} Transmission may also occur indirectly via contact with contaminated surfaces with hands and then mucosal surfaces.³

It was declared by the World Health Organization (WHO) on 30th January 2020 as a Public Health Emergency of International Concern (PHEIC)³, while on 11th March 2020, it was declared a pandemic by the WHO.⁵ Nigeria recorded her index case in February 27, 2020.⁶

The case definition for COVID-19 is as follows:

- **Suspect Case**

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), and a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.³

- **OR**

A patient with any acute respiratory illness and having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset.⁴

- **OR**

A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; and requiring hospitalization) and in the absence of an alternative diagnosis that fully explains the clinical presentation.³

- **Probable Case**

A suspect case for whom testing for the COVID-19 virus is inconclusive.^{3,4}

- **OR**

A suspect case for whom testing could not be performed for any reason.⁵

- **Confirmed Case**

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.³

- **Definition of Contact**

A contact is a person who has an exposure during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case.⁴

1.2. Regression and Physical Illness

Regression is a way by which people achieve therapeutic goals as it usually occurs among the physically ill.^{1,7} It can be adaptive in the active phase of illness by helping the individual to passively acclimatize to intensive medical and nursing care. If regression persists into the stage of recovery and rehabilitation, it can be maladaptive because it reduces the patient's ability to make efforts to help himself.¹

Illnesses like Alzheimer's disease, Parkinson's disease, brain tumours and other forms of physical illnesses that require hospitalization have been reported to result in regression among the adult population.⁸ Regression in adults can occur at any age and mainly occurs due to insecurity, fear, and anger following their perception of the illness.⁹ It can be problematic in a hospital, as it can prolong hospital stay and pose management problems for clinical staff members who have to care for many patients at a time.¹⁰

Regressive behaviour in adults is manifested in myriads of ways e.g. verbally abusing staff, crying, being mute, sucking on objects or body parts, physical aggression, assuming the fetal position, temper tantrums, pacing, engaging in quiet baby talks and being incontinent.⁷

1.3. Psychological Impacts of COVID-19

The psychological responses to COVID 19 varies among different population worldwide.¹⁰ This may be because apart from it being an emerging disease, it has attracted global attention having taken its toll on every aspect of humanity – business, entertainment, education, healthcare policies and practices, technology, housing, and interpersonal relationships.⁵

In a study conducted on the psychological impact of COVID-19 among healthcare workers in the United Kingdom, registered healthcare professionals mentioned that providing materials to support psychological wellbeing, alongside other support mechanisms, would demonstrate that their employers valued them as individuals.¹¹ In a large population study in China on the immediate psychological responses during the initial stage of COVID-19, more than half of the respondents rated the psychological impact as moderate-to-severe, and about one-third reported moderate-to-severe anxiety.¹⁰

A similar study in Pakistan revealed that majority of the respondents reported being anxious on daily basis especially among people older than 35 years of age, which resulted in the exhibition of avoidance behaviour among this age group.¹² The finding from a Nigerian study was quite resembling as a prevalence of psychological distress, using the Kessler Psychological Distress Scale was reported as 47.3% among respondents amid the COVID-19 pandemic.¹³

2. METHODS

An ethical clearance and approval for this case report was obtained from the Human Research and Ethics Committee of the Federal Teaching Hospital, Ido-Ekiti, Ekiti state.

2.1. Results: Case Report

The patient is a 52-year-old male public servant and known patient with hypertension who presented at the accident and emergency unit of the Federal Teaching Hospital, Ido-Ekiti, Ekiti State with a 3-week history of fever, 2-week history of cough, 2-week history of body weakness and a day history of difficulty in breathing. A provisional diagnosis of atypical pneumonia to keep in view COVID-19 infection was made and all the necessary investigations and treatment protocols were requested for and instituted as appropriate. Patient was managed as a suspected case of COVID-19 infection pending a COVID-19 test report, which eventually came positive the following day.

After five days of testing positive and while being managed at the isolation ward, the patient was noticed to be exhibiting some temper tantrums and reclining in the fetal position whenever he's on the bed. The notable temper tantrums demonstrated by him were: shouting, screaming, claiming that he's in respiratory distress and that he's almost dying, but his vital signs were usually within normal limits when reviewed. All these climaxed on the tenth day of admission after he

had made a level of clinical improvement, which he also attested to. This necessitated a Psychiatric review where he was assessed as demonstrating a regressive behaviour, following difficulty in coming to terms with the condition and this was impinging on his recovery. The mental state examination revealed a well groomed and kempt patient lying in fetal position. His mood was euthymic and affect was appropriately reactive. There were no abnormalities of thought, cognition and perception. He had a good judgment and he was insightful. A session of supportive counselling was immediately offered to him and while at it, he asked how he could become more settled and co-operative with management regimen. Further explanations were made to him about the condition and proper ways of adjusting to it. Shortly after this, patient slept well and did not exhibit any tantrum within the remaining period of his stay in the ward and was subsequently discharged one week after then, following a successful treatment.

3. DISCUSSION

We feel this is worth reporting because it shows a way of adjusting to a novel physical condition, and few information have been made available about patients' adjustment to COVID-19 infection. A number of reasons may be adduced to this patient's reaction.

Firstly, the societal perception of COVID-19 infection has been greatly influenced by the media, which has resulted in a significant level of anxiety in the populace. Studies have reported the effects of the media in aligning the global view of the infection in diverse ways.¹⁰ This, coupled with the wide, though erroneous idea from questionable sources that people with the condition usually end up dead, may have played out in the patient's reaction. Although reports from credible sources of encouraging outcomes abound also.^{12,13}

Besides, the previous stressful experiences of the patient may have led to the reaction. The patient was diagnosed with systemic hypertension and has had numerous investigations on that account before being diagnosed with COVID-19 infection. This might be additive in the event of the adverse circumstances experienced by him. Previous researches have reported the effects of previous adverse events in adjusting to current experiences.¹ However, the level of resilience can modify the outcomes as not everyone that is exposed to the same stressful circumstance eventually ends up with the same outcome.^{1,2}

Additionally, the patient's personality might have played a major role in his reaction to the illness.¹ Studies have shown that apart from modifying the course of an illness, people's personality can determine how they react to a disease and its treatment.^{7,11} To this effect, although, an objective personality test would have shed more light on this, it could not be done due to the bureaucracy involved in the treatment of the COVID-19 patients.¹⁰

Furthermore, boredom, loneliness and emotional distress have been reported to be heightened in patients at isolation centres and all these may have overwhelmed the patient, thus resorting to coping with regression.¹⁴

Interestingly, the effects of supportive counselling in helping patients to cope well with physical conditions, including COVID-19 infection have been reported in recent studies.^{10,11,14} With proper explanation of the condition and provision of necessary answers to their questions, patients are made to settle down and cooperate with the modalities of treatment.^{1,12,14}

In conclusion, regression is an immature defence mechanism that can be exhibited while coping physical conditions, including emerging diseases as reported in this case and can be properly attended to with quality sessions of supportive counselling.

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