

BIGGEST PSYCHOLOGICAL EXPERIMENT- COVID LOCKDOWN: SECONDARY EPIDEMIC?

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Abstract

One third of the world's population, an estimated enormous number of some 2.6 billion people have been living under lockdown/quarantine measures due to the COVID pandemic worldwide. This is arguably the largest psychological experiment ever conducted. Several studies and observations are being conducted to study the pattern of psychological impact on the mindsets of people all over the world during this cut-off period. In treating the COVID-19 pandemic, the world is scrambling to build enough tents to treat those infected with a deadly, highly contagious virus. But we're not setting up the second tent for psychological help and we will pay the price within three to six months after the end of this unprecedented lockdown, at a time when we will need all able bodies to help the world economy recover. Unsurprisingly, people who are quarantined are very likely to develop a wide range of symptoms of psychological stress and disorder, including low mood, insomnia, stress, anxiety, anger, irritability, emotional exhaustion, depression and post-traumatic stress symptoms. We can already see a sharp increase in absenteeism in countries in lockdown. People are afraid to catch COVID-19 on the work floor and avoid work. We know this from many examples, ranging from absenteeism in military units after deployment in risk areas, companies that were close to Ground Zero in 9/11 and medical professionals in regions with outbreaks of Ebola, SARS and MERS. In general, we know at-risk groups for long-term mental health issues will be the healthcare workers who are on the frontline, young people under 30 and children, the elderly and those in precarious situations, for example, owing to mental illness, disability and poverty. This will result in a secondary epidemic of burnouts and stress-related absenteeism in the latter half of 2020. Are we thinking about this secondary epidemic? Are we adequately prepared to deal with the aftermath? Are we prepared to tap the people who survive this pandemic to their normal potentials once they step out to resume their routine? This needs to be addressed with as much seriousness as the primary pandemic!



Biography:

Dr. Tandon has completed her MBBS from India followed by clearing of her USMLE examinations and a 3-year residency training program in Emergency Medicine (EM) from India in affiliation with the George Washington University, USA. She went on to acquire the MRCEM certification from UK and has been working in Emergency and Critical Care for over a decade now. She has been involved in faculty role in various EM related academic ventures.

Speaker Publications:

1. "Oxytocin given as IV Bolus Versus IV Infusion in women undergoing caesarean section: a randomised, controlled, double-blind study"
2. "The Difficult Paediatric Airway: Two Cases of large Cystic Hygroma"
3. "Congenital Fibroepithelial Polyp: A Case Report of Difficult Airway"
4. "Oxytocin in Caesarean Section : the "Less Is More" Regimen"

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