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**THE SEQUELATES OF
COVID-19 IN ADULT
MENTAL HEALTH**

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Abstract: The COVID-19 pandemic has brought to society many fears, insecurities, changes in the way emotions are experienced, concerns about health, safety, such questions affect mental health, especially in adults affected by this virus. This research aims to characterize the patient's experience after COVID sequelae that affect her mental health. And specifically seeks to verify the consequences of covid-19 in daily life; identify cognitive changes related to recurrent sequelae of covid-19; identify the emotional experiences related to the recurrent sequelae of covid-19; verify occurrences of mental disorders in patients affected by covid-19. The following study is classified as a qualitative, descriptive, exploratory and field research, in which an interview was conducted with an adult patient affected by the virus in the city of Lages SC. Thematic content analysis of the data collected in the interview was performed. The results obtained through this study show changes in daily life, with significant losses in cognition and functionality, in the way of experiencing emotions and in social interaction, intensifying clinical conditions with mental health problems.

Keywords: COVID-19; Psychologist; Mental health; Rehabilitation.

INTRODUCTION

When talking about mental health, people end up not knowing how, when and with whom to talk and it even becomes a taboo. Such misinformation on this subject can not only leave severe marks but can also become something serious over time.

In the period of the COVID-19 pandemic, the concerns arising from the disease point to psychic and emotional problems that interfere with the well-being and health of individuals. Such a pandemic became worrying, because in addition to being a contagious disease, the lack of correct information, and the best way

to manage the care to be followed, brought doubts about how and when everything would be resolved, what the directions of science, what was true and what was a lie and all these processes, can increase anxieties, stress, fear of a new contagion, bringing psychological problems to the individual that demand adequate professional treatment (REIS 2020).

It is necessary to consider the moment of life and how much the contagion interfered or not in their daily lives. All these problems can lead to problems in the individual's mental health, thus requiring the intervention of a specialized multidisciplinary team for rehabilitation so that he can return to his routine in a more adaptive way.

Faced with these questions about COVID-19, it is important that studies be carried out with a focus on mental health in the post-covid-19 period with people affected by the virus, since such a pandemic, in addition to its problems related to physical and mental health of the population, caused severe changes in people's lives and required rapid adaptation.

Faced with this problem, it is important to research the sequelae of covid in adults, with the aim of characterizing the patient's experiences after sequelae of covid that affect her mental health, based on the data collected through an interview with a patient undergoing rehabilitation at the Specialized Rehabilitation Service-SER.

- Check the consequences of covid-19 in daily life.
- Identify cognitive changes related to recurrent sequelae of covid-19.
- Identify the emotional experiences related to the consequences of covid-19.
- Check occurrences of mental disorders due to covid-19.

The case study is justified by the possibility of deepening the understanding of the mental

health of post-covid 19 patients.

The sequelae can bring a behavioral imbalance and emotional overload, and even lead to the development of anxiety disorders, depression, panic syndrome, post-traumatic stress disorders, mood disorders.

Such responses can help other patients who have gone through this moment to experience it in a more adaptive way, with more knowledge and information.

THE LONG COVID

Long COVID is characterized by multisystem conditions that present symptoms such as fatigue, shortness of breath, cough, chest pain, heart palpitations, fever, headache, muscle aches, gastrointestinal complications, loss of taste and smell. At a cognitive level, it can present post-traumatic stress disorder, anxiety and depression (FILHO E LIMA 2021).

DATA FROM COVID 19 WORLDWIDE			
Confirmed cases	Recovered cases		Confirmed deaths
635,229,101	300,681,803		6,602,552
COVID 19 DATA LEVEL BRAZIL			
Confirmed cases	Recovered cases	In follow-up	Confirmed deaths
35,227,59	34,235,867	302,067	689,665
new cases	Incidence		Lethality 2%
39,013	16763.3		Mortality 328.2

COVID 19 DATA AT THE LEVEL OF SANTA CATARINA

Confirmed cases	Recovered patients	Active cases	Deaths
1,894,934	1,865,950	6,553	22,431
Incidence Rate			
26,128.00			

COVID 19 DATA AT THE LEVEL OF LAGES SC

Confirmed cases	Recovered Deaths	Recovered	Active
43037	606	42316	115

Source: Corona virus epidemiological bulletin, updated 20 November 2022

THEORETICAL REVIEW

COVID-19 (*Coronavirus Disease 2019*) is a respiratory infection caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (SCHUMANN et al., 2020).

The identification of this disease occurred in December 2019, when there was an outbreak of pneumonia involving people who had some relationship with the Wuhan Seafood Wholesale Market and, after that, it was classified as an epidemic (SIFUENTES-RODRIGUEZ; PALACIOS-REYES, 2020).

The World Health Organization (WHO) only recognized such a pandemic on March 11, 2020. In Brazil, the first record of this disease was confirmed on February 26 of the same year, with 30.2 million cases being registered and causing 662 thousand deaths by April 11, 2022 (WHO, 2022).

COVID-19 has been registered in more than 180 countries and, since it became a pandemic, it has been worrying the highest government authorities, who often seek to adopt strategies with the aim of slowing down the progression of the disease (KRAEMER et al., 2020).

Transmission occurs through droplets emitted by people through saliva, sneezing, coughing, phlegm, oral contact, nose or eyes or with contact with contaminated surfaces (WHO, 2022).

As, initially, information about this disease was scarce, the WHO brought some recommendations so that there could be a decrease in the rate of transmission and contamination. The first measures were non-

pharmacological (INF), which included hand washing, mask use and social distancing (individual measures). When related to the environment, routine cleaning measures for environments and surfaces were introduced, as well as community measures that included restricting or prohibiting the operation of educational institutions, community living environments, public transport and other spaces that could cause crowding (GARCIA; DUARTE, 2020).

With the *lockdown* introduced in Brazil by state governments, many environments were closed and some activities began to be developed remotely, *home office*. Despite the various criticisms of such restriction measures, this was one of the only initial ways to enable a flattening of the coronavirus transmission curve, but such measures also brought about some drastic changes in people's lifestyles and health (AHMED et al., 2020).

Regarding lifestyles, social restriction can lead to an important reduction in the levels of moderate to vigorous intensity physical activity, and in the increase of time in sedentary behavior. In the United States, an increase in the habit of watching television (TV) and the internet was observed among adults during the pandemic. Similar results were identified in Italy and Spain, both in participation in live broadcasts, through social networks, and in the increase in the installation of TV programming applications (MALTA et al., 2020, p. 2).

In addition to the measures taken to ensure social isolation and, therefore, low transmission and contamination of the virus, people infected or suspected of contracting the virus needed to comply with a quarantine period of fourteen days, during which time the virus was incubated (OLIVEIRA, 2020).

After the proliferation of the vaccine, even in the face of several contrary and troubled ideas about it, it is still the safest form of prevention, since, since vaccinations began to

be carried out, as well as the number of doses taken, the number of cases has been gradually decreasing, as well as serious cases and deaths. Except for exceptions (FRENCK et al., 2021).

The successful adoption of social restriction as a Public Health measure has proven benefits in reducing the transmission rate of COVID-19; however, negative effects associated with this restriction may have consequences for health in the medium and long term. Therefore, Public Health actions are also expected to be able to minimize the adverse effects of prolonged social restriction (MALTA et al., 2020, p. 2).

Lima (et al., 2020) states that this whole avalanche scenario of both the pandemic and mismatched information provides a favorable environment for human behavior, especially in the Mental Health of individuals.

THE SEQUELS OF COVID19 IN THE DAILY ROUTINE

Due to the various problems brought about by COVID-19 and social isolation, much has been concerned about Mental Health (SM) (WHO, 2020). As it is a global health crisis, in Brazil the impacts are no different and, in Brazil, such psychological and social impacts vary between levels of intensity and severity (FIOCRUZ, 2020).

Therefore, during the pandemic, fear became evident and, thus, boosted the levels of stress and anxiety in hitherto healthy people, as well as in people with existing mental disorders (RAMÍREZ-ORTIZ et al., 2020).

The coronavirus pandemic has crossed the entire social fabric, sparing practically no area of collective or individual life, with repercussions in the sphere of mental health. In epidemic situations, the number of psychologically affected people is usually greater than the number of people affected by the infection, with an estimated one third to half of the population having psychological and psychiatric consequences if they do not receive adequate care (LIMA, 2020, p. 1).

Patients who contracted COVID-19, regardless of the degree to which they were found, or were suspected of contracting it, experienced different types of emotions and behaviors, in addition to feeling guilty, frightened, melancholy, angry, anxious, with difficulty sleeping, among other factors that may end up becoming disorders such as panic attacks, Post Traumatic Stress Disorder (PTSD), psychotic symptoms, depression and even lead to suicide. In the case of patients in a situation of hospitalization or hospital isolation, such stresses can be more serious and generate greater problems (SHIGEMURA et al., 2020).

Despite viewing society as a whole, it is also noteworthy that professionals, especially in the health area, who were affected by the spread of the disease within hospitals, also had an impact on their mental state, in addition, of course, to other sectors that were directly affected by the pandemic.

The mental state of health professionals (and others who are at their side, such as drivers, security and cleaning workers) is of particular concern in the documents, due to factors such as pressure, stress and burnout linked to long working hours, the handling of serious cases and the fear of contamination and death, added to the distance from the family and the risk of being stigmatized or harassed in their neighborhood as potential transmitters of the coronavirus (LIMA, 2020, p. 3).

Despite the need and effectiveness of Social Isolation, this type of measure has several impacts on the coexistence and mental health of individuals. Among the points that can have a severe impact are: distancing from family and friends, doubts about the duration of this measure, accumulation of tasks, especially in online teaching situations and *home office*, a measure adopted by most companies to keep it working (BROOKS et al., 2020).

It is possible to perceive that the prescribed

strategies have a preventive emphasis, in the sense of producing or reinforcing self-care habits considered healthy, reducing the risks of mental illness, in addition to stimulating a community ethic that is considered scarce in the life of big cities. It is necessary to reflect, however, whether the recommendations, or the virtual media in which they circulate, are suitable for all territories and social classes. In marginalized populations, the issues generated by detachment and isolation have other nuances. In the favelas, less adherence to “stay at home” is linked to factors such as the distinct urban geography composed of alleys, alleys and residences with few rooms, large crowds and inadequate sanitary conditions; the need to continue working to support themselves, given the high rate of informality; and the “naturalization” of risking one’s life, an effect of getting used to moving around the community even on days of shootings and police operations (LIMA, 2020, p. 4).

Ramirez-Ortiz and collaborators (2020) in their research observed several factors that contribute to anxiety and depression in periods of isolation in the pandemic. The lack of control in these moments is constant, since many cannot visualize the time that this could take. Such uncertainty, as well as the limits imposed by the restrictive measures could/could drastically affect future plans, in addition to separating people from living together and, thus, becoming the triggers for the emergence of anxiety and/or depression.

THE POST-COVID COGNITIVE SEQUELATES

Despite being something quite recent, there are already studies that bring cognitive sequelae in patients who have been infected by COVID-19. Among the surveys used here, the range of people with sequelae in the neurological and cognitive part is not just the oldest, that is, in various age groups it is possible to find neurological and cognitive problems (GONÇALVES; HAAS, 2021).

Studies by Gonçalves, HAAS (2021) highlighted the most recurrent problems that occurred as a sequel to COVID-19, including: memory problems, headache, myalgia, encephalopathy, delirium, seizures, neuropathy.

According to Neves (2021), some tests for cognitive assessment demonstrate that people who have post-covid sequelae have the same result as people who have had a stroke.

In the study by Alemanno and collaborators (2021) it was possible to notice that of the people who contracted the virus, more than half had areas of attention, calculation, memory and language affected. The author also points out that the age of the patients studied is something that has an impact, but it is not predominant.

In case of severe infections by Sars-Cov-2, neurological problems are quite serious, even developing cerebrovascular diseases. In addition, patients in subacute phases (up to 3 months duration) of infection have greater cognitive and neurological problems (GONÇALVES; HAAS, 2021).

Cognitive changes are often found in patients diagnosed with COVID-19 months after hospital discharge. Slower cognitive processing speed and impaired memory may interfere with the functioning of these patients' quality of life. Thus, cognitive rehabilitation interventions aimed at increasing processing speed and memory must also be considered. Therefore, the long-term follow-up of neurological deficits is an essential element, along with the imminently necessary follow-up of the rehabilitation health team (GONÇALVES; HAAS, 2021, p. 13).

Faced with such factors, it is possible to see how much the COVID-19 pandemic has brought several problems to the mental health of the population, both in the medium and long term.

EMOTIONAL SEQUELS IN POST-COVID

As discussed elsewhere in the text, the COVID-19 pandemic has shown changes in the realities and experiences of individuals, especially those who contract the virus and are in a situation of more severe restrictive measures (CULLEN et al., 2020).

Despite the focus in the media on informing the population about the risks, care and advances in medicine and science with this virus and the pandemic, there is still no more efficient concern about issues related to mental health care, since there is no whether the psychological repercussions can be minimized (FARO et al., 2020).

According to research by Faro and his collaborators (2020), China published a guideline that brings new approaches to psychological care in coping with COVID-19. Among all levels of care, the focus is intensified on groups undergoing hospitalization, but also expanding the population.

As for the emergency psychological care that was proposed by the guideline, level 1 has priority because it contains, in particular, the people most vulnerable to the risk of physical and mental illness. In addition to drug treatment, the care recommended for this group focuses on psychological support for the patient, with timely assessment for self-injurious behavior and risk of suicide. Reinforcing the information inherent to the importance of isolation and encouraging patients' confidence in recovery are also important in this phase. For front-line professionals and administrative staff, it is suggested, before starting work, training and preventive interviews focused on stress management, regulation of emotions and encouragement to seek psychological help in the face of difficulty in dealing with emotions and the adversity of the situation (FARO, 2020, p. 9).

In Brazil, psychologists have also come forward to help those affected by the

COVID-19 pandemic. In addition to the consultations carried out at posts and clinics that serve the SUS, some interventions and consultations are also being carried out online. Such measures can help prevent or reduce future psychiatric and psychological problems (LIMA et al., 2020).

The current scenario of potential catastrophe in mental health – which requires even more attention from the public authorities – will only be properly known after the pandemic period has passed. Therefore, immediate efforts must be employed, at all levels and in the most diverse areas of knowledge, in order to minimize even more negative results in the mental health of the population. Finally, it is worth investing in adequate health care and, above all, in science in general, so that this period is shortened and that health professionals are trained for the challenges of care (FARO, 2020, p. 11).

It is noted that, in a large number of those infected with COVID-19, the sequelae related to emotional issues are associated with anguish and fear, insecurity, since the person is going through a moment of great uncertainty, something they do not see, besides, of course, having to be in total isolation, thus abruptly messing with your emotions (LADISLAU, 2021).

METHOD

This case study was aimed at a patient undergoing rehabilitation accompanied by the multidisciplinary team of the SER Specialized Rehabilitation Service, located at the CCS Health Sciences Center at Uniplac Lages; through an interview with open and closed questions, which took place in October 2022.

The following study is classified as a qualitative, descriptive, exploratory and field research. Qualitative research aims to obtain information in quantity from different sources, reports, narrations and ideas, that is, through subjectivity, the aim is to understand,

evaluate and interpret the experiences of the subjects (GHERHARDT, SILVEIRA, 2009).

It is exploratory, as it seeks a view of themes that have not been explored in order to enable future studies (GIL, 2008). It is also classified as descriptive because it describes aspects of a specific phenomenon, seeking, through data collection techniques, the information for this purpose. The field research deepens the proposed questions, presenting greater flexibility, happening in a way to be able to reformulate the objectives throughout the process. (GIL, 2008).

Case studies are broad research methods on a specific subject, allowing to deepen knowledge about it and, thus, offer subsidies for further investigations on the same subject (GIL, 2008).

For the case study in question, an interview was conducted based on the elaborated questionnaire, which was recorded and transcribed in full.

Data analysis was performed using thematic content analysis. The thematic content is organized from “a statement about a certain subject” Minayo (2000, p. 208). This statement represents a theme, from which the thematic axes of the contents collected from the semi-structured interview will be established. Thus, the aim is to establish a frequency of meanings about the objective to be analyzed. The analysis was organized in three moments: Floating reading, where a standard was established to allocate to the pre-established thematic axes and the constitution of the corpus, organizing the collected material in a way that it responded to the criteria of the objectives established for each theme. Then, a hypothesis was formulated based on the collected data and the material was organized to formulate concepts to be analyzed based on theoretical references (MINAYO, 2000). From the data collected, thematic axes and categories for data treatment were organized, established

from the objectives established in the research and the emerging contents of the interviews. Then, the categories were discussed in the light of the established theoretical framework.

ETHICAL CARE AND RISK AND BENEFIT ANALYSIS

All ethical precautions for the research were taken in accordance with resolution 510/2016. According to her, “all research involving human beings involves risk of varying types and degrees”. Therefore, the project was submitted and approved by the Research Ethics Committee of UNIPLAC, whose approval number was 5,687,727.

Their participation was considered of minimal risk, but some kind of embarrassment could occur when answering the interview.

In this case, as it is an interview focused on psychological issues, there is a risk of mobilizing emotional states that require greater attention when talking about the process the individual went through during the diagnosis. If the need for psychological support was identified, the professionals from the CER Specialized Rehabilitation Center team, who already work with these patients, would be communicated so that attention could be given to the questions mobilized by the interview. However, the interview took place without requiring psychological or other assistance.

Even after signing the Informed Consent Form, the participant still has the right to claim compensation for repairing damages that present a causal link with the research

The research participant may have benefited from reflections mobilized from the interview. By talking about the topic today with all the relevant information, she can establish a timeline and reflect on the process in a more adaptive way, considering the coping strategies she could use regarding the moment she went through and what she

would do differently in this process until your recovery.

RESULTS AND DISCUSSION

The information collected from the proposed case was organized into three thematic axes: 1) patient conditions before being affected by COVID; 2) patient's experience during COVID; 3) patient experience after COVID. These thematic axes with their respective categories will be presented below.

PATIENT'S CONDITION BEFORE BEING AFFECTED BY COVID

The patient is female, 56 years old, average age, retired.

Middle age is a phase of the life cycle that extends approximately from 40 to 60 years. In principle, midlife is a period characterized by an inner movement of a person to summarize and reevaluate his own life. There is a certain disorientation of physical health, wisdom and the ability to solve practical problems are accentuated. (PAPALIA & OLDS, 2000).

At this stage the woman enters menopause, her reality changes and with it aspects related to health, the risk of heart disease increases after menopause. One in every 8 women aged 45 or over has had a heart attack (PAPALIA & OLDS, 2000. P.440).

With regard to long-term COVID, it is no different, a higher incidence of cases occurs in women. Women contract the virus more easily, but the immune response is faster. In this case, when looking at a woman with sequelae from COVID 19, we reinforce the importance of addressing the female gender, since they are more prone, due to physiological conditions of the period in which they are (middle age) to contract the virus, but have a stronger immune response fast.

According to Dias (2020) and Sylvester et. al. (2022) this is because “The differences in

the function of the immune system among women affect the ear, nose and throat, mood, neurological, skin, gastrointestinal and rheumatological disorders, as well as fatigue, an important factor in gender differences in the COVID syndrome. long. Women mount faster and more robust innate and adaptive immune responses, which can protect them from both initial infection and severity. However, this same difference may make women more vulnerable to long-term autoimmune disease. And there is still the risk factor for women in professions such as health and education.

Dias (2020) and Sylvester et al. (2022) also bring that “there may be disparities in access to care based on gender that can affect the natural history of the disease, leading to more complications and sequelae”.

The study by Sylvester et al. (2022) also highlights the importance of thinking about differential treatments for men and women, in long-term COVID, because while in women the immune response is faster, in men it is more aggressive and lethal, reaching the renal system.

CATEGORY 1- PREVIOUS HEALTH CONDITION

In the case study, we found that the patient's chronic diseases, which are arterial hypertension characterized by elevated systolic blood pressure and cardiac arrhythmia are changes in heart rate and/or rhythm, put her in the risk group and, therefore, potentially prone to present significant changes in its clinical evolution.

According to Kroll (2022) the “Núcleo de Teles Saúde Mato Grosso do Sul” (2020) high blood pressure is a risk factor for COVID, as well as cardiovascular diseases. “A person with a comorbidity, even if controlled, may have a worsening of the clinical picture”.

PATIENT'S EXPERIENCE DURING COVID

CATEGORY 2- TREATMENT WITH SELF-MEDICATION

During the presence of the most acute symptoms, the patient used medications recommended by third parties. She used painkillers, anti-inflammatories, chloroquine, ivermectin and corticosteroids.

As the patient stated:

“I treated it for more or less 7 days, everything I imagined that could help I took” (sic).

According to the Ministry of Health 2020. An official document lacks technical-scientific support for the indication of Chloroquine and Hydroxychloroquine in the prevention or early stages of the disease.

To date, research conducted by the National Board of Health has shown that Chloroquine and Hydroxychloroquine may not be effective in treating COVID-19 patients, including patients with mild symptoms. In fact, research has shown the emergence of serious and fatal side effects, including heart problems. (MS. 2020).

Self-medication, especially during the pandemic, worries the National Health Surveillance Agency - ANVISA (2021) and the Ministry of Health (2022), which warns of the risks that the use of medications without a medical prescription can entail, since their inappropriate use can hide certain symptoms. Awareness in this regard is essential since it can lead to death.

Xavier et al., (2021) quoted by Cardoso et al. (2022) show that the prevalence of self-medication in Brazil constitutes an aggravating factor in public health.

CATEGORY 3 - EMOTIONAL REACTIONS

This category concerns the emotional reactions reported by the patient, both at the beginning when she learned about the diagnosis, and during the process of coping with COVID. During that time she experienced anxiety, fear, stress, anguish. As stated:

“Of course, a certain fear, more anguished, a lack of control”.

In the study by Alemanno and collaborators (2021.p. 3) it was possible to perceive that people who contracted the virus may present neurological, psychiatric, psychological and psychosocial impairments; more than half had areas of attention, calculation, memory and language affected, leading them to anxiety, stress and depression crises. The author also points out that the age of the patients studied is something that has an impact, but it is not predominant. Evidence on emotional experiences during and after COVID reinforces the need for mental health care.

For psychiatrist Fernanda Benquerer Costa (2022) “It is not easy for the individual to identify the early signs of emotional distress”.

For Faro et al. (2020 p.2) Negative emotions such as sadness, which according to Aurelio (2023) Feeling defined by the lack of joy, contentment, melancholy; distress, Physical anxiety accompanied by pain; agony, apprehension, tightness; and fear can accentuate distorted predictions about health.

The Ministry of Health (2020) warns of the importance of Psychology professionals in this context to help patients alleviate suffering.

The work of the psychologist played a fundamental role, given that all the symptoms mentioned caused a disproportionate emotional imbalance, leading patients to their aggravation.

Disproportionate emotional reactions

have been shown to be one of the causes of an increase in anxiety disorders, among others already mentioned.

PATIENT EXPERIENCE AFTER COVID

CATEGORY 4 - POST-COVID HEALTH SITUATION: PHYSICAL AND COGNITIVE SYMPTOMS

The post-COVID patient presented physical changes in her clinical condition. He needed to perform catheterization, had joint inflammation, fatigue, lack of physical resistance (locomotion), overweight, changes in concentration and memory, and lack of taste and smell.

“I felt that my health was worse, I did a treadmill exam and that’s when he (doctor) detected that I needed to do the catheterization”.

Lassance (2021, p.7) shows evidence of cardiovascular compromise including myocarditis, pericarditis, myocardial infarction, arrhythmias and hypertension pulmonary. Chronologically, the sequelae that occur in the first three months tend to be more severe than those that occur after this period.

In long or acute COVID, the patient may have changes in the circulatory system, thrombi can displace and block the passage of blood flow, causing the patient to require catheter intervention because only injectable or oral anticoagulants cannot unblock the compromised artery (ARAÚJO et.al. 2021).

Rezende et al. (2021), establish in the Post-COVID Management Guide, a Functional Status Scale (ESFPC), from which it is understood that the limitations that the patient presents can be characterized as grade 2, considered mild, since she manages to perform all its functions alone, but in a longer time than before.

CATEGORY 5- POST-COVID EMOTIONAL REACTIONS

The patient reported emotional reactions especially linked to anxiety.

“Anxiety increased, changes in memory and concentration, I used to stay closed at home”.

The study by Barros et al. (2020.p. 5) revealed the frequent feeling of sadness/depression reached 40% of Brazilian adults, and the frequent feeling of anxiety and nervousness was reported by more than 50% of them. Among those who did not have a sleep problem, more than 40% started to have it and almost 50% of those who already had it became worse. Feelings of sadness and anxiety and sleep problems revealed higher prevalence in young adults, women and people with a previous diagnosis of depression.

As the whole process of the pandemic brought about several sudden changes, some problems were triggered or worsened, this is what some studies highlight that address the effects of the new coronavirus on mental health and indicate an increase in depression, anxiety, stress, panic disorder, insomnia, fear and anger in the most diverse countries hit by the pandemic (DUAN; ZHU, 2020).

For NOAL and FREITAS (2020 p. 73) there is “Sensation of deprivation of liberty; increased stress; increased anxiety; increased hopelessness; depressed mood; fear of infecting others; questions about the meaning of life; state of shock; apathy; irritability; boredom; insomnia, are signs and symptoms that interfere with emotions.

Such questions may occur due to the insecurity that the patient feels in relation to his recovery.

CATEGORY 6-: POST-COVID DRUG TREATMENT

This category refers to the fact that the patient, after COVID-19, had to start using an antidepressant drug (Sertraline), “it is indicated in the treatment of symptoms of, including depression accompanied by symptoms of, in patients with or without a history of of mania as a way to alleviate symptoms” (SITINIKI 2020, p.2)

“I started taking it after COVID to try to control anxiety, it ends up messing with your nerves and you end up getting explosive”.

The intensified changes in the post-COVID period demonstrate that, in order to control the symptoms caused, the patient began to make continuous use of psychotropic medication, prescribed by a specialist.

Researchers from “Universidade de São Paulo” (USP) pointed out that patients with generalized anxiety disorder were diagnosed in 15.5% of patients, and in 8.14% the problem only appeared after the illness (PRADO et al., 2017).

Prado et al. (2017) state that women use anxiolytics more than men, one of the causes is the accumulation of activities, professionals and people, which cause physical and mental exhaustion.

CATEGORY 7- FUNCTIONALITY AND SOCIAL PARTICIPATION

The patient reported significant losses in her activities of daily living and a decrease in social contact and participation.

“lack of mood, always tired and insomniac, affected social life (...) reflects in my day to day life”.

Crema et.al. (2022) state that patients affected by COVID have loss of functionality, because the body undergoes changes that compromise its functions. In these cases, rehabilitation with a multidisciplinary team is necessary to recover lost health and

functionality. Based on the evaluation carried out by the rehabilitation team, it is possible to develop a service plan focused on the needs of the client.

Noal, Freitas et.al (2020, p.115) state that the decrease in face-to-face interactions tends to generate a feeling of social isolation, which is commonly accompanied by a feeling of emotional isolation and deprivation of freedom”.

CATEGORY 9 - COPING SUPPORT (BELIEFS): YOUR FAITH

Faith based on her beliefs was one of the coping strategies used by the patient in moments of greater tension and fear.

“I had strength, I had faith on it”.

The World Health Organization (W.H.O.) indicated that spirituality is characterized as one of the vertices of health care (ROSSATO et al, 2022, p. 2)

Spirituality has played an important role in recent decades, and it has been changing the way in which everyone sees illness; they have a direct influence on the life and subjectivity of the subjects (ROSSATO et al, 2022).

Scientific evidence proves the importance of including spirituality in treatments for chronic diseases as an inexhaustible source of possibilities supporting treatment coping (ROSSATO et al, 2022).

The changes caused by the pandemic left people stressed, anxious, afraid, and all these factors caused psychological and social impacts, interfering with social relationships (ROSSATO et al, 2022).

In this context, spirituality made hope appear as a driver and source of energy capable of sustaining the anguish of the moment experienced.

For BASSITT (2013) a survey carried out by “Universidade de São Paulo” (USP) shows that patients who have faith respond better to the treatment of diseases.

For Monteiro (2020) people tend to seek spirituality at times when they are at imminent risk, generating inner strength, which gives support to face adversity.

FINAL CONSIDERATIONS

COVID-19 brings short, medium and long-term sequelae to patients affected by it, as they cause changes in daily life, cause limitations in the time to carry out activities that did not exist before the infection, and as a result, the patient developed crises of anxiety that were previously described by her as mild, has now intensified, and today she uses medication to control crises.

At a cognitive level, the patient has complaints about memory, attention, concentration and motor limitations, which can characterize a significant loss when analyzing her before and after the infection. Another point that became evident was the reduction in cognition both in patients with severe conditions and in others who had mild degrees, and such cognitive reduction brought harm to the daily and social life of these individuals. Of these damages, concentration, reasoning, memory, understanding and judgment can be mentioned, in addition to changes in behavior and performance of tasks. In contrast, it can be said that belief was one of the supports to face the problem of the pandemic, since it was one of the ways that patients or relatives of people affected by the disease had to “get attached” during this period, a support beyond of science.

It is necessary to be aware of the signs and symptoms that post-COVID patients present so that adequate treatment can be established for each case. As this study confirmed, there are many specificities and the clinical data of each individual will direct the best form of treatment, but in all of them a multidisciplinary team will be necessary, since the functionality of these individuals has been compromised

and so that they can return their activities need physical and psychological rehabilitation, so that they give new meaning to thoughts, emotions and dysfunctional behaviors left by the disease.

In the rehabilitation service where the research was carried out and which is starting activities at that moment, there was still no possibility of approaching several patients, as this public is now arriving at the rehabilitation service. This was a limitation found in the work.

On the other hand, this study also contributes to this moment of structuring the service, with emphasis on the mental health care needs of patients undergoing post-COVID rehabilitation. In that regard, new studies are needed to investigate how the mental health of adolescents is in the post-Covid period, given that there is currently a lack of scientific production focusing on this public.

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ANNEXES

QUIZ

1. Age?
2. Gender?
3. Profession?
4. Are you part of the risk group?
5. How do you perceive yourself before the contagion?
6. What did you do when you noticed the first symptoms?
7. How long after the first symptoms were you diagnosed?
8. How was it for you to experience the moment of diagnosis?
9. Did you receive treatment as soon as you were diagnosed?
10. Did you identify post-covid cognitive changes?
11. What are the consequences of contagion in your daily life?
12. Did you develop any disorder?