



COMMENT

A Different Wave – Posttraumatic Stress Disorder among healthcare professionals during the COVID-19 pandemic



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Posttraumatic Stress Disorder (PTSD) is a disorder characterized by a constellation of symptoms occurring after the experience of a traumatic event, and is historically linked to warfare. Recent editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-11) have expanded the concept of “traumatic event” to also include exposure to death, serious injury, or sexual aggression.^{1,2}

Data regarding recent outbreaks of infectious diseases, such as the 2002–2004 Severe Acute Respiratory Syndrome (SARS) epidemic, shows an increase in PTSD prevalence among healthcare professionals working during public health emergencies.³ Recently, several studies evaluated the relationship between the COVID-19 pandemic and the risk for PTSD development among healthcare workers. Various characteristics of the COVID-19 pandemic explain its association with a higher risk for PTSD among healthcare workers, namely an unprecedented number of critically ill patients, an unpredictable clinical course, a high mortality rate, and the absence of specific treatments and treatment guidelines (at least for a considerable amount of time during the initial phase of the pandemic).⁴ In fact, studies show that PTSD prevalence among healthcare professionals during this pandemic ranged between 2,1% and 73,4%. The wide variability in prevalence rates is due to the different time points of the pandemic curve in which the studies were conducted (some during peaks and others during calmer periods), and to the disparities between countries, where distinct measures were taken to contain the spread of the disease.³ Some

individual risk factors were identified, such as female sex, young age, lower work experience, less family support and lack of formal training related to the care of COVID-19 patients.³

At the beginning of the COVID-19 pandemic, Portuguese healthcare services were forced to reorganize themselves to respond to a crisis of unprecedented proportions. This restructuring included not only the transient adjustments, but also the more prolonged effects. These long-lasting changes relate mainly to the creation of services and departments dedicated to the management of suspected and confirmed COVID-19 cases, and the respective allocation of resources. In many hospitals, these measures and the increased pressure on the healthcare system placed an increased strain on healthcare workers, especially those working in Pneumology, Infectious Diseases and Internal Medicine services. As we begin to worry about the possibility of “a mental health pandemic” as a consequence of the impact caused by COVID-19, it is urgent to review the available evidence and reflect on the damage the last two years have caused to the mental wellbeing of healthcare professionals – not only because of the pandemic itself, but also as a consequence of the deterioration of work conditions in this context; in all of this, it is imperative that, having failed in the past, we must not fail again in the future.

Declaration of Competing Interest

The authors have no conflicts of interest to declare.

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