Surviving the Pandemic: Planning for Psychiatric Consequences

October 12, 2006

Barbara Loevinger, M.D.

UW School of Medicine & Public Heath
Asst. Scientist, Center for Women’s Health Research
Clinical Asst. Professor, Dept. of Psychiatry
Disaster Psychiatry

• Brand new field dealing with the range of human emotional & behavioral responses to disasters, both natural and man-made.

• Goals:
  • Educate about trauma responses: normal symptoms vs. trauma-induced syndromes.
  • Focus on identifying those at risk.
  • Facilitate natural recovery processes.
  • Treat trauma syndromes.
  • Include those with psychiatric disabilities as a distinct population to address in disaster preparedness

(Loevinger, H. West, White Paper, 2006)
Pandemic Issues Relevant to Psychiatry

• Quarantines: many adults and children will be socially isolated.
  • Children may be separated from their parents.
  • Non-family members may be living in close quarters.
• Loss: Parents, children, spouses, other family, friends, & coworkers may die.
• Trauma: Widespread but uncertain threat to life; communicability & treatments may not be known or predictable.

Loevinger
Social Support

Social relationships, or their absence, are as strong a risk factor for health as are smoking, obesity, physical inactivity, high lipid levels and blood pressure.

(House, 1998)
Plan & implement ways to maintain social support systems.

• If quarantines are needed, keep families, friends, coworkers together as possible.
• Maintain work relationships via phone, internet, email.
  **Whenever possible, use conference calls to keep all “in the loop”.
• Strongly consider installing online video conferencing capabilities amongst coworkers and to keep staff connected to family who may be quarantined.

  Loevinger
Web Video Conferencing

Requires:
- Free software downloads
- USB Camera per site
- Headset per person

Note:
This capacity could put you ahead in other crisis situations, e.g., weather disasters, acts of terrorism, a key employee unexpectedly disabled and, also, give employees a sense of security about their place of work.
What constitutes a normal reaction to an abnormal situation?

A wide range of feelings and behaviors:
Anger, anxiety, shock, disbelief, sadness, fear, irritability, arousal, numbing, sleep disturbances, immobilization.

Increases in alcohol, caffeine, and tobacco use.

The normative response to catastrophe is symptom formation.

Loewinger
Spectrum of Stress Responses

Stress Symptoms
~ubiquitous

vs

Acute Stress “Disorder”
~common, lasts 2 days to 4 weeks

Then,

Posttraumatic Stress “Disorder”
~may affect a third to half or more

Loevinger
Acute Stress Disorder: DSM-IV

• **A:** Exposure to an event(s) threatening death or injury.

• **B:** Dissociative symptoms ($\geq 3$): extreme emotional disconnection, numbing, detachment from the trauma, temporary amnesia (for events of the trauma), feeling “in a daze”, difficulty experiencing pleasure, sense that the world feels strange & unfamiliar.

Loevinger
Acute Stress Disorder, continued

- **C:** Hyperarousal: restlessness, anxiety, uncharacteristic irritability, trouble sleeping, exaggerated startle response, trouble concentrating, always “on guard”.

- **D:** Re-experiencing: recurrent images, dreams, flashbacks, sense of reliving the experience, distress when exposed to reminders.

- **E:** Avoidance: of places, people, thoughts, conversations, activities that remind of the trauma.

- Lasts 2 days to 4 weeks and causes significant distress or impairment.

- Loevinger
Posttraumatic Stress Disorder

• Similar to acute stress disorder but has lasted at least a month & dissociation is not as marked (and not necessary for diagnosis).

• After experiencing a life or injury-threatening event, there are symptoms of:
  
  • **A**: Reexperiencing the trauma.
  
  • **B**: Avoidance of reminders of the trauma.
  
  • **C**: Hyperarousal: insomnia, irritability, trouble concentrating, easy startling, hypervigilance.

  (DSM IV)

Loevinger
Who is at risk?

- The most highly exposed--proximity, duration.
  - Exposure can be thru repeated viewings on TV.
- Physically injured.
- Other recent losses.
- Pre-existing psychiatric conditions.
- Substance abuse.
- Have Acute Stress Disorder or are clinically impaired by symptoms.

Loevinger

(Tucker, 2004)
Habituating to Re-establish Homeostasis:
A Sense of Safety

Experts say the brain’s need for equilibrium helps humans see features that were abnormal, like checkpoints at airports, as normal.
Healing

2 key steps:

1. **Sense of normalcy**: regain as soon as possible.
   - Go to school, work, keep social connections in place. Make a new routine if necessary.

2. **Peer Support**: offer to all--children & adults.
   - Emotional-confide, reassure, attach.
   - Instrumental-services, money, transportation.
   - Informational-problem-solving, advice, guidance.
   - Companionship-socializing, belonging, feeling connected.
   - Validation-feedback, normalizing of experiences.

Loevinger
Healing

(1) Normal activities

(2) Social support: emotional, instrumental, informational, validating, & companionship
Anxiety Management Techniques

- Meditation: Mindfulness Based Stress Reduction
- Yoga
- Relaxation training: progressive muscle relaxation
- Cognitive behavior therapy
- Thought stopping
- Guided self-dialogue
- Role-playing (Foa, 2001)
- Monitor your use of alcohol and drugs
- Prescription medications if needed.

Loevinger
Aerobic Exercise after Stress Exposure

- Walking or jogging for 30 minutes, 2-3 x’s/week, for 6-10 weeks:
  - Reductions in severity of hyperarousal, reexperiencing, avoidance and numbing.
  - Some had improvements in sleep, pain and anger management.

(Manger, 2001)
Chronic Insomnia

Reducing emotional and physiologic hyperarousal throughout the day and night is key to treating insomnia.

If behavioral techniques are not enough, medications often work well.

(Clin Psychiatry News, 2/01)
Resilience: Lessons from 9/11

“Trauma did not trump people’s willingness and ability to do the right thing: volunteers showed up everywhere . . . And every hospital in New York mobilized to meet calamity head on.”

(Psychiatric News 9/1/06)
Nonetheless, some people become chronically and severely ill:

- One-third of children one year after Katrina.
- One-half of adults 6 months after Oklahoma City.
- PTSD can be disabling.
  - Example from 9/11: A firefighter rescuing people from the towers got out just before they collapsed. He never leaves his apartment now. Treatment has not yet been effective.
- For these people, treatment will last years and failure to provide funding for their care will add to their burden.
**Planning Lessons from Katrina, Rita & Wilma**

- Burden of mental health preparedness is local: businesses, cities, counties, & states. Don’t count on feds.
- **Stockpiles** (local & federal) should include medications for psychiatric conditions, which will be highly prevalent.
- Set-up short & long-term (2 years) funds to pay for mental health services.
- Set up a national registry of professional volunteers to solve credentialing & malpractice problems.

(Levin, 2006)
Ms. Smith found herself sitting on an inside ledge, the rest of her Oklahoma City office building blown-up. When she looked up, her entire management team was gone. Somehow, she managed to get down a staircase and learned that 19 of 26 coworkers had perished. Remembering the company disaster recovery plan, she found a copy and went into gear putting it into effect. Within 24-hours, her credit union was in operation for it’s members. How did she do it?

Loevinger
How a plan is not just a plan

In a crisis, many people rise to the occasion. Do the Right Thing. Find purpose or meaning in helping. But, that requires knowing what to do. Having a disaster plan gives survivors a path to follow, a knowledge of what to focus on, and can help them, as well as your business, stay healthy.

Loevinger
What your business can do

- Plan ways to keep people in connection with each other: e.g., web video conferencing.
- Know that almost everyone will be having symptoms of stress.
- During pandemic, promote coping, reduce risk by:
  - Keeping routine as normal as possible,
  - Maintaining social contacts or instituting new ones,
  - Reducing over-arousal and getting enough sleep.
  - Get psychiatric consultation when symptoms impair functioning.

Loevinger
What you can do, continued

• If you don’t already have it, make liaison with health care teams, including psychiatrists & other mental health providers.

• Encourage community discussion of:
  • Who can stockpile medications?
  • How to ensure access to physicians during a pandemic without widely exposing health care force?
  • Funds for health, including psychiatric, care.

• Have a disaster plan that all employees know about and keep extra copies in available locales.

Loevinger