Open Journal of
Clinical & Medical
Case Reports

Volume 7 (2021)
Issue 13

ISSN: 2379-1039

Cases of self-violent behavior in older Ukrainian men with COVID-pneumonia

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Abstract

The Covid-19 pandemic worldwide is being continuing, and the number of patients is being growing. Researchers from different countries observe an increase in the number of mental health disturbances in such type patients. One of the important observations of ours was the presence of self-violent behavior. Here we presented two cases of self-harm behavior in Ukrainian men in age 55-years-old and 80-years-old with COVID pneumonia. Patients received anti-COVID treatment in Kiev Clinical hospitals. Men were examined by a psychiatrist because of the presence of suicidal statements, refusal to eat and drink, attempts to commit self-harm.

Keywords

self-violent behavior; self-harm; COVID-19 pneumonia; pandemics.

Introduction

The subject of self-destructive behavior is still one of the burden problems globally. It has been engaging the attention and studying by many scientists since XIX century.

The World Health Organization is concerned about the situation (one death every 40 seconds with a different motives) and publishes annual reports of the status with auto-aggressive behavior around the world [1]. The auto-aggressivity includes various types of suicidal behavior (ideation, saying, thoughts), refusal to eat and all types of self-harm.

Suicidal behavior is one of the causes of death. This is most typical for the 11–34 age group and is less common in individuals over 54-year-old [2]. Therefore, cases of such kind behavior at the age 54+ are very interesting scientifically.

Material and Methods

We presented two cases of auto-aggressive behavior in patients of the age group 54 years old and older with COVID pneumonia. Patients received anti-COVID treatment in Kiev Clinical hospital #8 and Kiev Clinical hospital #4 and observed symptoms of self-violent behavior.

The patients were examined after voluntary consent to the interview.

They were tested physically, by psychiatrist, patients did lab exams, and performed analysis of the hospital sheet charts. Literature search was done to understand the acuity of that problem.

Case Presentations

Patient No 1: 80-year-old man. He was examined on Nov/7/20. He stays at hospital the fourth day. His diagnosis at admission was Bilateral COVID pneumonia, PCR + (Oct/28/2020).

Pulse oximetry shows 95% while breathing ambient air, pulse is 86/min, temperature is 36.6°C. He did not receive oxygen by nonrebreather mask. Man stated that "my body hurts", "I don't want to live", and refused to eat and drink. On the day of the evaluation, he tried to strangle himself with a bag strap. Psychiatric examination: the patient is anxious and restless. Contact is unproductive. He answers questions after a pause, in a quiet voice, without desire, sometimes asks again, leaves other questions unanswered. He says first: «You were.» Later he confirms his unwillingness to live, explaining that his "body hurts". During the conversation he fidgets on the bed, gets on all fours with his back to the doctor, breathes frequently.

Psychiatric Diagnosis: Vascular dementia.

Recommendations: 1) treatment in the intensive care unit; 2) IM diazepam if agitated; 3) supervision and care.

Patient No 2: 55-year-old man. He is sick for COVID since Nov/10/20. Pneumonia was established on Nov/12/ 20. Diagnosis is COVID-pneumonia.

The patient's pulse oximetry shows 87% on room air. His oxygen saturation is 97% on nonrebreather mask.

At the night of Nov/16/2020 the patient was in the ward with a severe ill patient who performed an act of defecation before his eyes and underwent sanitary and hygienic measures. Then he went to the restroom at the end of the corridor, where he was forbidden to go because of his somatic state (due to a drop in oxygen saturation), resulting in decreasing blood saturation of oxygen on room air up to 80%. When he back in the ward, he grabbed a knife and threatened to commit suicide. Psychiatrist was called.

Has been examined by psychiatrist and diagnosed with depressive reaction. Also, the transfer to a psychiatric hospital was recommended. Patient was treated with intramuscular antipsychotics (Haloperidol 0,5%+ Chlorpromazine 2,5%) without improvement. On Nov/17/20, an explanatory conversation was held with the patient by the attending doctor, and the patient was placed in a separate two-bed ward next to the toilet.

Psychiatric examination: Patient is oriented to person, time and place correctly. He answers questions willingly. The mood is even. During the conversation he periodically breathes into a tube placed

in a container of water (the half of a 1.5-liter plastic bottle). Thinking is consistent. No signs of positive psychotic symptoms. He denies suicidal thoughts at time of evaluation. He says to the doctor that he is «normal», «he has never been in a psychiatric hospital.» He explains his uneven behavior by the difficult environment: «There was a severely ill patient in the ward», «I cannot go on a bedridden pot». Man declares that now he has no desire to die and asks do not hospitalize him in a psychiatric hospital.

Recommendation: Diazepam when agitated.

Discussion

For over a year, a huge number of researchers have been focusing on various behavior changing aspects in patients with COVID infection [3,4].

There was data of increasing self-violence rates amongst seniors in SARS and in the year next to the breakout (perhaps motivated by community disconnectedness, anxiety to be infected by virus, and worry regarding burdening others). Suicidal behavior was also described by the authors [5] in sick elderly women in the SARS epidemic in Hong Kong.

Preprint records for the COVID-19 pandemic propose rise in both suicidal thoughts and suicide attempts. This survey reported having a bond among COVID-19 distress and “past-month” suicidal ideation [6].

Results of the present systematic review [7] propose a chance of relations among early infectious disease-related public well-being emergencies and increasing the chance of different types of self-violence such as suicidal thoughts, behavior, and deaths.

But we still do not have accurate epidemiological data on the prevalence of mental disorders caused by COVID. They can be judged only by indirect indicators, namely by the increase in the number of reports and publications of scientists from around the world who have observed and studied the COVID 19 suicidality [8] in observed patients.

Differential diagnosis should be done with infectious psychosis, psychosis of late age in patients with dementia, delirium, reactive psychosis.

Conclusion

We brought to light cases of self-violent behavior that appeared different types such as suicidal thoughts with refusal to eat and drink, and self-inflicted threat in two men from Ukraine with COVID-pneumonia. We do not know nowadays whether women had such type of behavior or not due to lack of enough reports in this area. So, we are being continuing our study on this field.

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Manuscript Information: Received: June 20, 2021; Accepted: September 16, 2021; Published: September 30, 2021

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Citation: Lomteva V, Orlova N, Shkliar M. Cases of self-violent behavior in older Ukrainian men with COVID-pneumonia. Open J Clin Med Case Rep. 2021; 1793.