



“IMPACT OF COVID – 19 ON PHYSICAL & MENTAL WELL BEING OF POST GRADUATE STUDENTS AT SGT MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE, BUDHERA, GURUGRAM (HARYANA) INDIA.”

General Medicine

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ABSTRACT

Background: The hazard to physical and mental wellbeing of physicians was never seen before, as seen with this pandemic of COVID-19. Literature in this area is sparse. This study examines how Post Graduate Students at SGT Medical College Hospital & Research Institute, Budhera, Gurugram, India, experience the impact of COVID-19 in their poor eating habits, weight gain, depression, anxiety and stress levels. The study was therefore intended to estimate the weight of bad dietary patterns, in particular binge eating behaviors, weight gain and indicator variability, depression, anxiety, and tension among Post Graduate Students at SGT Medical College & Research Institute.

Material and Methods: The study was performed in a cross-sectional medical review at the SGT Medical College & Research Institute in Budhera, Gurugram, (Haryana), India. It is an exploratory mixed process analysis. On Google Survey Forms a questionnaire was established to examine the aspirations of doctors and administrators and their concerns during the pandemic era. There were eight issues unanswered and four questions unlocked. Digital Google survey methods have been used to gather data between 25th April 2020 to 25th June 2020. This research aimed to analyze the imminent effect of a COVID-19 pandemic among Post Graduate Students of the SGT Medical College & Research Institute on eating patterns, mental wellbeing, and physical health and lifestyle changes.

Results: In a total 60 eligible interviewees, aged 25 to 45 with an average ages of 35 (10) years, (male-35, female-25) were included in the sample. 52.6 percent of students were conscious of the weight increase. Those with poor diets were 4.5 times more likely to experience weight gain. Those who showed discomfort all day long were 2.45 times higher and those who used unhealthy sweets contributed to 3.27 times more weight gain than those who did not.

Conclusions: Doctors with a large incidence of clinical morbidity function during COVID pandemic. Age and co-morbidity are essential statistical variables. The present research showed that postgraduate students desperately need psychotherapy have a high degree of weight gain, depression, anxiety. In order to minimize this morbidity, student therapy has to be made affordable and accessible.

KEYWORDS

COVID - 19, Online Survey, Poor Eating Habits, Weight Gain, Anxiety, Depression, Stress.

INTRODUCTION

The COVID-19 was the largest disappointment of the last century and has had an influence on the socio-political environment. This was a pure local broadcast from Wuhan Town in China. The WHO has declared this as an international public protection crisis. On 11 February 2020, the WHO removed COVID-19 formally a "pandemic" from the previous public health emergency designation. In an attempt to contain and avoid the pandemic, the Indian Government has proposed several measures to encourage the usage of helmets, personal protective devices, and physical distance control rules on March 25, 2020.

This was learned from previous knowledge that health-care workers perform a significant part every day in conditions like this and test their boundaries. Doctors are in the center of the scheme and are bearing much of the brunt. Fear, anxiety, increased weight, stigma, injury and marginalization from illness are complicated because of complete insecurity; the absence of appropriate guidelines; insufficiency of health infrastructures and fear. The incidence of mental health disorders is altogether high, but the subject is much less studied. The new COVID-19 pandemic has seriously affected health staff. This culminated in increased anxiety, weight gain and paranoia. It also reduces their economic quality, which has an effect on the availability of medical care for the country as a whole.

No experiments are performed about how issues like this impact mental wellbeing. Throughout the previous report, a prevalence of 26.6 percent of depression in doctors was reported during extreme acute respiratory syndrome epidemic. One survey from Wuhan revealed 50.4% stress, 44.6% anxiety, 34.0% insomnia and 71.5% pain among 1,357 health employees. Up to now, no such Indian research has been published. To explore the difference in weight, distress, anxiety, and stress, physicians have been tested during crown collapse and their behavior in response to this major tragedy has been analyzed.

MATERIAL AND METHODS

This research was performed at SGT College, Gurugram, (Haryana), India. The analysis was cross-sectional. A total of 60 eligible respondents (male-35, female-25) between the ages of 25 and 45 with an average age of 33.25 (11.75) years, is included in the sample. It

started on April 25, 2020 and was completed on June 25, 2020. The questionnaire was linked to the researchers' contacts through WhatsApp Groups and other social media. In the social media group only physicians were interested. The link has also been shared. When participants obtained and opened the button, they immediately received the details and consent from them. They filled in the quantitative data after they decided to take the survey. Then sequentially a series of questions were asked and the participants answered it.

The survey was conducted in three areas: firstly for contextual information like age, ethnicity, occupation, education, specialties, health care period, the number of patients treated and the number of morbidities; secondly, a series of issues asked by experts on unhealthy eating patterns, particularly binge eating, consumption of snacks and drink patterns, and gaining weight. In the third chapter depression, anxiety, and agitation is assessed (DASS)-21. DASS-21 consists of three sub-stages, each of which contains 7 troubles: stress, agitation and anxiety. DASS sub items, such as depression, anxiety and tension, may be called mild, moderate and quite serious. In the last 2-3 weeks, each element is immediately calculated in a Likert scale from 0 (not applicable to me at all) to 3 (most of more applies to me). The scale does not cover many distressed realms, such as sleep, appetite and sexual functions, hence not as a diagnostic device, but as a method for evaluation and for evaluating the reaction to therapy.

On the pilot method, it has been discovered that each type takes about five minutes. Such types were eventually examined with a full answer. Confidentiality is retained through data processing. The analysis of this report has been confirmed that it would not be exploited for commercial purposes. If everyone does not want to supply the data in the middle of the survey, they can opt out of the study. Fullness and accuracy is verified for the data gathered.

RESULTS

A total of 60 valid respondents were found, averaging 33.25 years of age (11.75). The bulk of those questioned were men (35) than women (25).

- **Patterns of weight and food before a pandemic Covid 19.**

45 (75%) respondents showed progress in diet habits with 24 documented improvements in their eating behavior to be higher (24%) than weaker (25%). Respondents prefer to eat more food at night (27.45%) than by day. A total of 42 (70%) snacks were recorded more than two times a day. Enough water consumption records were recorded (33, 55%) and 36 (60%) 1-3 ltr/per day.

• Weight Gain

The weight of respondents before and after the lockdown was accompanied by 54 (90 percent) credible reactions. At this stage, there were no charges of missing responses due to lack of replies. Prior to the pandemic weight, 60.03 (13.85) kg was recorded, and 62.75(14.54) kg was registered as pandemic weight [Figure 1]. The weight of respondents in quarantine was slightly rising (mean difference = -1.10). Their weight was reduced in a higher proportion after the pandemic while 24 citizens (40%) said they would rise.

The research found 4.5 times the chance of weight gain for people who recorded unhealthy diets as compared to people who adjusted their eating style to healthy. Those who recorded the fear were 2.45 times as probable as those who never noticed a rise in weight. Excessive intake of snacks (> 3 times daily) was linked to a rise in weight 3.27 times greater than those that did not eat it. Consuming small amount of snacks (1-3) a day wasn't better from their peers who had not eaten snacks all day long.

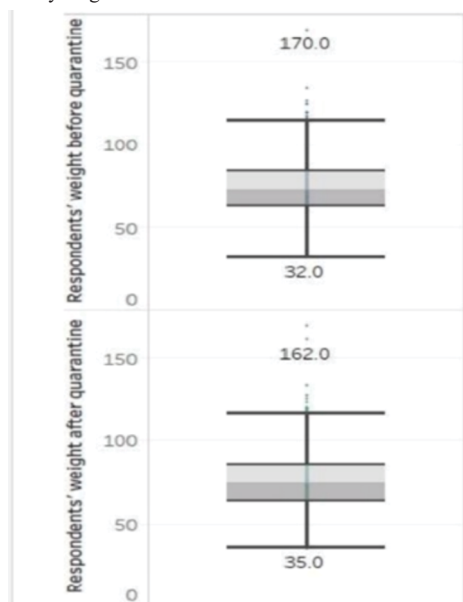


Figure 1: Weight distribution before and after COVID-19 of interviewees.

• Depression

Out of the 60 participants representing the sum of 30 (50%) as normal, 21 (35%) were mild and 09 (15%) had moderate rates of depression [Figure 2]. The mean score of depression subscales has been 8.37 ± 8.93 respectively. [Table 1]. Statistically significant variations among the related variables, in non-depressive and depressive class ($P = 0.03$), in routine care ($P = 0.026$) and in service time ($P = 0.012$), in high-risk diagnostics (0.010). The following variables are statistically significant, for example. The sub score for depression was closely correlated with age.

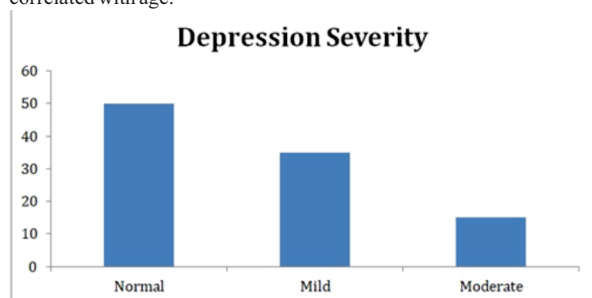


Figure 2: Depression Severity among PG Students

• Anxiety

Out of the 60 participants in all, 27 (45%) were identified with normal and 24 (40%) with mild, 09 (15%) were identified to be moderate [Figure 3]. A mean score of 7.07 ± 7.79 [Table 1] was observed for sub-scale anxiety. A significant fear mitigating variables include industry ($P = 0.047$), employment areas ($P = 0.031$), work hours ($P = 0.014$), high-risk operation ($P = 0.039$), use of certain hand-sanitizer ($P = 0.012$) and inequality encounters ($P = 0.001$).

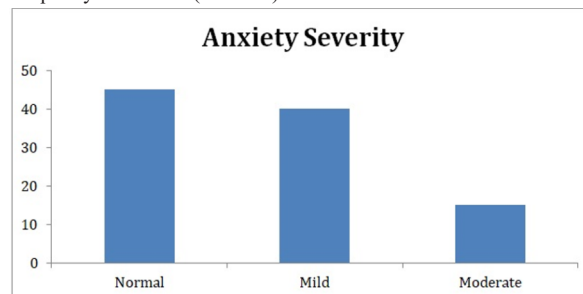


Figure 3: Anxiety Severity among PG Students.

• Stress

Out of the 60 total participants in the study, 18 (30%) physicians were under stress, 30 (50%) were mild, and 12 (20%) were moderate [Figure 4] respectively. The mean under-scale stress score of 11.92 ± 9.66 [Table 2] has been found. The participant's context characters were not stress-based factors while washing his or her hands ($P = 0.042$), altruistic ($P = 0.03$) and ostracizing experience ($P = 0.001$) but linked in a meaningful way to psychological distress.

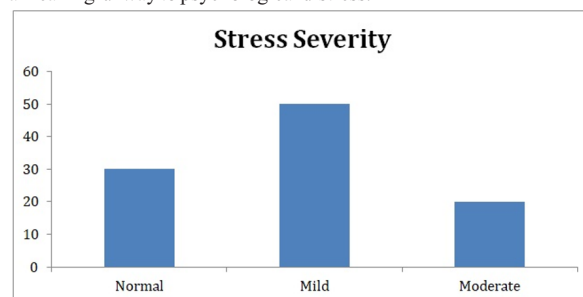


Figure 4: Stress Severity among PG Students.

Table 1: Average ratings of the sub-items of depression, anxiety and tension.

Variables	Mean $\pm$ SD
Depression subscale total	8.37 ± 8.93
Anxiety subscale total	7.07 ± 7.79
Stress subscale total	11.92 ± 9.66
DASS score total	27.36 ± 24.4

DASS- Depression, Anxiety and Stress Scale; SD – Standard Deviation

DISCUSSION

During this COVID-19 pandemic, the present study documented a shift in dietary habits among students in SGT PG. Basing food patterns, a sedentary lifestyle and increased weight gain during the COVID 19 are the outcomes of a large percentage of students. Important weight gain predictors for students include poor eating habits, frequent food intake and subjective fear.

Our research shows a large rise in poor eating practices and a sedentary lifestyle during this pandemic. About every aspect of life was influenced by the pandemic and quarantine era and unhealthy diet intake was more popular, which included frequent sweets, which expected a weight gain among the doctors. Our survey indicates more people who believe that their eating style is good, whereas the level of snack binge eating and night feeding are clinically significant contributing to poor dietary habits. An increase in weight gain and growth in poor eating habits would create a problem for post-COVID, and policies need to improve the health programmes. Also in the wake of the COVID-19 epidemic, our tests found a 35% incidence of depressive signs. In 40% and 35 % respectively of patients, tension and anxiety symptoms were observed. There have been no such studies in

India as ours. Most of them performed 6-12 hour duties, which is a promising result, but we must note that our research is undertaken at an early outbreak level. As more time passes, more physicians are in quarantine and increased working hours for practicing physicians can likely to make their emotional wellbeing even poorer. More psychiatric disorders are anticipated in a country such as India which is evident in our research.

CONCLUSION

To conclude, as this study shows, there needs to be more understanding in the medical community. For such front-line staff, a clear evaluation technique should be implemented, because physical and mental health issues may also impact their study program and future patient care. Proper steps to minimize extended working hours should be taken so that physicians are not overwhelmed.

With the COVID-19 outbreak progressing, we should be able to draw up a robust psychological assistance plan for a developing nation like India.

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Interest Conflict: none declared

Ethical consent: Taken

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