

Short Commentary

Physical and Psychological Care of Health Care Workers During COVID-19 Outbreak: A Difficult Challenge

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Recent worldwide outbreak of COVID-19 pointed up timely physical and mental health needs of health care workers (HCWs) to face pandemic impact. The pandemic and its consequences can elicit peculiar physical and psychogenic reactions in the whole population but particularly in specific vulnerable subjects like HCWs, especially front-line workers and/or infected HCWs [1-3]. In addition to the social strain, as it is well known, in fact, viral infections may be associated with psychiatric symptoms due to activation of a powerful immune-inflammatory response. There is a link between mood disorders and inflammatory cytokines levels, including tumour necrosis factor-alpha (TNF alpha), interleukins (IL-1, IL-6) and others. According to this theory, the proinflammatory cytokines responsible for the acute phase response act on the brain to induce psychiatric symptoms [4]. As of May 2020, a total of more than 150 thousand HCWs had been reported to have been infected with COVID-19 and many of those who recovered carry the burden of cognitive and neurological sequelae [5]. Another aspect of the COVID-19 sequelae that has to date probably been underestimated is the occurrence of chronic fatigue and other peculiar post-covid symptoms [6]. Multiple neuropsychiatric symptoms may be expected in the recovery phase of COVID-19 infection [7,8]. Since the beginning of the pandemic, the international guidelines on the management of the infection were focused on the acute phase of the disease and the relatively severe complications and sequelae. However, several patients that

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recovered from COVID-19 infection are increasingly reporting particular sequelae [6,9]. All this is expected to affect their quality of life, ability to work and everyday activity. In this regard, although evidence-based international guidelines on how to manage physical and mental health of health workers are coming out in these days local institutions need a more rapid and practical approach easily applicable in different populations and contexts or there is a risk of not closing the gap between best evidence and best practice since we are facing a completely new worldwide scenario [1-3,10].

The burden of this challenge should be taken up by occupational teams. It is essential to invest as much as possible to protect both physical and mental health. Beyond, in fact, typical and frequent psychosocial risk factors closely linked to work organization, safety and health of HCWs, the new Covid-19 experience and the future coexisting with it will carry an additional burden for occupational medicine [9,10].

Nevertheless, the pressing goal to preserve medical staff's mental health in response to the COVID-19 outbreak may be hindered by fear, uncertainty, and stigmatization, which may act as barriers to effective interventions [10,11].

We argue that the challenge is to overcome, in a very short time, health workers' resistance to physical and psychologic follow up programs and we believe that the key to solve this issue lies in the mutual relationship between psychiatrist and occupational physicians which is fundamental in a preventive medicine perspective. The better way to gain the worker compliance is combining clinical issue with psychological support. As far as we know, no one as yet addressed, from the very beginning, medical staff physical and psychological concerns related to covid-19 pandemic in this perspective. A multidisciplinary cyclical perspective that starts from the occupational physician, passes through psychologists and psychiatrists and then come back to the occupational physician [10].

Furthermore, implementing the psychological support resources of occupational teams to support operators who face the emergency on a daily basis, also guaranteeing it in the period following the pandemic emergency, would also enhance adaptation skills and promote personal empowerment useful to face a long next phase.

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