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RESEARCH ARTICLE

ANXIETY-DEPRESSIVE DISORDERS IN THE GENERAL POPULATION DURING A PERIOD OF CONFINEMENT IN MOROCCO

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Abstract

Summary: Facedwith the spread of the coronavirus, the Moroccan population is in confinement, thisperiod of confinement isdifficult to live for all and especially for somevulnerable people, they are worried for theirhealth and that of theirfamilies, and theyriskhavingpsychologicalrepercussionsanxio- depressive, whichnegatively influences theirsocio-professional life.

Objective: to measure the degree of depression and anxiety in the general population during a period of confinement

Method: cross-sectional, descriptive and analyticalstudyconductedfrom 30 April to 10 August 2020, using a questionnaire, including the BECK scales for depression, the GAD (GeneralizedAnxietyDisorder) for anxiety

Results: 632 responseswerecollected, of which 70.8% werewomen, 40.9% werebetween 18 and 30 yearsold, 47.8% were single, 76% hadhighereducation, 14.4% had a psychiatrichistory.

64.8% of the participants haddepression, of which 28.6% hadmilddepression, 24.3% hadmoderatedepression, 11.9% hadseveredepression and 8.3% hadanxiety.

Age, presence of children, marital status, agreement to confinement, workduring confinement and type of occupation;presented a statisticallysignificantdifferencewith a P <0.005 between the 2 groups presenting or not a depression.

Univariatelogisticregressionanalysisshowedthat the presence of anxiety (OR = 7.307; 95% CI: 2.4977 -21.379), and physicalpresence at the work site compared to the non-work group (OR = 0.5097; 95% CI: 0.2728 -0.950) wereindependentlyassociatedwith the occurrence of depression.

Conclusion: Exploration of depression and anxietyconcludedthattherewas a definite impact of containment on the general population in Morocco.

Research data are needed to developstrategies to reducepsychological impacts and psychiatricsymptomsduring the epidemic.

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Introduction:-

The emergence of a new form of Coronavirus (2019-nCoV) in Wuhan has created a confusingsituation (1) and in the face of its spread, the world population and includedMoroccanis in confinement, thiscurrentperiod of confinement isdifficult to live for all and even more so for somevulnerable people.

The uncertainty and lowpredictability of Covid-19 not onlythreatens the physicalhealth of people, but also affects the mental health of people, especially in terms of emotions and cognition, as shown by manytheories (2)

In effects of the crisis of Covid 19 to impact several areas of life, so the economy, society and the environment are impacted.

According to the IMF General Manager, KristalinaGeorgieva "global economicgrowthwillturnnegativein 2020, and worsein 2021" A study by the Regional Central Bank of New York, believesthat the IMF has a pessimisticview;(3) the pandemic has not destroyed the infrastructure of the system, whichmakes the recovery of production instantaneous. The OECD predictsthat global growthwilldecline. The world economyis at risk and withthisweakness, it must face thispandemicwhich has causedconsiderablehumansuffering and major economicdisorder (4).

This pandemic has forced the implementation of a containment, whichseems to have seriouspsychologicalconsequences on somehumans.

In Lancet Psychiatry(5)experts have drawn attention to patient populations thatmayrequiretailored interventions (6) Thus patients withpsychiatricdisordersmayexperiencedistress (2)

In addition, theymay not have access to care due to confinement restrictions and public transportation closures(7).Severalauthors (8) describe how confinement caused a sense of collective hysteria, leading staff to desperatemeasures. So fearseemsmostcertainly a consequence of these conditions.

Duringepidemics, communityanxiety can increase for severalreasons, especiallywith the first deaths, the rapid and easyaccess to information (info-demic) and the increasingnumber of new cases and certainly the period of confinement (1).

This is in favor (9) of an increase in psychologicalrepercussionincludinganxiety, depression and stress.

Cuiyan Wang and colleaguesin 2020 (10) assessed the psychological impact of confinement as moderate or severe, 16.5% reportedmoderate to severedepressivesymptoms, 28.8% reportedmoderate to severeanxietysymptoms. Jianyin Qui and collaboratorin 2020 (11) showed hatnearly 35% of respondentsexperiencedpsychologicaldistress

The presentstudyaims to assess the psychological impact of confinement on the general population in Morocco, includingdepression and anxiety, and to investigate the factorsthatcontribute to the differentpsychiatricdisordersstudied. The results of thisstudywill help develop interventions and strategiesdesigned to reduce the psychological impacts of thisepidemic.

Materials and Methods:-

Type of study

Cross-sectional study, descriptive and analytical, wasconductedfrom30 April to 10 August 2020, using an anonymous questionnaire, which explores the three main areas of thiswork, firstly the socio-demographic conditions, whichfocused on age, gender, level of education, marital status, the presence of children, region, function and job position duringthispandemic, the agreement for the containment, secondly on the clinicalcharacteristics of the participants; the medical-surgical and psychiatricantecedents, and finally the evaluation of the psychologicalexperienceduring the confinement by psychologicalscales; the BECK for the depression, the GAD (GeneralizedAnxietyDisorder) for the anxiety

PsychologicalExperienceScales
BECK scaleis a 13-item scalescoredfrom 0-3 with a maximum score of 39, this instrument can beuseful to assessdepressivesymptoms, or to screen for major depressivedisorders in target populations, itsinterpretation in favor of depression if it is higherthanthreewith an identification of 3 intensities of depression, mild for a score of 4 to 7, moderate for a score of 8 to 15 and severeif the score ishigherthan 16

GADscale:a 7 item scalescoredfrom 0-3 with a maximum score of 2, this instrument can beuseful to evaluateanxietysymptoms, itsinterpretation in favor of a significantanxietyrequiring a bio-psycho-social care if the score ishigherthan 15

If itislowerthan 15 itis in favor of a minimal anxietyrequiring a psychoeducation and a monitoring

Inclusion criteria:
- Subjectsolderthan 18 years.

Exclusion criteria:
- Questionnaires withmissingprimary data.
- Foreign population residing in Morocco

Data management and statisticalanalysis
Qualitative variables werepresented as frequencies and percentages, quantitative variables werepresented as mean standard deviation (SD) or median (interquartile range, IQR). The Chi-square test (x2) or Fisher's exact test wereperformedaccording to theirparticular conditions of application, to identifydifferences in proportions of categorical variables betweentwo groups (group of participants withdepression versus thosewithoutdepression).

In addition, univariatelogisticregression analyses are used to identifyriskfactors for depression.

All independent variables with a statisticallysignificant value with $P < 0.05$ between the two groups wereincluded in the univariatelogisticregression.

Data management and statisticalanalysiswereperformedusing JAMOVI software for Windows2016(12)

Results:-

Descriptive statistics:

1. **Socio-demographiccharacteristics (Table 1)**

A total of 632 participants meeting the studycriteriawereincluded,
The predominantsexwasfemale (70.8%), the mostpredominantage range wasbetween 18 and 21 with a frequency of 40.9%, the majoritywerewithoutprevioushistorywith a frequency of 65.1%, 76% hadcompletedhighereducation,

2. **Occupationalcharacteristicsduring confinement (table 2)**

81.7% of the participants are under confinement, 90.6% are completely in agreement with the confinement, 32.4% travel to workdespite the confinement, 60.5% work in fieldsotherthanhealth

3. **Depression and anxiety in the study population (table 3)**

The mostfrequentdisorderfoundwasdepressivedisorders (64.8%) withitsthreeintensities: 28.6% had a milddepression, 24.3% amoderatedepression and 11.9% aseveredepression.
For anxiety and according to the GAD score, 8.3% of the participants hadanxiety.

Analyticalstatistics:

Considering the very important frequency of depression in the participants (64.8%), the analyticalstudywas made in comparisonbetween 2 groups: the group of the participants presenting a depression and the group of the participants who do not present a depressionaccording to the score of BECK

1. **Depression (Table 1 and 2):**

Comparing the 2 groups and using the Chi-square test (x2) or Fisher's exact test wefindthatthereis a statisticallysignificantdifferencewith a $P < 0.005$ of age, presence of children, marital status, and agreement for confinement, workduring confinement and type of occupation for the presence of depression

2. **Depression/anxiety cross-tabulations (Table 4):**

By crossinganxiety and depression, wefoundthat the latter isstronglydependent on the presence of anxietywith a highlysignificantdifference (p<0.001)

3. **Binomial logisticregression (Table5):**

Usingunivariatelogisticregression and adjusting for confoundingfactors, weconcludedthat the presence of anxiety multiplies the risk of developingdepression by 7 with (P<0.001, OR = 7 .307; 95% CI: 2.4977 -21.379)(12)

And physicalpresence at the workplacecomparedwith the group of people who do not workreduces the risk of depression by 50% (P=0.034, OR = 0.5097; 95% CI: 0.2728 -0.950)

Table 1:- Cross-tabulation of socio-demographiccharacteristics and presence of depression.

Characteristics	Population size (N=632)	Absence of depression	Presence of depression	P
Age (years)				**0.019**
18-29	**256(40.9%)**	**80(30.1%)**	**176(68.8 %)**	
30-39	**226(36.1%)**	**79(35%)**	**147(65%)**	
40-49	**89(14.2%)**	**31(34.8%)**	**58(65.2 %)**	
50-65	**52(8.3%)**	**29(55.8%)**	**23(44.2 %)**	
>65	**3(0.5%)**	**1(33.3%)**	**2(66.7 %)**	
SEX				**0.093**
Men	**184(29.2%)**	**74(40.2%)**	**110(59.8%)**	
Female	**446(70.8%)**	**148(33.2%)**	**298(66.8%)**	
Region				**0.159**
Rabat-Salé-Kénitra	**255(40.5%)**	**102(40%)**	**153(60.0 %)**	
Casablanca-Settat	**136(21.6%)**	**40(29.4 %)**	**96(70.6 %)**	
Fès-Meknès	**41(6.5%)**	**11(26.8 %)**	**30(73.2 %)**	
Tanger-Tetouan-Al Hoceima	**22(3.5%)**	**8(36.4 %)**	**14(63.6 %)**	
Oriental				
Béni Mellal-Khénifra	**15(2.4%)**	**5(33.3 %)**	**10(66.7 %)**	
Marrakech-Safi	**11(1.7%)**	**3(27.3 %)**	**8(72.7 %)**	
Darâa-Tafilalet	**28(4.4%)**	**12(42.9 %)**	**16(57.1 %)**	
Souss-Massa	**18(2.9%)**	**7(38.9 %)**	**11(61.1 %)**	
Guelmim-Oued Noun	**27(4.3%)**	**9(33.3 %)**	**18(66.7 %)**	
Laâyoune-Sakia El Hamra	**16(2.5%)**	**10(62.5 %)**	**6(37.5 %)**	
Dakhla-Oued Ed-Dahab	**60(9.5%)**	**15(25 %)**	**45(75.0 %)**	
	1(0.2%)	**0(0%)**	**1(100%)**	
Presence of a child				**0.007**
Yes	**281(44.6%)**	**115(40.9 %)**	**166(59.1 %)**	
No	**349(55.4%)**	**107(30.7 %)**	**242(69.3 %)**	
Marital status				**0.038**
Single	**301 (47,8%)**	**92(30.6 %)**	**209(69.4 %)**	
Married	**295 (46,8%)**	**121(41%)**	**174(59%)**	
Divorced	**24 (3,8%)**	**6(25%)**	**18(75%)**	
Widowed	**10 (1,6%)**	**3(30%)**	**7(70%)**	
Level of education				**0.148**
Illiterate	**2(0.3%)**	**1(50%)**	**1(50%)**	
Primary	**27(4.3%)**	**5(18.5 %)**	**22(81.5 %)**	
Secondary	**122(19.4%)**	**39(32%)**	**83(68%)**	
Higher	**479(76%)**	**177(37%)**	**302(63%)**	
Medical&surgihistory				**0.659**
Yes	**220(34.9%)**	**35(74.1%)**	**145(65.9 %)**	

No	**410(65.1%)**	**147(35.9 %)**	**263(64.1 %)**	
Psychiatrichistory Never followed Currentlyfollowed Formerlyfollowed	 **539(85.6%)** **29(4.6%)** **62(9.8%)**	 **198(36.7 %)** **5(17.2 %)** **19(30.6 %)**	 **341(63.3 %)** **24(82.8 %)** **43(69.4 %)**	**0.074**

Table 2:- Cross-tabulation of occupational conditions during confinement and the presence of depression.

Characteristics	Population size (N=632)	Absence of depression	Presence of depression	P
Agree to containment Somewhatdisagree Neitheragreenordisagree Stronglyagree	 **19(3%)** **40(6.3%)** **571(90.6%)**	 **6(31.6 %)** **5(12.5 %)** **211(37. %)**	 **13(68.4 %)** **35(87.5 %)** **360(63%)**	**0.004**
Type of population Public Close contact withcontaminated people Health care workers	 **483(76.7%)** **5(0.8%)** **142(22.5%)**	 **154(31.9 %)** **2(40%)** **66(46.5 %)**	 **329(68.1 %)** **3(60%)** **76(53.5 %)**	**0.004**
Person under confinement Yes No	 **515(81.7%)** **115(18.3%)**	 **180(35%)** **42(36.5 %)**	 **335(65%)** **73(63.5 %)**	**0.750**
Work duringcontainment Without Physical presence in the work area Remotework Loss of work due to confinement	 **199 (31,6%)** **204 (32,4%)** **158 (25,1%)** **69 (11%)**	 **57(28.6 %)** **94(46.1 %)** **54(34.2 %)** **17(24.6 %)**	 **142(71.4 %)** **110(53.9 %)** **104(65.8 %)** **52(75.4 %)**	**< .001**
Profession Without Healthsector Other : Education Police Liberal profession Employee Civil servant Student Housewife Retired	 **73(11.6%)** **176(27.9%)** **381(60.5%)** **54(8.6%)** **8(1.3%)** **32(5.1%)** **105(16.7%)** **57(9%)** **96(15.3%)** **21(3.3%)** **8(1.3%)**	 **18(24.7 %)** **84(47.7 %)** **120(31.5 %)**	 **55(75.3 %)** **92(52.3 %)** **261(68.5 %)**	**< .001**

Table 3:- Depression and anxiety in the study population.

Characteristics		**Population size (N=632)**
Depression	**BECK score**	5(2.5 ; 10)
	Absent	222(35.2%)
	Slight	180 (28.6%)
	Moderate	153 (24.3%)
	Severe	75 (11.9%)
Anxiety	**GAD score**	4(1 ; 8)
	Absent or minimal	578 (97,9%)

	Significant	52(8.3%)

Table 4:- Cross-tabulation of anxiety and presence of depression.

Characteristics	Absence of depression	Presence of depression	P
Anxiety			**< .001**
Absent or minimal	**218(37.7 %)**	**360(62.3 %)**	
Significant	**4(7.7 %)**	**48(92.3 %)**	

Table 5:- Binomial logisticregression table betweencharacteristicsstatisticallysignificantwith the presence of depression.

Binominal logisticregression				
Characteristics	**P**	**Confidence interval**		**Odds ratio**
		Lower	**Upper**	
Age (years)				
30-39/18-29	**0.422**	**0.7416**	**2.042**	**1.230**
40-49/18-29	**0.361**	**0.6967**	**2.696**	**1.371**
50-65/18-29	**0.170**	**0.2634**	**1.266**	**0.577**
>65/18-29	**0.703**	**0.1318**	**20.220**	**1.633**
sex				
Female/ Male	**0.312**	**0.5093**	**1.834**	**1.229**
Presence of a child				
Yes / No	**0.271**	**0.3835**	**1.309**	**0.709**
Marital status				
Married/Single	**0.950**	**0.5093**	**1.883**	**0.979**
Divorced/Single	**0.364**	**0.5217**	**5.889**	**1.753**
Widowed/ Single	**0.654**	**0.1153**	**3.880**	**0.669**
Psychiatrichistory				
Currentlyfollowed / Never followed	**0.080**	**0.8906**	**7.904**	**2.653**
Formerlyfollowed / Never followed	**0.672**	**0.6123**	**2.140**	**1.145**
Agree to containment				
Neitheragreenordisagree/ Somewhatdisagree	**0.247**	**0.5539**	**9.953**	**2.348**
Stronglyagree/ Somewhatdisagree	**0.706**	**0.2708**	**2.422**	**0.810**
Type of population				
Close contact withinfected people/ Public	**0.726**	**0.0713**	**6.289**	**0.670**
Health care worker/ Public	**0.338**	**0.7023**	**2.796**	**1.401**
Infected or suspected case/public	**0.986**	**0.00**	**inf**	**12891.62**
Work duringcontainment				
Physical presence in the work area / Without	**0.034**	**0 .2728**	**0.950**	**0.509**
Telework / None	**0.453**	**0.4794**	**1.388**	**0.816**
Loss of work due to confinement / None	**0.438**	**0.6495**	**2.709**	**1.326**
Profession				
Healthsector / Without	**0.107**	**0.2096**	**1.165**	**0.494**
Other / None	**0.781**	**0.4701**	**1.763**	**0.911**
Anxiety				

Absent or minimal/Significant	**< .001**	**2.4977**	**21.379**	**7.307**

Discussion:-

Regardingdependencyrelationshipsdepressionisrelated to age, presence of children, marital status, and agreement for confinement, workduring confinement and type of occupation.

Depression and anxietyseem to bestronglyrelated, with an increase in one influencing an increase in the other.

A publication by cuiyanwang and collaboratorin 2020 (10) used the Depression, Anxiety and Stress Scale (DASS-21), and included 1210 respondentsfrom 194 cities in China shows that 53.8% of respondentsrated the psychological impact of confinement as moderate or severe, 16.5% reportedmoderate to severedepressivesymptoms, 28.8% reportedmoderate to severeanxietysymptoms ;

Along withourresults;femalegenderwascorrelatedwithhigherlevels of stress, anxiety and depression one adds to studentstatus, specificphysicalsymptoms (e.g., myalgia, dizziness, coryza) and poor self-ratedhealthweresignificantlyassociatedwithgreaterpsychological impact of the epidemic and higherlevels of stress, anxiety and depression

A publication by Jianyin Qui and collaboratorin 2020 (11)Thisstudyreceived a total of 52,730 validresponsesfrom 36 provinces, 34,131 werewomen (64.73%). Nearly 35% of respondentsexperiencedpsychologicaldistress

Along withourresults;gender, age, educationlevel and occupation are related to the presences of psychologicaldistress

Femalerespondentsshowedsignificantlyhigherpsychologicaldistressthantheir male counterparts, people aged 18-30 or over 60 had the highest scores on the CPGI, higher scores among the youngadult group (18-30) seem to confirmpreviousresearchfindings:young people tend to get a lot of information from social media which can easily trigger stress. Giventhat the highestdeath rate occurredamongolderadultsduring the epidemic, itis not surprisingthatolderadults are more likely to bepsychologicallyaffected. Similarly, people withhighereducationtended to be more distressed, probablybecause of high healthconsciousness.

A publication by limcaoco and collaboratorin2020,(13) a research team of doctorsfrom the hospital of Salamanca decided to make an assessment of the currentemotional state of the general population with an online survey in English and Spanish, considered a useful and rapidmethodthatcould help themdetermine how people perceived stress and anxiety due to COVID-19

The surveyincluded 22 items, gathering information in 3 sections:sociodemographic data, Cohen'sPerceived Stress Scale (PSS-10) and additionalqueriesassessingcurrentworry and behavior change due to thispandemic. Along withourresults;gender, age, and occupation wererelated to the presence of high levels of worry and stress,

The averageage of the respondentswas 43.1 years, and more thantwothirdswerewomen. 21.1% werehealth care workers. The average PSS-10 score was 17.4 (6.4). Significantlyhigher scores wereobservedamongwomen, youth, students, and amongthosewhoexpressedconcern and thosewhoperceivedincreasedsensitivity to COVID-19

In contrast to ourresults, no significantdifferenceswereobservedbetweenhealthprofessionals and the general population. A weakcorrelationwasobservedbetween the mean relative RSV volume of the last 28 days and the number of reported cases (rho = 0.31, $p < 0.001$) and deaths (rho = 0.28, $p < 0.001$).

A longitudinal study(14) wasconductedamong the general population on two occasions (the first week of the epidemic and four weekslater), examiningdemographics, symptoms, knowledge, concerns, and precautionarymeasuresagainst COVID-19. There were 1738 respondentsin 190 Chinesecities (1210 respondents in the first survey, 861 in the second survey

Psychological impact and mental healthwereassessed by the (IES-R) and (DASS-21) scales.

During the initial assessment, moderate stress sore, severeanxiety and depressionwerefoundin 8.1%, 28.8% and 16.5 respectively and therewere no significant longitudinal changes in the levels of stress, anxiety and depression (p>0.05).

In parallel to ourresultsrespondentsaged 12-21-4 yearshadsignificantlyhigher scores on the IES-R compared to respondentsaged 49-6-59 years (B = 0-77, t = 2-28, p <0-05).

In contrast to ourresults, respondents in the second survey living in a household of 3-5 people (B = 1-32, t = 2-04, p<0-05) and more than 6 people (B = 1-36, t = 2-4, p<0-05). and more than 6 people (B = 1-44, t = 2-20, p<0-05) scoredsignificantlyhigher on the IES-R thandidrespondentsremainingalone.

Limitations Of The Study :
Cross-sectional nature of the study, only one population assessment

The geographical distribution of our population was not equitablebetween the differentregions of the kingdom (40.5% in the region of Rabat-Salé-Kenitra versus 0.2% in the region of Dakhla-Oued Eddahab).

Nature of the remotesurvey

Conclusion:-

In conclusion, weidentified a major psychological impact of confinement on the general population during the COVID-19 epidemic, youngwomenwithanxietywereparticularlyexposed to psychologicalproblemsincludingseveredepression

Psychological first aid can beprovided by trainedindividuals to help the general population find effective and sustainable solutions to alleviate the stress of the general public during a crisis. Interventions shouldbebased on a comprehensiveassessment of riskfactorsleading to psychologicalrepercussions, includingpoor mental healthprior to a crisis, bereavement, emotionalshocks to self or familymembers, poor life circumstances, panic, familyseparation and lowhouseholdincome.(9)

Lessonslearnedfrom the Pentagonterroristevents and the anthrax attacks in the United States have shown the importance of building community coalitions in advance to effectivelymobilizeresources and successfullyaddress the mental healthneeds of thoseaffected by the disaster.

The COVID-19 outbreakhighlightedmany of the issues related to the provision of psychologicalservices(3).

(3) Therefore, public health system strategies, based on soundscientificadvice, must be put in place to effectivelyaddress the mental healthproblemscaused by the public health emergenciesby public health emergencies and naturaldisasters.

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