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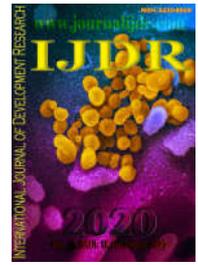
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THE EFFECTS OF SOCIAL ISOLATION RELATED TO ANXIETY

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ABSTRACT

Since the first records of cases related to COVID-19, there has been a substantial increase in problems related to the mental health of populations affected by this disease. Social isolation is the cause of many uncertainties and triggers a lot of anxiety. Such circumstances impose routine adaptations that, in most cases, end up causing intense emotional distress, weakening the individual's psychological structure. This work is relevant due to the situation of psychopathologies triggered in the population, to a greater or lesser degree, resulting from social isolation by Covid-19. This work is characterized by systematic research to analyze the occurrence of psychosomatic symptoms in social isolation resulting from the COVID-19 pandemic. According to the Cognitive Behavioral Theory, the cognitive models of generalized anxiety, Beck, Emery and Greenberg propose that individuals experience diffuse anxiety because their beliefs about the world end up making them prone to interpret certain situations as threatening. Many mental disorders are triggered in this moment of instability, making the mental health of the populations of the affected countries, the focus of several studies. There is still a lot of uncertainty about the effects of the "post-Covid" period, with the maintenance of measures adopted in times of crisis as well as the future impacts on people's lives. In this context, there is an urgent need for a broad debate aimed at tackling this problem, which is so pervasive in the lives of individuals. It is concluded that there is an urgent need for the implementation of public policies aimed at caring for the psychological well-being of people, with appropriate diagnoses of mental disorders and strategies aimed at promoting the recovery of collective mental health.

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INTRODUCTION

The global crisis due to the Covid-19 pandemic has caused a lower mental well-being in all ages and genders in the populations of the affected countries, causing psychological consequences resulting from mass confinement, which has been imposed by the need for new social rules and habits, aiming to contain the disease and reduce the speed of contamination. This work aims to describe the psychological and emotional disorders caused by social isolation, specifically the results that demonstrate a higher level of anxiety disorder, arising from the emotional insecurity that arises from the losses of loved ones, high levels of unemployment and conflicts common to the family environment, by imposing on

people a disturbed coexistence caused by domestic confinement, causing, even, the increase in domestic violence rates. Therefore, the relevance of this work is based on the search to understand how mobilizations of different kinds to contain the pandemic have compromised mental health in general. Social isolation may not in itself be identified as a source of mental illness in the population. However, the mechanisms used to contain the pandemic, such as isolation, social distance and quarantine, certainly have an influence on the upsurge of anxiety cases. In fact, from the perspective of Behavioral Cognitive Theory, the cognitive models of generalized anxiety (BECK; EMERY; GREENBERG, 1985) propose that individuals experience diffuse anxiety because their beliefs about the world end up making them prone to

interpret certain situations threatening. This work was based on a systematic research that sought to analyze the occurrence of psychosomatic symptoms, such as anxiety disorder, in the social isolation resulting from the pandemic of COVID-19. Mental disorders not only lead to a reduction in life expectancy and physical health, but also compromise the individual's ability to establish and maintain healthy interpersonal relationships, assertiveness in managing their daily lives and, in the most acute cases, incapacitating them performance of work activities. Anxiety Disorder, for example, can significantly impact not only the patient, but also people from their immediate surroundings want it to be within the family or even within their work and social relationships. At the present time, when humanity is facing the pandemic caused by COVID-19, several social measures have been adopted seeking to control the spreading virus. However, these measures have consequences that compromise the mental health of the affected populations. It is clear that, as preventive measures, the Ministry of Health issued a series of recommendations to the population, aiming to inform about the risks of transmission, the ways of prevention and guidance on the most appropriate procedures in case of contagion of the disease. As a result of such measures, one of the main consequences was social distance as a measure to prevent the spread of the virus. Other measures were social isolation and quarantine. Here, a distinction should be made between the concepts of social distance, social isolation and quarantine. According to Wilder-Smith and Freedman (2020), the distance is associated with the idea of reducing physical contacts and bringing people together in order to reduce the speed of contagion; in turn, isolation would be a way of separating people already infected from those asymptomatic; and quarantine, a way to reduce the circulation of people who may have been exposed to the disease.

As for the relevance of this work in this context, when pressed to deal with an unknown disease, the individual is faced with uncertainties and fears that cause intense and persistent concern even about normal and everyday situations. This excessive and often unrealistic concern can limit your ability to relate and perform your daily activities. In view of these difficulties in managing social relationships and the loss of productivity at work, among others, the importance of implementing preventive measures for various mental disorders remains evident, specifically the disorder treated here, which is the TAG, in order to avoid the increased prevalence of this disease in the Brazilian population at this time of pandemic.

The social, economic and public health impact caused by the pandemic is undeniable, with impacts on mental health in general and, specifically, the consequences of preventive measures, such as social isolation, on the health aspect. the psychological and emotional condition of the Brazilian population, Zuardi (2017) with special emphasis on generalized anxiety disorder. According to Ribeiro (2020), "the new Coronavirus has not only caused thousands of deaths and impacts on the economy, but also provoked an increase in mental disorders, causing psychological damage to many individuals". Generalized anxiety disorder is characterized by inflicting psychological distress on the individual that transcends normal feelings of anxiety, settling in the form of an intense and persistent concern about normal and everyday situations. This excessive and unfounded concern compromises the ability to deal with daily and work activities,

to establish interpersonal relationships in an assertive way, resulting in a distorted view of reality. Zuardi (2017) defines TAG as: "It is characterized by persistent and excessive concern accompanied by physical symptoms related to autonomic hyperactivity and muscle tension, presenting frequent comorbidities with depression and other anxiety disorders". (ZUARDI, 2017, p. 52). In fact, the individual affected by GAD presents emotional symptoms such as irritability, low tolerance, unfounded fears, tiredness, exhaustion and physical symptoms such as muscle tension, insomnia, sweating, tremors, feeling of suffocation, among others. And this set of symptoms, although in general, and apparently, does not have a specific cause, has an accentuated occurrence when the individual is exposed to stressful situations, as is the case of this pandemic period. (CASTILLO et al., 2000).

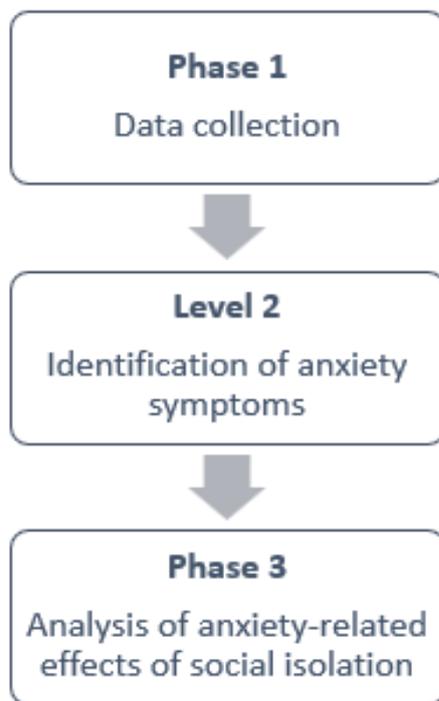
In this sense, Brooks et al. (2020, p. 43), in his bibliographic review work "The psychological impact of quarantine and how to reduce it: quick review of the evidence", developed with the aim of analyzing the psychological impact of quarantine in previous epidemics, reports that "the Most studies found negative psychological effects, and that the main stressors identified were the duration of quarantine ". Still within the scope of the review developed by Brooks et al. (2020), it is evident that the reviewed studies "reported the occurrence, in quarantined people, of psychological symptoms, emotional disorders, depression, stress, depressed mood, irritability, insomnia". There is no doubt that adverse situations are factors that negatively interfere in the individual's mental health status, leading to uncertainties, fears, insecurity and anxiety. In the current scenario, psychological disorders have become common, with a visible increase in the incidence of anxiety disorders. In a study by Barros and Gracie (2020) they state that "the COVID-19 pandemic introduced several stressors, including loneliness due to social isolation, fear of contracting the disease, economic tension and uncertainty about the future".

Social isolation ends up contributing to the record of a higher prevalence of anxiety for individuals who are forced to respect this preventive measure in view of the risk of contamination by the COVID-19 virus. (ARAUJO, 2020). It is interesting, therefore, to point out that the rules adopted to contain the advancement of the pandemic caused by COVID-19, such as social detachment, social isolation and quarantine, despite their effectiveness as protection measures, present in the wake of their application, consequences that affect the mental health of the population, specifically generalized anxiety disorder.

METHODOLOGY

This work is a systematic research that seeks to analyze the occurrence of psychosomatic symptoms in social isolation resulting from the COVID-19 pandemic. To achieve this objective, the research was divided into three phases, which are presented in Figure 01.

Survey of data: To collect the data, a search was carried out in the Scielo database with the following terms: anxiety and "social isolation". 29 articles were found related to the terms. The time cut corresponding to the year 2020 was also adopted, as it is the year in which the pandemic occurred. For the filter of articles published only in the year 2020, 9 articles were found. The survey was conducted on October 23, 2020.

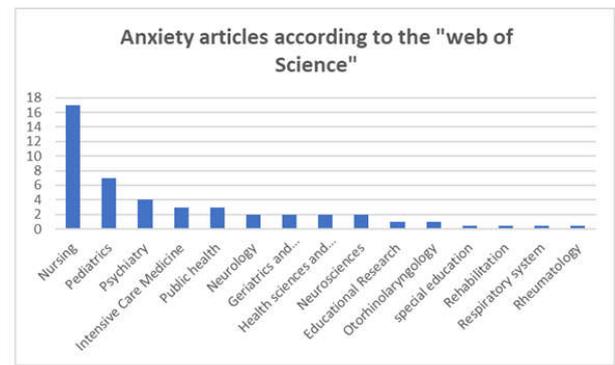


Source: The authors, 2020

Fig. 1 - Research phases

The inclusion and exclusion criteria of the article were adopted for the selection of articles found in the search based on the adopted terms. The inclusion criterion refers to articles that deal with studies on the effect of the pandemic on the mental health of the population. As an exclusion criterion, articles were adopted that addressed the pandemic, but on other aspects not associated with mental health. To help characterize the symptoms identified in the selected articles as anxiety, a literature review on anxiety was carried out. Review articles were selected that addressed symptoms related to anxiety and GAD. The time cut in the period from 2015 to 2020 was adopted. The search result with the term anxiety resulted in 2556 articles. When applying the filter for the period from 2015 to 2020, 1080 articles were found. To refine the data, filters were applied that presented only articles on studies in Brazil, which resulted in 447 articles. Of these articles, 50 articles were found, which were review articles. This filter per review article was adopted because they are more comprehensive studies in the literature on anxiety. However, the diversity of approaches made it difficult to select articles that addressed only anxiety. Figure 02 shows the articles classified by thematic area according to the "web of Science" (WoS).

To facilitate the selection, articles from the following thematic areas were selected: psychiatry, public, environmental and occupational health, clinical neurology, health science and services and neurosciences. The result of the filter by thematic area was 15 articles. It was also necessary to adopt the following inclusion criterion: articles that addressed only anxiety symptoms. The purpose of selecting these articles is to identify the characteristic symptoms of anxiety in the literature. An analysis of the effects of social isolation related to anxiety was carried out during the covid-19 pandemic. The analysis was based on the data collected in Phase 1 and Phase 2. It was also possible to identify the factors that trigger anxiety in the period of social isolation.



Source: The authors, 2020

Fig. 2. WoS thematic areas for the articles found

DISCUSSION

Generalized anxiety disorders are characterized by the presence of a persistent picture of excessive anxiety symptoms. The individual starts to deal with a recurring anguish, tension and nervous or irritated concern. In these conditions, symptoms such as insomnia, difficulty in relaxing, constant distress, increased irritability, drop in tolerance levels and difficulty in concentrating are also frequent. In addition to these emotional symptoms, physical symptoms such as muscle pain, headache, heart rate, tingling in the body and sweating are also common. (SERSON, 2017). In general, anxiety is defined as an excessive agitation of the central nervous system, generating a feeling of displeasure similar to fear. Its effects are soon perceived and generally appear in real or imaginary situations of lack of control, making the individual feel helpless in the face of situations that arise in their daily lives and lose interest in everything that was once pleasurable. Anxiety also triggers other feelings of discomfort and makes it difficult to concentrate, to memorize, to elaborate thoughts in a coordinated and assertive way. It also makes decision making more difficult, generating doubts about one's competence and, as a consequence of all this arsenal of negative symptoms, making the individual plunge into deep apathy.

In many individuals, the manifestation of this anxiety occurs in the form of intermittent crises, with the appearance of different anxiety symptoms, in significant number and intensity (NARDI; VALENÇA, 2005). According to DSM-5, generalized anxiety disorder, to be properly diagnosed, must last at least six months and be accompanied by at least three of the following symptoms: restlessness, irritability, fatigue, sleep disturbance, muscle tension and / or difficulty concentrating. (VASCONCELOS et. Al., 2015). Brazilian Association of Psychiatry (ABP) (2008), in a study on Anxiety Disorders: Diagnosis and Treatment, presents the following considerations: In generalized anxiety disorder, the manifestations of anxiety fluctuate over time, but do not occur in the form of attacks, nor are they related to certain situations. They are present on most days and for long periods, of many months or years. The main symptom is apprehensive expectation or exaggerated, morbid concern. Most of the time, the person is overly concerned. In addition, he suffers symptoms such as restlessness, tiredness, difficulty concentrating, irritability, muscle tension, insomnia and sweating Associação Brasileira de Psiquiatria (ABP) (2008, p. 4). In spite of the observation that can be seen from the previous quote, in which it is stated that the manifestations of anxiety are not related to certain situations.

According to Sousa et al. (2013) it appears that there is, on the part of many individuals, a significant sensitivity that can arise from stressful experiences, as stated in the following terms: Evidence indicates that individuals with GAD are sensitive to the threat, particularly that of personal relevance, that is, they allocate attention much more quickly to the sources of the threat than people who are not anxious. (SOUSA et. Al., 2013. P. 399). In view of this statement, it is difficult to hear that in the current context, when the collective panic expands in planetary proportions, it is possible to identify an immense list of situations that can trigger anxiety outbreaks. The moment is one of uncertainty, fear and doubts. Fear that sets in from the uncertainty of how and when all this will pass. Doubts even if it will pass. Fear of falling ill, dying and fear of illness or loss of loved ones. The possibility of falling ill or dying, the reduction or loss of sources of subsistence, the feeling of powerlessness in protecting important people in your life, the difficulties in adjusting the routine of home, work, care for children at home, are some of the countless factors that exacerbate the feeling of anxiety.

In addition to all these situations, it is worth mentioning the preventive measures adopted in order to control the spread of COVID-19. There is evidence that social isolation, social detachment, quarantine has contributed to the increase in the feeling of anxiety in the Brazilian population. Since these measures were implemented, as forms of prevention against the pandemic, the need to adapt to new behaviors and routines has become imperative. The need to adapt to so many changes ends up having a significant impact on our body and mind. The fact is that we are facing an uncontrollable and global level scenario that inevitably makes everyone feel the impact of this ominous reality and show symptoms of anxiety. As can be deduced from everything that has been repeatedly said here, anxiety is a state of negative mood characterized by bodily symptoms of physical tension and apprehension about the future, reverberated by intense fear. In these pandemic times, fear is a feeling that has been a stigma that each individual struggles to control. Anxiety and fear are experiences that all individuals go through, at various times and stages of life. Souza et al. (2013) make the following statement:

Anxiety and fear are essential and natural conditions for human life, responsible for preparing the individual for situations of threat and danger. (...) In some cases, however, an individual may experience elevated anxiety or fear disproportionately to the situation that elicits them or in situations in which they are not adaptive, often remaining persistently and leading to impairments in their functioning, characterizing the anxiety disorders. (...) TAGs significantly interfere in the life of the diagnosed individual and those with whom he lives, compromising his daily activities, his social relationships and other spheres of life (SOUZA et al., 2013, p. 403). Experiencing a pandemic of such magnitude, therefore, causes feelings of anxiety and fear to emerge, as inevitable consequences in the face of psychosocial disturbance that goes beyond the coping capacity of the affected population. The negative psychological repercussions of the preventive measures adopted are understood as isolation, detachment, quarantine, although necessary, culminating in a complex mixture of feelings such as: anguish, loneliness, stress, depression, fear of illness and death, frustration, anger, boredom, insomnia, anxiety. In this sense, it is pertinent to refer to the situation of health professionals directly linked to the care of cases of COVID-19, since there are some stressors

in addition to those that already occur in health services in general. Caring for patients suffering from COVID-19 can have a significant emotional effect, not only because they feel overwhelmed and under pressure, but also because the professional as a human being carries his own fears and uncertainties regarding the risks inherent to his own activity, risks these potentially increased in daily coping with the corona virus (OLIVEIRA, 2020). This is the case, for example, of nursing professionals who work directly with the patient, exercising the technical responsibility that the profession requires, seeking to offer the necessary care to the patient with quality and safety, among other demands, continually subjected to work pressures. Faced with the new demands arising from the COVID-19 pandemic, these professionals are more impacted with regard to mental health, since they are led to face the unknown and, thus, exacerbate the stress already common to their activities and evolve into a various mental disorders, among which anxiety generalizes. According to Esperidião et al. (2020):

It is indisputable that mental health is an inseparable part of our health and that themes related to mental health have been attracting the attention of the population, institutions and managers, especially in this moment of the COVID-19 pandemic. It is also true that the daily lives of health professionals in their care activities are permeated by concerns, uncertainties, tensions and anxieties. These workers have shown themselves to be susceptible to psychological suffering, when facing their professional tasks with countless difficulties, allied to their own emotional destabilization in the face of their fears and the great pain and dismay of the people they are caring for (ESPIRIDÃO, 2020, p. 73). Recent studies point out that social isolation imposes an abrupt change in routine, such as the impediment to carry out daily activities, removal of loved ones, as is the case of the elderly and young people, grandparents and grandchildren, for example. In this context, in addition to the concern that is heightened by limiting family contacts with age groups or comorbidities that require greater care, there are negative emotional effects arising from the absence of loved ones with whom you have close affective bonds. It is also necessary to consider the possible damages and losses, as in the cases of job losses and even cases in which deaths occur. Considering all this reality that has been the routine of the last few months, the impact of the pandemic caused by COVID-19 is evident as a factor found in the etiology of mental disorders that have shown an upward curve in the levels of occurrence (FARIAS, et al., 2019). When developing the symptoms inherent to anxiety, the individual will have his capacity for action totally compromised, preventing him from thinking and acting positively in the face of fear of failure. What makes the situation worse is that the state of severe anxiety does not usually disappear, that is, even though we know that there is nothing to fear, we remain anxious (BARLOW; DURAND, 2008, p. 151).

In addition, GAD is a disorder that has high rates of comorbidities, with special emphasis on mood disorders and other anxiety disorders. The individual with GAD has a very high propensity to present depressive disorder and panic disorder. Such comorbidities, when present, complicate the treatment process and hinder recovery. In a recent study, Moffitt et al. (2007) indicates that in a large percentage, GAD precedes depressive disorders or appears concomitantly with them, even functioning as a risk factor.

In addition, the isolated presence of GAD is sufficient to increase the risk of suicide, although this risk becomes greater when there is an overlap with other psychiatric disorders, such as major depressive disorder, which is the most common diagnosis among those who commit suicide. The fact is that, whether preceding or competing, the presence of TAG usually exacerbates suicidal behavior in depressed people. In the words of Zuardi:

Persistent and excessive worry is the hallmark of Generalized Anxiety Disorder (GAD), but these concerns are accompanied by physical symptoms related to autonomic hyperactivity and muscle tension. Among these symptoms, tachycardia, sweating, insomnia, fatigue, difficulty in relaxing and muscle pain are common. Concerns are not restricted to a certain category, but are generalized, excessive, sometimes involving themes that do not concern most people and difficult to control (ZUARDI, 2017. p 52). It is interesting to highlight, because during the great disease outbreaks, the negative effects on the mental health of the populations tend to be greater than the number of individuals affected by the infection in the process of spreading, with more lasting effects than the pandemic itself. Therefore, it is necessary and urgent to debate the problem of the upsurge of mental disorders during this pandemic caused by COVID-19 and, as a consequence of this debate, to implement public mental health policies capable of mitigating the effects and consequences of the pandemic on the Brazilian population.

Final Considerations: The relationship between the COVID-19 pandemic and the exacerbation of anxiety disorder has caused psychological distress that significantly affects professional, family, social and personal life. The pressures imposed by the need to adapt to new routines and submission to new rules of coexistence, such as social isolation, social detachment and quarantine, have caused an extremely negative impact on people's mental health. The fear of contracting the virus, the imposition and the need for social isolation, promoted the triggering of psychological disorders, causing more serious pathologies in individuals with a psychiatric history, especially anxiety, causing the incidence of stress to increase post-traumatic. However, previously healthy people may suffer from the same illness, as they are related to the permanence of the period of social isolation, fear of contamination by the virus, boredom, financial / economic situation and frustration. Many mental disorders are triggered in this moment of instability, making the mental health of the populations of the affected countries, the focus of several studies. There is still a lot of uncertainty about the effects of the "post-Covid" period, with the maintenance of measures adopted in times of crisis as well as the future impacts on people's lives. In this context, there is an urgent need for a broad debate aimed at tackling this problem, which is so pervasive in the lives of the affected individuals. There is an urgent need to implement public policies aimed at caring for the psychological well-being of people, with adequate diagnoses of mental disorders and strategies aimed at promoting the recovery of collective mental health. The fact of the object of study: the relationship between the pandemic, social isolation by covid-19, anxiety and generalized anxiety disorder, being relatively recent, with the worsening beginning around February 2020, made it difficult to find consolidated bibliographies, because research is still under development. And since the population has to comply with rules established by health organizations, psychopathologies are triggering,

making, therefore, the analysis of the whole picture of psychosomatic diseases impossible to conclude. Certainly, many studies will be carried out by professionals from different areas.

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