

# Posttraumatic Stress Disorder in a Physician Assistant After Working in an ICU During COVID-19

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## ABSTRACT

**Introduction:** We present a case report of a physician assistant who experiences posttraumatic stress disorder (PTSD) from providing care to patients affected with COVID-19. We believe this case is important as it will reveal the unfortunate impact COVID-19 has on the mental health of health care professionals.

**Case Presentation:** A 51-year-old White woman presented to our clinic with a 1-year history of panic attacks, mood swings, difficulty sleeping, nightmares, social withdrawal, guilt, and depression.

**Discussion:** Cross-sectional, survey-based studies have highlighted PTSD rates in health care workers during the pandemic, but these studies have not explored how exactly PTSD presents on the individual level.

**Conclusions:** This case presents a compelling reflection on what could be a larger trend of increasing mental health issues as a direct result of the COVID-19 pandemic and emphasizes the need for better mental health support and infrastructure to be in place for the well-being of the health care workers in this country.

## INTRODUCTION

The COVID-19 pandemic has exacerbated anxiety and mental illness in both the general population and among health care workers.<sup>1-3</sup> The pandemic has led to increased hospitalizations that push hospitals to capacity, leading to an increased workload for health care professionals. Coupled with limited resources and the mortalities due to COVID-19, health care workers are experiencing varying rates of burnout and depression. One study estimates the prevalence of depression among physicians and

nurses as 40.4% and 28%, respectively.<sup>4</sup> A study conducted prior to the COVID-19 pandemic estimated that 34% of physician assistants (PA) met the cutoff for burnout.<sup>5</sup> Witnessing traumatic events that result in many casualties is known to potentially cause posttraumatic stress disorder (PTSD). Moreover, there is evidence that working with severely ill patients may increase the risk for PTSD.<sup>6</sup> Therefore, health care workers treating large numbers of COVID-19 patients and witnessing subsequent mortalities may be at greater risk of developing PTSD.

## CASE PRESENTATION

A 51-year-old White woman presented to the clinic with a 1-year history of panic

attacks, mood swings, difficulty sleeping, nightmares, social withdrawal, guilt, and depression. She has an 18-year history of working as a physician assistant at a major hospital with no history of any mental illness. She reportedly loved her job and never felt that the stress of the job influenced her personal life. During this time, she enjoyed interacting socially with friends and family, as well as doing yoga in her free time. Her family history was remarkable only for situational depression in her mother after the patient's maternal grandmother died.

The patient had been working in the intensive care unit (ICU) setting for over 5 years. In April 2020, her job transitioned to caring for COVID-19 patients full time. By mid-May, she experienced mood swings, difficulty sleeping, depression, and panic attacks. Throughout this time, she was directly involved in the care of several patients who succumbed to COVID-19. Her index traumatic experience was of a woman with COVID-19 who was intubated and whose family was banging against the door in

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emotional turmoil as they could not physically visit the patient. She had daily nightmares and flashbacks of this and other similar events. On June 7, 2021, she switched services to working in the trauma care critical team in an effort to distance herself from the emotionally taxing work of the ICU, but her symptoms persisted. On June 21, 2021, she woke up from a nightmare, had a panic attack, and feared her own death.

At that point, she reached out to a psychologist and participated in a few psychotherapy sessions. These symptoms continued to persist and worsen in frequency and intensity throughout. By September 2021, she felt burned out by the job and caring for COVID-19 patients and was no longer able to work. She reported feelings of guilt for leaving her job and not taking care of COVID-19 patients. She avoided anything COVID-19 related, including the news, conversations, and social media. She stopped yoga and interacting with friends and family. Symptoms of mood swings, panic attacks, and nightmares persisted on an almost daily basis. Her time was now spent continuing her therapy sessions and doing projects around the house.

At that time, escitalopram was started at 10 mg a day. Within 2 weeks, the dose was increased to 20 mg, and she also was started on buspirone 5 mg daily due to insomnia and panic attacks. After a few months, she consulted our clinic. Her psychiatrist decided to stop buspirone and started quetiapine XR 50 mg daily, along with hydroxyzine 25 mg 3 times daily as needed for anxiety. She reported significant improvement in her PTSD and mood symptoms. Her flashbacks and nightmares reduced in intensity and frequency, and she even had a period of 6 weeks without a flashback or nightmares. She slowly built up her ability to go to public areas for a brief period (less than 10 minutes). She continued to experience anxiety and panic attacks, especially in social situations, with no relief from her hydroxyzine. After a lengthy discussion about the risk and benefits of the short-term use of benzodiazepines, the decision was made to introduce low-dose alprazolam as needed for anxiety. She was prescribed quetiapine XR 50 mg at bedtime and alprazolam 0.5 mg as needed.

The patient continues follow-up care and is showing improvement with all of her symptoms. She currently is attending therapy once a month and uses alprazolam in addition to multivitamins. With the help of her family, she has slowly immersed herself into more social interactions. As of March 2022, she reports having mild anxiety, improved concentration, improved sleep with no nightmares, and was able to discuss COVID-19 issues without any flashbacks. She still reports feelings of guilt for leaving her coworkers during the pandemic but recognizes the severity of her condition at the time. She has been accepted to work as a PA for a family medicine clinic.

## DISCUSSION

Since the start of the global pandemic, psychiatrists and health care professionals alike have accurately anticipated the nega-

tive impact COVID-19 would have on people's mental health, including a rise in depression and anxiety.<sup>7</sup> However, the effect this pandemic has had on the mental health of health care professionals working directly with COVID-19 patients has not been investigated as thoroughly.

PTSD is more common in women and affects anywhere from 5% to 10% of the US population.<sup>8</sup> While a traumatic event is the most likely precipitating factor for someone to experience PTSD, various risk factors have been identified to make someone more prone to this condition, such as prior abuse, family history of PTSD, history of substance abuse, little family or social support, accidents, and ongoing stress. Our patient did not present with any stratified risk factors that would place her at an increased risk of being afflicted with PTSD. She also did not experience any symptoms of mental illness prior to the pandemic. Although cross-sectional, survey-based studies have highlighted PTSD rates in health care workers during the pandemic, these studies have not explored how exactly PTSD presents on the individual level.<sup>1,9,10</sup> We present one of the first singular cases of a health care professional who developed PTSD from repeated encounters with patients with COVID-19 and their family members. Through personally interviewing the patient and reviewing her chart, we explored exactly how her symptoms affected her life.

From the time immediately after leaving her job in September 2021 forward, the patient has reported feeling guilty for not being able to work. Specifically, she has felt guilty about not being able to support her coworkers and not caring for sick patients who needed care. Such feelings have contributed to her burn-out and a delay in seeking help for her symptoms. Her situation underscores a prevalent notion in health care—the responsibility of administering high-level medical care, even at the expense of the well-being of the clinician.

## CONCLUSIONS

This case presents a compelling reflection on what could be a larger trend of increasing mental health issues as a direct result of the COVID-19 pandemic. Our hopes with writing this case report are that more health care professionals are willing to speak out about the personal impact of this pandemic. As the pandemic continues, it will be imperative for better mental health support and infrastructure to be in place for the well-being of the health care workers in this country.

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