# Coronaphobia in Contemporary Psychiatry:
## Current Status and Future Prospects

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The historical term *coronaphobia* was coined by Asmundson and Taylor[1] in March 2020 to explain the fear of contracting coronavirus disease 2019 (COVID-19) infection. This term included 3 major components: physiologic, cognitive, and behavioral. During the COVID-19 pandemic, coronophobia has found a prominent place in contemporary clinical practice.[2] Stressful events of the COVID-19 pandemic caused dysfunctional anxiety and fear among the general public. A survey[3] found that 23% of the general population had a high risk perception of COVID-19 and 7% had coronaphobia. Coronaphobia has been closely associated with emotional distress such as extreme helplessness and suicidal ideation.[4] Cases of suicide due to coronaphobia have also been reported.[5] Emerging suicide cases due to coronaphobia could be due to underlying death anxiety, given the high COVID-19 morbidity rate compared to other epidemics of seasonal influenza historically.[1]

Recently, much advancement has been made in the understanding and measurement of coronophobia, COVID-19–related fears, and promised improved treatment modalities. As mentioned previously, the term *coronaphobia* was introduced by Asmundson and Taylor[1] as COVID stress syndrome and COVID stress disorder. Current research is focused on determining how COVID stress syndrome and disorder are associated with psychopathology. The various predictors for the emergence of coronaphobia studied so far include novelty of coronavirus,[4] uncertainty associated with the cure of the disease,[6] media coverage of the COVID-19 pandemic (infodemic),[7–9] lack of human contact,[10] and inadequate belief in health care facilities.[11] Health care workers,[3,12,13] older people,[14,15] persons with cluster c personality traits,[16] and those with comorbidity[17] are at high risk of developing coronaphobia. A study[1] found that health anxiety, neuroticism, and reassurance-seeking behaviors are significant predictor variables for coronaphobia. Prior psychological difficulty with tolerating uncertainty could also act as a potential vulnerability factor for fear related to COVID-19. Other vulnerability factors that could predict increased risk of COVID-19 include worry proneness, high media exposure, personal relevance in context to one's health, and risk to loved ones.[18]

The Coronavirus Anxiety Scale[19] is a brief mental health screener that can be used to identify anxiety and fear associated with COVID-19, taking into account social attitudes, maladaptive coping, psychological effects, and functional impairment. A score ≥9 on the Coronavirus Anxiety Scale is considered a clinically significant level of coronaphobia.[20] The COVID Stress Scales developed by Taylor et al[21] are based on a 5-factor structure: (1) danger and contamination fear, (2) fear of economic consequences, (3) xenophobia, (4) compulsive checking, and (5) COVID-related traumatic stress symptoms. The COVID Stress Scales were found to be reliable and valid.[22]

Coronaphobia, if identified at earlier stages by mental health professionals, can be stopped with adequate treatment measures. Patients can be psychoeducated regarding the disease, which could be the first step in mitigating coronaphobia. Education can also be provided to address the general measures, which could help in the long run with sleep hygiene, activity, scheduling, and relaxation techniques.[23] Utilization of consultation liaison services can be beneficial in reducing distress in patients who present to nonpsychiatric units of a hospital. Constructive peer support, early mental health interventions, and supportive therapy for those undergoing stress can help to reduce the anxiety and uncertainty associated with COVID-19.[24] Use of electronic information-sharing platforms to promote telepsychiatry and telecounseling to provide authentic information and foster resilience should be part of the management plan.[24] The psychiatry curriculum should be regularly updated to incorporate the latest developments with regard to coronaphobia for better management.

In conclusion, coronophobia is a growing problem in clinical practice and is best considered as a reaction to the stress of the COVID-19 pandemic. Various predictors for developing coronaphobia have been identified, such as the novelty of coronavirus, uncertainty, the infodemic, lack of human contact, and inadequate belief in health care facilities. Early intervention strategies building on available research can go a long way in addressing coronaphobia.

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*Prim Care Companion CNS Disord 2021;23(2):21com02917*

**To cite:** Singh GP, Walia N. Coronaphobia in contemporary psychiatry: current status and future prospects. *Prim Care Companion CNS Disord*. 2021;23(2):21com02917.

**To share:** https://doi.org/10.4088/PCC.21com02917



***Received:*** January 7, 2021.
***Published online:*** March 18, 2021.
***Potential conflicts of interest:*** None.
***Funding/support:*** None.

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