Are We Prepared for Ebola-Like Diseases?

To the Editor: "Did you wash your hands? Aren't you scared of Ebola?" I overheard a middle-aged woman talking to her friend after she shook hands with one of her other friends at Dallas/Fort Worth International Airport in Texas. The news of the death of Thomas Eric Duncan, the first Ebola victim who died in the United States, was still fresh on every news channel. Clearly, there were anxiety and stress in the minds of people.

The sequence of events over the past few months makes me wonder whether we are ready to deal with the mental and psychological stress associated with Ebola-like diseases in the future, or are we merely giving in to unwarranted "hysteria"? Interestingly, the term *hysteria* is no longer used in psychiatry. There has been a gradual evolution of this term, which is currently known as *somatoform disorder*.[1]

At the time of writing this report, 10 cases of Ebola have been reported in the United States, and 8 of those patients contracted the disease outside the United States. The only 2 people who contracted the disease on US soil were nurses. They were directly involved in the care of an Ebola patient who caught the disease in Africa. Both nurses fully recovered.[2] Considering the above-mentioned statistics, it seems that anxiety is spreading faster than Ebola itself! One of my friends and his roommate were so anxious about contracting Ebola that they would check their body temperature several times a day and would ask me to examine their eyes for signs of any bleeding. Both complained of nausea, lack of appetite, and light-headedness. This behavior continued for 4–5 days until their primary care physician referred them to a psychiatrist. Their symptoms were gone within a week after a couple of sessions. Disasters like the recent Ebola outbreak have severe, inevitable psychological consequences, which include posttraumatic stress disorder, major depression, anxiety disorders, and substance abuse. What measures are required to deal efficiently with the disease in the future?

The response should comprise trauma signature analysis, a method used to analyze the specific characteristics of a disaster, prepare a hazard profile, identify disaster stressors, and estimate the extent of exposure and synopsis of psychological risk factors.[3] In the case of Ebola in the United States, there was exaggerated fear-driven media coverage. The notable characteristics of the Ebola disaster are the low number of affected people, high recovery rates, and the fact that people who came in contact with the Ebola patients did not contract the virus.[4]

This analysis should be followed by an intervention in accordance with the Inter-Agency Standing Committee guidelines on mental and psychosocial support in emergency settings. These guidelines are centered around a 4-layered intervention pyramid: (1) reestablishment of basic services and security; (2) securing community and family networks; (3) focused individual, family, or group interventions by trained workers; and (4) at the top layer of the pyramid, providing psychological or psychiatric supports for people facing severe difficulties.[5] Lastly, the target of intervention should be high-risk populations such as health care professionals dealing with Ebola patients, disease survivors, and bereaved family members.

The only exposure to Ebola that the US population has had is through the media, and the reaction has been fear. Apart from addressing psychiatric needs, it is imperative that a responsible, science-based system of mass communication be put in place.[4]

References

1. Sadock BJ, Sadok VA. Somatoform disorders. In: Sadock BJ, Sadock VA, eds. *Kaplan and Sadock's Synopsis of Psychiatry*. Philadelphia, PA: Lippincott Williams & Wilkins; 2007:634–651.
2. How Many Ebola Patients Have Been Treated Outside of Africa? January 2015. http://www.nytimes.com/interactive/2014/07/31/world/africa/ebola-virus-outbreak-qa.html?_r=0. Accessed August 2015.
3. Shultz JM, Forbes D, Wald D, et al. Trauma signature analysis of the great East Japan disaster: guidance for psychological consequences. *Disaster Med Public Health Prep*. 2013;7(2):201–214.
4. Shultz JM, Baingana F, Neria Y. The 2014 Ebola outbreak and mental health: current status and recommended response. *JAMA*. 2015;313(6):567–568.
5. Inter-Agency Standing Committee. *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva, Switzerland: Switzerland Inter-Agency Standing Committee; 2007.

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