Social Effects of COVID-19 in an Adolescent Male with Attention Deficit Hyperactivity Disorder

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ABSTRACT

The severity of ADHD is directly proportional to the social isolation effects implemented to stop the spread of coronavirus disease. This led to series of complications in patients dealing with ADHD, causing school delays. We present a case of an adolescent male suffering from ADHD, whose quality of life is severely decreased after the implementation of social isolation and closure of schools and colleges.

Keywords: Attention deficit hyperactivity disorder, Coronavirus disease 2019, Social effects.

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Introduction

According to a study recently published in the Journal of Attention Disorders, coronavirus disease 2019 (COVID-19) has disproportionately affected the lives and behaviors of children with attention deficit hyperactivity disorder (ADHD). Adolescent who lived in financially unstable households or experienced food shortages during the pandemic fared worse in terms of mental well-being than their peers. For those struggling with ADHD, everyday tasks can be challenging.

Coronavirus disease 2019 has a broad impact on society, but it could have severe consequences for people with ADHD. Individuals with attention issues may have discovered the importance of routine and established a structure that allows them to thrive. When COVID-19 is initiated, restrictions and conventions are tossed out the window. When you combine boredom, isolation, and loneliness, the strategies that once worked no longer work properly. Increased anxiety (due to finances, health, and social unrest) stirs up the situation and can lead to depression.

We present the case of a 17-year-old adolescent male with a history of anxiety, depression, ADHD, posttraumatic stress disorder (PTSD), seizures, hydrocephalus, ventriculoperitoneal shunting, premature lung disease, assault, and sexual abuse whose symptoms caused a decreased quality of life as the pandemic set in.

CASE DESCRIPTION

A 17-year-old, left-handed adolescent male presented to the clinic accompanied by his grandmother with complaints of constant pain in his head, four to five episodes a month, pressure type sharp pain radiating to the front and sides of the head. He denies any symptoms of ringing in the ears, tingling, numbness, loss of smell or taste, vision loss, balance abnormality, or fainting spells. His headache lasted for 12 hours which was exacerbated by television and loud noise, which was relieved by sleeping at night. The intensity of pain in the head was 5/10 per episode. The headaches increased in intensity attributed to the stress during the pandemic.

The grandmother states he stayed in a foster home as a kid and was adopted by her later. He has had complex history after birth as his mother disappeared and his father died subsequently from a heart attack. She also reported he had nightmares, PTSD, and

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difficulties in comprehension, which lead to repeating his 9th grade for the 4th time, and school stress attributed to his severe headaches. The grandmother also states he keeps staring at the wall and then loses consciousness and he had such episodes two times in the past.

The patient's symptoms were exaggerated after the social isolation and rules during the COVID-19 pandemic, and they didn't regress anytime. He lost grip on his training to control his impulsivity, psychiatrist appointments were limited to online teleconsult, and he couldn't concentrate anymore, leading to increased school stress. The patient has been a victim of assault and bullied several times by his peers. The patient also complained the increased intensity of his headaches is because of the computer classes due to social isolation norms.

The quality of life as per his grandmother is severely affected in this patient and is diminished by 70% since the prepandemic era.

He has a relevant family history with siblings suffering from ADHD and autism.

He denies smoking, consuming alcoholic beverages, and illicit drug use.

A complete physical and neurological examination was remarkable only for attention span/concentration.

The patient was further evaluated for a comprehensive evaluation and electroencephalogram to rule out seizures.

Magnetic resonance imaging of the brain without gadolinium to evaluate hydrocephalus.

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He is asked for psychiatric consultation and therapy to increase his quality of life.

The patient and the grandmother were educated regarding ADHD.

Discussion

Presently, we are aware of the consequences of COVID-19 an individual has been facing in their daily life, be it economically, socially, or health-care wise.² The above case presented with the typical symptoms like impulsiveness, inattention, and which leads to problems in academic work and is part of ADHD, even more, specifically on how COVID-19 has been worsening the symptoms in ADHD adolescents compared to their peers with no ADHD.³ Adolescents with ADHD have difficulty facing academic and environmental goals during adulthood. A psychoeducational intervention is focusing on helping adolescents cope with the impact of COVID-19 on ADHD patient. Also, a recent case study showed the beneficial effects of psychosocial therapy being the predominant role and pharmacotherapy as a treatment for ADHD.⁴

Conclusion

Because of the COVID-19 pandemic, most students were compelled to take part in virtual learning. Caregivers of children with ADHD reported significant changes in their children's behaviors during

that time period, indicating a higher level of underlying emotional dysregulation. Many children with ADHD have found it difficult to adjust after returning to school. Even as the pandemic has begun to subside, the combination of these obstacles and those faced by exhausted guardians has resulted in an ongoing conflict. To manage these concerns, families continue to require mental health support for children as well as mentoring for parents or guardians.

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