

Abstract

Background: Severe Acute Respiratory Syndrome (SARS) is a deadly infectious disease that emerged in the 21st century. Its aftermaths among survivors have been devastating both physically and psychologically. To date, many studies have focused on psychological reactions in the immediate aftermath of the SARS outbreak. However, there has been no systematic evaluation of the long-term psychiatric morbidities of SARS survivors.

Aim: To evaluate the pattern of long term psychiatric morbidities and to identify the predictors of Post-traumatic Stress Disorder (PTSD) in SARS survivors.

Method: This is a cohort study to investigate the psychiatric complications of all the SARS survivors treated in a regional hospital in Hong Kong 30 months after the SARS outbreak. Psychiatric morbidities were assessed by the Structured Clinical Interview for DSM-IV (SCID), the Impact of Event Scale-Revised (IES-R) and the Hospital Anxiety and Depression Scale (HADS). Functional outcomes were assessed by the MOS 36-item Short Form Health Survey (SF-36) and Functional Impairment Checklist (FIC). Survivors' demographic data, medical and other psychosocial variables were also collected.

Result: Ninety subjects were recruited, giving a response rate of 96.8%. Post-SARS cumulative incidence of DSM-IV psychiatric disorders in this sample was 58.9%. Current prevalence for any psychiatric disorder was 33.3% (30 subjects). Of whom 23 (25.6%) had post-traumatic stress disorder (PTSD) and 14 (15.6%) had depressive disorders. New cases of substance or alcohol related problems were not observed. A high rate of psychiatric comorbidity was noted and was found to be associated with the chronic course of PTSD. According to logistic regression, gender difference, presence of pre-SARS chronic medical illnesses and subsequent physical complications like avascular necrosis (AVN) were found to be independent predictors of current PTSD 30 months post-SARS. Association factors of current PTSD include higher chance-external locus of control, more severe functional disability and deeper average pain intensities.

Conclusion: The outbreak of SARS can be regarded as a health catastrophe. It has the potential to cause sustained psychiatric morbidity resembling that following other disasters in general, except that new cases of substance and alcohol related disorders were not observed. PTSD was the most prevalent long-term psychiatric condition, followed by depressive disorder. The risk factor analysis of PTSD 30 months

post-SARS showed that the predictive value of acute medical variables may fade out.

The adversity both before and after the SARS outbreak, with potential interactions between biopsychosocial factors, may be more important in hindering recovery from PTSD. Findings in this study provide us with insight into the management of possible psychiatric morbidity in future infectious disease outbreaks.

Declaration of interest: none