

## Nosophobia of Corona, Oropharyngeal Symptoms in Covid Era

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### Abstract

### Original Research Article

**Background:** Nosophobia is the irrational fear of getting sick; this fear can persist even after your healthcare provider has examined you and given you a clean health certificate. **Aim of the Study:** To evaluate patients with increased fear of disease during a pandemic. **Patients and Methods:** A non-experimental cross-sectional comparative study with a sample consisting of patients attending our private clinics in Baghdad, Iraq or sending us inquiries through social communication sites that recently opened because of imposing the curfew between 1 March 2020 and 20 April 2020. we selected the patients with cough and sore throat symptoms and compared this group with those with the same symptoms who visited our private clinic in the same period in 2018 and 2019. **Results:** During this period, symptoms like a cough appear to be 20.9% and sore throat are 15.7% of the total patients who attended our private clinics in 2020 in comparison with 2.8% for cough and 5.6% for sore throat in 2019 and 1.7% for cough and 6.4% for sore throat in 2018. **Discussion:** After performing a statistical review of patient numbers, we noticed a significant increase in the number of patients with the symptoms of cough and sore throat compared to the same time of year for the years 2019 and 2018 registered in the clinic's personal computer, but there was no significant change in the number between 2018 and 2019.

**Keywords:** Nosophobia, corona, oropharyngeal, COVID-19 era.

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## INTRODUCTION

Nosophobia is the irrational fear of getting sick, a specific phobia. It is sometimes customary to feel some fear when serious health problems arise in your community. Nevertheless, this anxiety can be stressful for people with nosophobia, affecting their daily lives [1].

The main symptom of nosophobia is extreme fear and anxiety about a disease, and it is usually a known and life-threatening disease, such as malignant and cardiac disease or HIV [1].

This anxiety can persist even after your healthcare provider has examined you. You may need to

visit your doctor frequently for exams or tests, even if they give you a clean health certificate [1].

Nosophobia Most of the time, it is confused with hypochondria, also known as an illness anxiety disorder. Both hypochondriasis and nosophobia are disease concerns. The distinction is in the very essence of terror. Nosophobia is the apprehension or anxiety associated with a particular illness, such as malignant neoplasms or diabetes mellitus. Hypochondriasis, also known as illness anxiety disorder, is characterized by an excessive preoccupation and dread that one's present symptoms may indicate an undiagnosed medical condition [2].

Living in a pandemic can help with nosophobia. In these cases, you may feel fear of ongoing news about

the disease or constantly hear from colleagues or relatives [1].

In recent years, professionals have believed that easy and accessible access to medical information on the Internet may also play a role. You can now find detailed information about the symptoms and complications of any disease on the Internet. It has become a common cause of fear that there is even a particular term, cyberchondria [3].

The ongoing pandemic of the new coronavirus (COVID-19) produced by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is referred to as the 2019-2020 coronavirus pandemic. The virus initially emerged in Wuhan, China, in December 2019 [4]. On 30 January 2020, the World Health Organization officially recognized the epidemic as a global health emergency of significant magnitude, expressing widespread concern. Subsequently, on 11 March 2020, it classified the outbreak as a pandemic [5,6].

The identification of pneumonia transmission in Wuhan, China, was reported in December 2019 [7]. The sickness was identified on 31 December 2019 and was found to be caused by a novel strain of coronavirus [8]. The World Health Organization (WHO) initially designated the virus as 2019-nCoV, but the International Committee on Taxonomy of Viruses renamed it SARS-CoV-2 [9-11].

The symptoms associated with coronavirus disease can exhibit a lack of specificity, perhaps resulting in afflicted individuals being asymptomatic. The prevailing symptoms frequently observed in individuals are fever, with a prevalence rate of 88%, and a dry cough, reported by 68% of the affected population. Less often observed symptoms encompass weariness, a productive cough characterized by the presence of phlegm, dyspnea, anosmia, arthralgia, myalgia, pharyngitis, cephalalgia, hemoptysis, emesis, rigour, and diarrhoea [12].

SARS-CoV-2, also known as severe acute respiratory syndrome coronavirus 2, is a novel virus initially identified in three individuals in Wuhan presenting with pneumonia and acute respiratory illness. All characteristics exhibited by the SARS-CoV-2 virus are observed in naturally occurring coronaviruses [13].

**AIM OF THE STUDY:** To evaluate patients with increased fear of disease during a pandemic.

## PATIENTS AND METHODS

**Design:** A non-experimental cross-sectional comparative study.

### The Sample

The sample of this study consisted of patients attending our private clinics in Baghdad, Iraq, or patients who sent us inquiries through social communication sites

that recently opened because of the curfew being imposed between 1 March 2020 and 20 April 2020. We selected the patients with cough and sore throat symptoms and compared this group with those with the same symptoms who visited our private clinics in the same period in 2018 and 2019.

Two hundred sixty-seven patients attended our private clinics or sent us inquiries through social communication sites recently opened because of the curfew imposed in the above period.

234 and 251 patients visited our private clinics in the same period in 2018 and 2019, respectively, registered on the personal computers of the clinics.

For every patient in the sample, a detailed history and clinical examination were made, and a chest X-ray (CXR) was taken for some patients with a suspicious history of cough to exclude any pathology.

**Inclusion criteria:** Any patient who visits our private clinics or who sends us inquiries through social communication aged 18 years and above in the selected period.

**Exclusion criteria:** Patients below 18 years old.

### Examination Instruments and Device

1. Personal protection equipment, which includes disposable latex examination gloves, N95 mask and goggles
2. Headlight, nasal speculum and tongue depressor.
3. Stethoscope.

## Methods

### Clinical Assessment

Detailed information was taken from each patient, including principal information like name, birth date, address and contact information. Clinical history of the symptoms and general health status were recorded. Some patients are sent for chest X-rays (CXR) with a written request.

### Statistical Analysis

The data were initially entered into Microsoft Excel version 2021 and afterwards converted into a file compatible with the statistical software for social sciences version 24 (SPSS v24) for further analysis. The predetermined significance level was established at a P-value of 0.05 or lower.

## RESULTS

During this period, a symptom like a cough appeared in 20.9% and sore throat in 15.7% of the total patients who attended our private clinics in 2020, in comparison with 2.8% for cough and 5.6% for sore throat in 2019 and 1.7% for cough and 6.4% for sore throat in 2018.

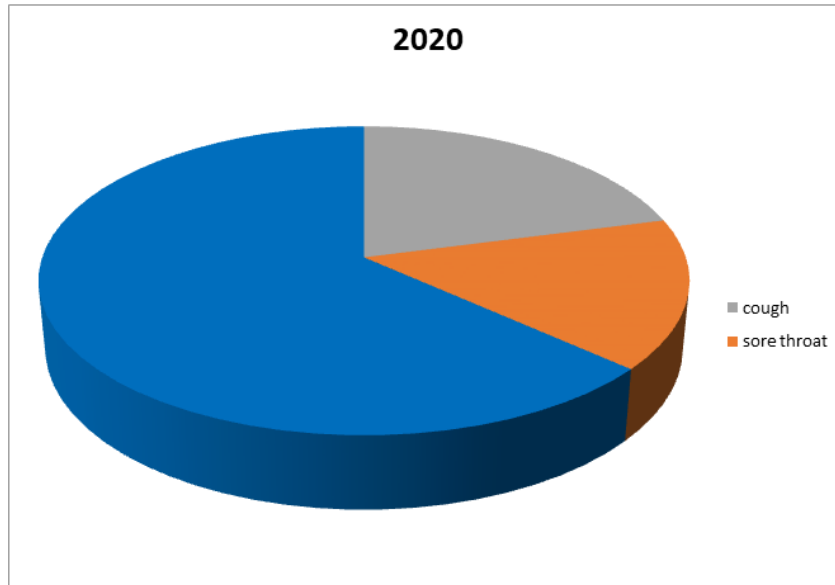


Figure 1: Symptoms distribution in 2020

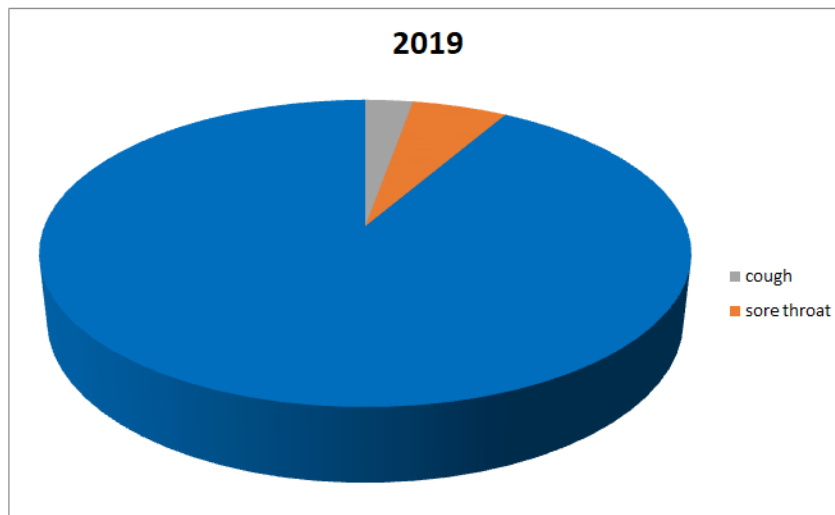


Figure 2: Symptoms distribution in 2019

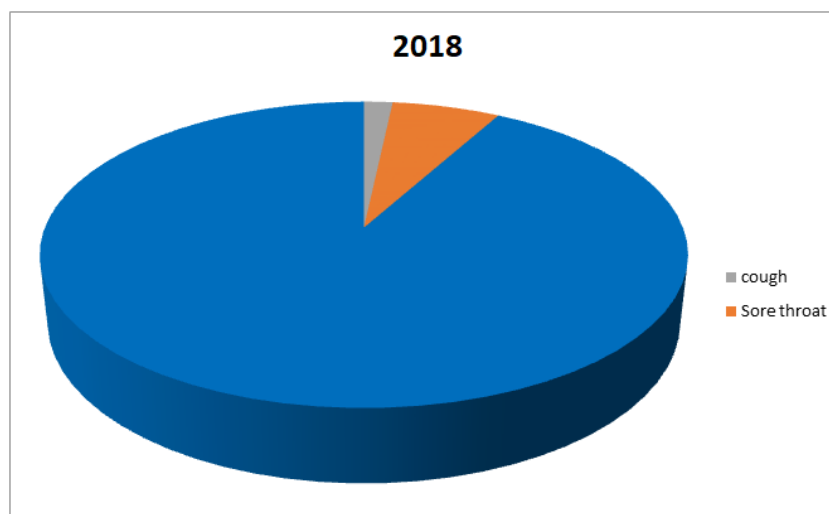


Figure 3: Symptoms distribution in 2018

**Table 1: Distribution of symptoms in 2018, 2019 and 2020**

-	2018	2019	2020	P value 2018/2019	P value 2018/2020	P value 2019/2020
<b>Total</b>	234	251	267	-	-	-
<b>Sore throat</b>	15	14	42	>0.05	< 0.001	< 0.001
<b>Cough</b>	4	7	56	>0.05	<0.001	<0.001

## DISCUSSION

In this research, we focused on two common symptoms at this time of the year: cough and sore throat. These symptoms may be a sign of coronavirus disease. However, in the absence of other symptoms such as fever, shortness of breath, contact with an infected patient, or return from an affected area, it is infrequent to consider these symptoms as confirmation of infection with the novel coronavirus. The cough to pay attention to is new and continuous. Either cough for an hour or more or have three or more bouts within 24 hours. A cough may be more severe than usual if you already have a cough. Notably, the incidence of sneezing, runny nose, or sore throat as symptoms of coronavirus infection is relatively low, found in approximately 5% of patients. Symptoms such as a sore throat, sneezing, and nasal congestion may indicate the presence of a common cold.

We have performed a statistical review of the number of patients who reviewed our private clinic or sent us inquiries through social communication sites that recently opened because of imposing the curfew and suffer from these symptoms. A notable rise in numerical values has been observed in the personal computers of the clinics compared to the corresponding periods of 2019 and 2018. Nevertheless, there was an absence of substantial alteration in the numerical value between 2018 and 2019.

By following patients, it was found that some were dissatisfied with reviewing one centre or consulting a specific doctor; instead, the fear of the disease remained a motive for further inquiries and the trial of a large number of treatments without success due to the psychological state and anxiety of the patient.

There may be positive points from reviewing health centres with the appearance of any symptom of this disease, which benefits early detection of the cases. However, there are negative points that represent increased momentum in medical centres, the increase in demand for medications and some personal protection equipment, as well as the psychological state that may be the reason for the decrease in human immunity and the increase in the chance of contracting diseases and not responding to treatment.

## STRENGTHS AND LIMITATIONS

The short period for patients to collect may adversely affect some results, and for this reason, we advise increasing the period with increasing the number of samples in future research.

**Ethical Clearance:** Researchers have a responsibility to perform their studies with honesty and transparency.

**Source of Funding:** This research did not get dedicated support from public, corporate, or non-profit sources.

## Ethical Considerations

The research investigation received approval from the appropriate institutional review board, and the board's identity was withheld for peer review. Furthermore, it is essential to note that the study ensured the confidentiality of all gathered information and implemented suitable steps to safeguard the obtained data. All participants provided written informed consent.

## Conflict of Interest:

The authors affirm that they do not have any affiliations or involvement with any organization or entity that has a financial interest (such as receiving honoraria, educational grants, participating in speakers' bureaus, holding membership, employment, consultancies, stock ownership, or other equity interest, and engaging in expert testimony or patent-licensing arrangements) or non-financial interest (such as personal or professional relationships, affiliations, knowledge, or beliefs) in the subject matter or materials discussed in this manuscript.

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