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Children and Coronavirus Infection (Covid-19): What to Tell Children to Avoid Post-traumatic Stress Disorder (PTSD)

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Post-traumatic Stress Disorder (PTSD) is a condition that can develop in subjects who have been or have witnessed a traumatic, catastrophic or violent event, or who have become aware of a traumatic experience that happened to a loved one.

Acute Stress Disorder (ASD) usually begins immediately after the traumatic event and lasts from three days to a month, while Post-traumatic Stress Disorder (PTSD) may be the continuation of an acute stress disorder and it may happen that it does not develop until 6 months after the event itself. Generally most people overcome the shock that a blatant event can cause without the need for additional support. In a percentage of cases, the victim's suffering can be prolonged for more than a month after exposure to trauma and significantly interfere with the individual's working, social or school life; in this case the diagnosis of PTSD must be made.

In fact, from current cases, it emerges that the prevalence of post-traumatic stress disorder (PTSD) ranges from 1% to 9% in the general population and can reach 50-60% in subgroups of subjects exposed to traumas considered to be of particular seriousness.

Post-traumatic Stress Disorder (PTSD) develops as a consequence of one or more physical or psychological traumatic events, for example, exposure to natural disasters such as earthquakes, fires, floods, hurricanes, tsunamis; war, torture, death threats; car accidents, robbery, plane crashes; diseases with poor prognosis; complicated or traumatic mourning; mistreatment and physical and sexual abuse in childhood; victimization and discrimination based on gender, sexual orientation, gender identity.

The severity of the trauma and the perceived threat plays a significant role in the development of a PTSD: the greater the extent of the trauma and the perceived threat, the greater the possibility of developing a PTSD.

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According to the fifth edition of the Diagnostic and Statistical Manual of mental disorders (DSM-5; APA, 2013) [1], to make a diagnosis of PTSD it is necessary to evaluate the presence of the following criteria: exposure to a traumatic event; re-experimentation symptoms; avoidance symptoms; symptoms of negative alteration of thoughts and emotions; symptoms of hyperactivation (arousal).

Reactions include intrusive thoughts or dreams, avoidance of memories of the event, negative effects on mood, cognition, excitement and reactivity. Every year millions of children are exposed to more or less serious stressful situations that can become a source of trauma [2].

Characteristic symptoms in children vary from adult presentations. For example, elements of trauma may not be directly relived, but put back into action through play, while the traumatic content of dreams may not be immediately recognizable. Children can present problems of conduct, attention and concentration in the school environment.

Children do not necessarily have to experience the traumatic event directly; they can develop a stress disorder if they witness a traumatic event that is happening to others or that has occurred to a family member.

Children with acute stress disorder are typically alienated and seem dissociated from the daily environment. The child can feel detached from the body, as if he were in a dream, and also feel the world as unreal.

Children with post-traumatic stress disorder present intrusive re-enactments that make them experience the traumatic event again [3]. The most serious form of re-enactment is flashback. That may be spontaneous but most of the time it is triggered by something that is associated with the original trauma. Children can temporarily lose touch with reality, believe they are in serious danger, present nightmares and sleep disturbances. When children relive the traumatic event in other ways (a thought, mental images, re-enactments), they maintain awareness of the surrounding environment, even

if they can still remain highly disturbed.

They can present impulsiveness, distraction and attention problems, behavioral disturbances, dysphoria, poor emotionality, social avoidance, dissociation, aggression in play, school failure, delayed development or loss of already acquired skills, anxiety and psychosomatic disorders. The child may also feel guilty, for example because he survived or because he could not do anything to stop the event.

Treatment involves behavioral therapy and sometimes drug therapy based on selective serotonin reuptake inhibitors or antiadrenergic drugs.

The arrival of the pandemic caused by the Coronavirus (Covid-19) in the world is bringing families, teachers, educators and all the people who care for children every day.

Long quarantine periods could cause an increase in anxiety crisis, fear of contagion and post-traumatic stress disorder (frustration, boredom, isolation, fear, insomnia, difficulty concentrating) [4]. It is important to speak calmly and directly to children.

The three-year-old child is able to perceive the changes in daily life, you can explain to them what a virus is and that you have to wash your hands well, they can be made responsible by having them wash their hands by themselves. The child may also be told that isolation is needed to avoid contact with the virus until we have effective drugs or a vaccine.

For children, staying at home is not a problem, they are used to holidays; they spend their time playing, watching television, talking with family members, in some cases where the restrictive measures are not too strict, I can play outdoors. In these cases it is essential to reassure the children, to structure their day, to divide the times and spaces according to patterns and rhythms.

The use of social networks is not recommended for older children, but also for parents. Children and adolescents must ignore the often misleading news that is read on social networks, which in these situations risk becoming a vehicle for collective psychosis.

If a parent is infected with the virus, the possible isolation must be explained as the only opportunity to avoid the circulation of the virus and increase the chances that a parent has of recovering from the infection, one must never lie to the child saying that the sick parent left for work. It should not be forgotten that children are able to perceive the loss of a safe world and begin to present fears, an imminent sense of death for them and their parents [5 - 7]. In conclusion we can say that based on past quarantine experiences, scientists suggest that long periods of isolation can lead to psychological symptoms such as emotional disturbances, depression, stress, mood disorders, irritability, insomnia and signs of post-stress stress disorders traumatic.

The continuous news transmitted through the mass media, in newspapers and on social networks regarding the emergency of the current pandemic certainly feeds fear and terror in children.

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