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LETTER TO THE EDITOR

Anxiety, depression, and stress in response to the coronavirus disease-19 pandemic

Ansiedad, depresión y estrés en respuesta a la pandemia de la enfermedad por coronavirus 2019

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We have read with great interest the article published in your prestigious journal by Pérez-Cano et al.[1], titled *Anxiety, depression, and stress in response to the coronavirus disease-19 pandemic,* in which the authors determined the degree of emotional affectation of a group of the general population in the face of the COVID-19 pandemic. We thank the authors for presenting regional evidence, which is useful for evaluating public policies in a personalized way and modifying decision-making to obtain better results. However, we want to express some considerations regarding the mental health of health workers during the management of this global calamity, who are at greater risk of developing psychological or psychiatric disorders.

Since the first case of COVID-19 was reported in Wuhan, China, evidence has been published on the impact of this catastrophe on the mental health of health workers, who are the first line of virus control. In addition, it has been seen that not only those who are in emergency rooms or critical care units present these alterations, but also surgeons who deal with the upper aerodigestive tract had the same risk of becoming infected and a higher risk of infection was also observed. significant increase in their levels of anxiety, depression and stress[2].

Firew et al.[3] evaluated the state of mental health in a group of health workers through a massive survey, in which they observed that, despite the fact that the participants presented symptoms of anxiety, depression and *burnout* to different degrees, these intensified considerably among the entire group when there were positive cases[3]. Based on the findings of Fu et al.[4] about the implications of persisting under this distress (risk of self-harm/suicide, poor professional performance and consumption of psychoactive substances)[4], then it would be strictly necessary to intervene in any court where similar results are evidenced, in order to safeguard the integrity of workers, patients and health institutions.

Currently, tools that are very accessible to health personnel have been implemented, such as telemedicine, and many institutions offer psychological counseling through digital platforms. Some suggestions to strengthen the medical team in this delicate situation are to implement comfortable places to rest, provide the necessary training on the use of personal protective equipment, and facilitate access to information such as guidelines and recommendations on COVID-19 that optimize clinical practice[5].

As for surgeons, there is an element that, although it is not exclusive to this group, generates many dilemmas, and from a clinical and ethical point of view, the question has been asked of which patient requires immediate surgical intervention or not, that is, to whom priority is given. This question is asked daily and has a considerable impact on satisfaction and the perception of professional competencies. In this order of ideas, it is of vital importance to characterize the

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problems presented in each institution, from the area where the surgeons work to the patient who requires an intervention, because this is a circle in which, in case of not taking effective measures, everyone will be harmed.

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