

35. THE PSYCHOLOGICAL IMPACT OF NOSOCOMIAL INFECTION: A SYSTEMATIC REVIEW



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Introduction. Nosocomial infections are a burden on society and a public health problem. The diagnosis of a serious somatic illness is a strong stressor. At this stage, the man is gripped by fear and despair. Restlessness and helplessness create the conditions for severe emotional stress. The association of a nosocomial infection during treatment causes an additional series of personality changes, which leads to an increase in the degree of psycho-emotional instability: anxiety, depression, behavioral disorders, suicide, etc., as well as poorer social reintegration.

Aim of study. Systematic review of bibliographic references on the psychological impact of nosocomial infections.

Methods and materials. A bibliographic study was carried out, the search engine included the keywords: nosocomial infection, psychological impact, depression, on the search platforms PubMed, Google Scholar and EMBASE. Over 100 sources were analyzed, of which 17 met the research themes and inclusion criteria.

Results. According to Abbate & Di Giuseppe's research, the most difficult nosocomial infections to treat are the MDR ones, such as *S.aureus* MRSA positive and *Cl.difficile*. Superinfection has been found to be associated with prolonged length of hospital stay, additional costs to the health sector internationally and increased mortality. At the same time, according to Peterson's studies, it has been shown that stress increases susceptibility to infections, but also post-operative recovery, tissue regeneration. According to Kaptein & Broadbent's research, the person perceives the disease on a cognitive and emotional level. Following the systematic analysis of the specialized literature, the anxiety and depression scales applied to patients were highlighted in order to evaluate the emotional impact following isolation measures in the case of the addition of nosocomial infections. Thus, following empirical analysis and meta-analysis, cumulative mean difference estimates were determined for the anxiety scale ($P=0.15$) and for the depression scale ($P=0.09$). Results from meta-analysis and empirical analysis of psychological burden determined that isolated patients with nosocomial infections showed more pronounced personality effects than non-isolated patients or without nosocomial infections. The estimated implied cost per day of anxiety and depression in terms of quality-adjusted life years (QALYs) is approximately \$10.

Conclusion. The interdisciplinary application of sanitary-hygienic measures to prevent nosocomial infections, but also the psychological support of patients, is the key to success in achieving their physical and psycho-emotional well-being.