



Reflexions about the Anxiety in Deafness People on the Context of Coronavirus Pandemic's

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Editorial

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Editorial

Deafness is characterized as the inability of a person to hear. The main causes of deafness are congenital or acquired through chronic middle ear infections, noise-induced hearing loss, age-related hearing loss, and ototoxic drugs. A World Health Organization estimates that approximately 5 percent of the world population has some type of hearing loss, and that number is expected to grow until 2050. Not to mention, that profound hearing loss is frequent in one-third of people over 65 years old [1]. Other studies have shown this prevalence, approximately 15 percent of American adults (37.5 million) aged 18 and over report some trouble hearing [2], and an estimated 11 million people in the UK live with significant hearing impairment [3].

Deaf people face several communication barriers. Making yourself understood by someone else or understanding the information that comes in several different directions is a great challenge for people who have a condition of deafness. Besides, it has significant impacts on your social functioning, your daily life, and your mental health. Studies have pointed out concern regarding the level of anxiety of this public. Due to their clinical conditions, they tend to experience more moments of anxiety, mainly due to the difficulty of receiving and transmitting information [4,5].

In addition to the new world context, the experiences of social isolation, and other measures to prevent the new coronavirus, there is an increase in a clinical case of anxiety. For this reason, attitudes towards deaf people and their mental health become relevant, especially aspects related to social isolation, loneliness, frustration, performance at work or in school. A recent study showed a prevalence of 13.5 to 38.6 percent of people with hearing impairment

who participated in the survey had a significant presence that some clinical symptoms of anxiety [4], compared with a group with non-disability.

It must be understood that the difficulty of communication is already a factor that increases the probability of a deaf person to avoid social contact. In the pandemic scenario of COVID-19, factors potentiated social isolation, allow greater distance and worsening feelings of loneliness [6]. Furthermore, it impoverishes family interaction since the family may not be prepared to communicate with the deaf person. This cycle favors feelings of anxiety and adds to them anguish [5].

It is noteworthy that anxiety is natural to the human species. If you are human, you have this response from your body. It is characterized by a necessary reaction to a situation of danger or threat. The body has symptoms such as tachycardia, sweating, tremors, and changes in breathing. Along with these physical sensations, people feel fear and/ or stress [7]. These changes occur as an evolutionary protection response to a possible external threat. It becomes a problem for people when it happens frequently and without that person being in a situation that would be dangerous or threatening, for example, feeling these symptoms when someone slows down at night and goes to get food in the kitchen at home.

The limitations that deaf people have in accessing information can increase these symptoms. Not understanding what is happening, for example, in the economy and public health information, also increases the insecurity and uncertainties of the current moment. This can even prevent

these people from receiving information, making this public more vulnerable contamination by the COVID-19.

For this reason, the information must be clear and effective to reduce concerns in the face of changes that our society is going through, as well as increase adherence to preventive behaviors. Even with access to reliable and accessible information, if the person has two or more physical symptoms of anxiety, being restless and estranged from the family is essential to investigate aspects of their mental health. This investigation may rely on the collection of information directly from the person using tools already use for communication or using technologies that can help with this interaction.

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Declaration of Interest

The author reports no conflicts of interest.

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