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The impact of lockdown on mental health and quality of life in the university community in Greece and Cyprus

OBJECTIVE To examine the psychological impact of lockdown due to the COVID-19 pandemic on the university community in Greece and Cyprus. **METHOD** A cross-sectional study was conducted, with a total sample of 308 faculty and students. Mental health was evaluated with the Hospital Anxiety and Depression Scale (HADS), while the EQ-5D-L was used to assess quality of life. Changes in habits like smoking and drinking were also examined. In addition, the relation between mental health and physical health (as measured with the McGill Pain Questionnaire [SF-MP]) was studied. Various statistical tests (mostly non-parametric) were implemented. **RESULTS** During lockdown, the members of the academic community switched to online education and experienced a restriction of indoor and outdoor activities. Overall, caffeine consumption increased ($p=0.024$), while alcohol consumption reduced ($p<0.001$). Most participants had normal levels of anxiety and depression; however 17% were classified as abnormal cases. Those with high levels of anxiety experienced high levels of depression ($p<0.001$). Increasing smoking was related to higher anxiety ($p=0.027$). Higher pain intensity was also significantly related with higher levels of mental health problems (all $p<0.05$). The quality of life was satisfactory. However, those with higher pain intensity, as well as those with changes in daily habits, such as smoking, had significantly lower quality of life ($p<0.05$). **CONCLUSIONS** Lockdown periods due to the COVID-19 pandemic appear to have had a negative effect on the university community. The change in work routine and daily habits and restrictions of activities were associated with psychological consequences and mental distress, including anxiety and depression. Mental health issues lower the general quality of life and thus special attention should be given to self-care or targeted interventions for groups at risk.

The impact of major health outbreaks on mental health (MH) has been evidenced in literature.¹ The current outbreak of the COVID-19 pandemic has taken the lives of more than three million people around the world and forced governments to impose strict lockdown measures. MH problems due to the COVID-19 pandemic, including stress, distress, anxiety and depression have been reported in various populations.²⁻⁶ The globally increased number of infected cases has created a sense of uncertainty and anxiety about the future, while isolation due to the COVID-19 pandemic is reported to also affect MH.^{7,8}

Focusing on the academic community, in addition to the restrictions imposed on the general population, both university faculty and students experienced a change in

the education mode, from face-to-face to online. The MH of university students had actually been of concern prior to this pandemic, where lifestyle and physical activity appeared to be associated with the onset of such problems.⁹⁻¹¹ Empirical evidence has shown that the pandemic has increased MH problems of students, to levels that ranged from moderate to severe for anxiety, depression and stress.^{4,5,12} Students have been reported to suffer significantly from MH problems due to isolation, particularly those who study away from their families.⁷ They have been reported (especially undergraduate students) to be on average more depressed, anxious, stressed and lonelier in comparison to before the pandemic, in various countries.^{4,13} Regarding university faculty, they were forced to a

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Η επίδραση του lockdown στην ψυχική υγεία και στην ποιότητα ζωής στην πανεπιστημιακή κοινότητα σε Ελλάδα και Κύπρο

Περίληψη στο τέλος του άρθρου

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sudden work environment change. They have been shown to perceive their motivating job potential as lower during the forced COVID-19 e-learning compared to before.¹⁴ The job motivation changes provided a perception that they no longer meet the standards of being efficient teachers or that they lose their academic identity. The social dimension of the work of academics has been decreased during the pandemic; they were forced to spend their lockdown time learning how to conduct online teaching, which pushed them out of their comfort zone and resulted in high levels of psychological stress during the transitional period to online teaching.^{15,16}

A study on university employees before the pandemic showed that a prolonged sedentary lifestyle was associated with developing MH issues.¹⁷ In addition, studies during the pandemic showed a significant correlation of activities, like time spent in front of a screen, with a worsening in MH.¹⁸ It is also known that exercise and social support promote good physical and MH and overall quality of life (QoL).^{19,20} However, during a lockdown period conditions are different, due to the imposed restrictions.

In Greece, universities closed on the 10th of March 2020, followed by a full lockdown on the 23rd of March. Similarly, in Cyprus the closure of the universities happened on the 13th of March 2020, followed by a full lockdown and restriction of citizens' movement of the 23rd of March. In both countries universities shifted to online teaching, soon after governmental announcements. This paper aims to investigate the presence of anxiety and depression amongst the academic community in Cyprus and Greece during the first lockdown period in March 2020. Furthermore, the study intends to examine the relationship between anxiety, depression and daily habits, such as smoking and drinking, as well as QoL. Finally, as sedentary life is a consequence of movement restriction, this study will look at the relation between MH and the affective and sensory constructs of pain.

MATERIAL AND METHOD

Study design

A cross-sectional survey was conducted in Cyprus and Greece. The study questionnaire was circulated online via university mailing lists, using a snowball sampling method. Responses were collected during the fourth week of university closures and two weeks after full countries lockdown. Participants had to be adults, either university students or academic staff. Ethical approval was obtained by the National Bioethics Committee of Cyprus (approval no: EEBK/EP/2020.1.92). Participants were informed about the purpose of

the study and the European Data Protection Law. Completion and submission of the electronic questionnaire was considered to be an informed consent.

Instruments

The study included questions divided into sections regarding demographics, habits (e.g. smoking and drinking), mental health, QoL, and pain.

The Hospital Anxiety and Depression Scale (HADS) was used to measure MH. HADS is a 14-item self-report scale that measures anxiety and depression. Each item is on a 4-point Likert scale ranging from 0 (not at all) to 3 (most of the time). The scale has good psychometric properties, has been translated into many languages and has been widely used for health conditions or the general population.^{21–23} The total HADS score ranges from 0 to 42 (sum of 14 items). It is also divided into two subscales (HADS-A and HADS-D, with 7 items, respectively), where for each subscale the score is the sum of the respective items (ranging from 0 to 21). High scores on the scale/subscales show high levels of anxiety or depression. The following cut-off points are used for each subscale: "0–7: Normal", "8–10: Borderline abnormal (borderline case)" and "11–21: Abnormal (case)".²¹

The EQ-5D-5L questionnaire was used to assess health status and QoL. The instrument has been used in various health settings and languages and has good psychometric properties.^{24–26} The first part assesses mobility, self-care, usual activities, pain/discomfort, anxiety/depression and generates a health state profile. A health state index score (EQ-score) is calculated from individual health profiles using the EQ-5D-5L value set. The calculations for the index correspond to each 5-digit combination using the appropriate weight values and scoring method.²⁷ The minimum possible value (worst possible health state, 55555) is equal to -0.285, while the maximum (best possible health state, 11111) is equal to 1. The second part of the questionnaire consists of a visual analogue scale (EQ-VAS), on which the perceived health from 0 (the worst imaginable health) to 100 (the best imaginable health) is reported.

Finally, the Short-Form McGill Pain Questionnaire (SF-MPQ) was used to assess pain.²⁸ The instrument is a valid and reliable measure, used in different samples and languages.^{29–31} The scale consists of 15 descriptive adjectives measuring pain sensation, 11 sensory and 4 affective, on a 4-point rating scale (0=none, 1=mild, 2=moderate, 3=severe). The total score (T-PRI) is the sum of all 15 intensity items. The sensory score (S-PRI) and the affective score (A-PRI) are the sums of the sensory and affective items, respectively. The VAS was included to describe the pain intensity (0=no pain to 100=worst possible pain), during the previous week (i.e. during lockdown).

Statistical analysis

Descriptive statistics were calculated for all variables of interest and Cronbach's alpha examined the reliability of the scales. The dis-

tribution of the numerical scales was examined with normality tests (Kolmogorov-Smirnov). Non-parametric tests were implemented to identify significant differences, as non-normality was found. The tests included Wilcoxon signed-rank test, Mann-Whitney U test and Kruskal-Wallis test. To examine correlations, Spearman's Rho coefficients were used. The Statistical Package for Social Sciences (SPSS), version 25.0, was used for the analysis.

RESULTS

The sample included 308 participants, of whom 105 were males (34%) and 203 females (66%). The average age was 28.8 years (standard deviation [SD]=11.06, range 18–69 years). There were 217 university students (70%) and 91 university faculty (30%). During the lockdown, 58% of the participants were located in Cyprus and 41% were in Greece.

Smoking and drinking habits before and during lockdown

Smoking and drinking habits changed during the lockdown. Wilcoxon signed-rank tests showed that consumption of alcohol significantly decreased ($p < 0.001$). For example, 35.4% of respondents did not drink alcoholic drinks before the lockdown, as opposed to 58.4% during the lockdown or 71 (23%) had 3–6 glasses per week before, which reduced to 14% during the lockdown. On the other hand, consumption of drinks with caffeine significantly increased ($p = 0.024$). For example, 96 (31.1%) had more than 3 drinks of caffeine daily before the lockdown, which increased to 113 (36.6%) during the lockdown. Results regarding smoking showed that 32 (45.1%) of smokers increased smoking during the lockdown.

Mental health: anxiety and depression

Reliability for HADS (total scale and subscales for anxiety and depression) was satisfactory (Cronbach's alpha 0.876, 0.868, 0.765, respectively), with items having high internal consistency. The highest mean was for the depression item "I feel as if I am slowed down" ($M = 1.42$), followed by the anxiety item "Worrying thoughts go through my mind" ($M = 1.13$).

Most respondents had normal levels of anxiety (66%) and depression (60%); however there was a quite big proportion (17%) of abnormal cases in both subscales. The medians of the three scales HADS, HADS-anxiety and HADS-depression were, respectively, equal to 12 (interquartile range [IQR]: 7–18), 5 (IQR: 2–9) and 6 (IQR: 3.25–9). The scales were not normally distributed ($p < 0.001$), but

were positively skewed. Results on mental health appear in table 1.

Quality of life

The results showed an overall satisfactory level of QoL for the sample during the lockdown. The mean EQ-score was 0.863, ranging from 0.132 to 1.000, on a maximum of 1.00 (best possible QoL value). The dimension with the highest level of problems was "anxiety/depression", followed by "pain/discomfort". Regarding the EQ-VAS score, the mean was 77.33, ranging from 0 to 100. More specifically, 37% of respondents had a score less than 80, 20% between 80 and 89, 35% between 90 and 99 and around 8% reported the maximum score of 100. The above indicated a high score in EQ-VAS or good self-rating of perceived QoL. Detailed results about QoL appear in table 2.

Pain

Among participants, 143 (46.4%) reported pain during lockdown and completed the SF-MPQ. Cronbach's alpha values were 0.815 for the total-PRI, 0.747 for S-PRI and 0.791 for A-PRI. The mean values for the intensity of pain were 9.45 for the total-PRI, 7.24 for S-PRI, 2.20 for A-PRI and 16.64 for the VAS, showing generally low to moderate pain intensity. "Tiring-exhausting" was the adjective for describing pain that had the highest mean ($M = 1.27$). A detailed analysis regarding the SF-MSQ for pain and the effects of lockdown on the physical health of the academic community in Greece and Cyprus appears in another paper.³⁷

Relations between anxiety, depression, quality of life and pain

The results showed that all the correlations between the MH scales (HADS, HADS-A, HADS-D), QoL (EQ-score, EQ-VAS) and pain (the SF-MPQ scales T-PRI, S-PRI, A-PRI) were highly significant, with $p < 0.001$. First, high anxiety was significantly related with high depression for the sample of faculty and students during lockdown. Similarly, respondents with a high sensory pain index also had a high affective pain index and a high VAS score. The results additionally showed that MH problems were associated with physical health problems. More specifically, higher intensity of pain was related with higher levels of both anxiety and depression. It is also seen that QoL was significantly negatively affected by intensity of pain (SF-MSQ) as well as the self-assessment for pain (VAS) during lockdown. Finally, people with higher levels of anxiety or depression had significantly lower levels of QoL. All the correlations appear in table 3.

Table 1. Anxiety and depression (HADS) results (n=308).

Variable	Min	Max	Mean (SD)
<i>Anxiety subscale</i>			
1. I feel tense or “wound up”	0	3	1.00 (0.88)
2. I get a sort of frightened feeling as if something awful is about to happen	0	3	0.80 (0.92)
3. Worrying thoughts go through my mind	0	3	1.13 (0.99)
4. I can sit at ease and feel relaxed (reverse)	0	3	1.12 (0.81)
5. I get a sort of frightened feeling like “butterflies” in the stomach	0	3	0.64 (0.82)
6. I feel restless as I have to be on the move	0	3	0.80 (0.84)
7. I get sudden feelings of panic	0	3	0.62 (0.82)
<i>Depression subscale</i>			
1. I still enjoy the things I used to enjoy (reverse)	0	3	1.05 (0.78)
2. I can laugh and see the funny side of things (reverse)	0	3	0.65 (0.76)
3. I feel cheerful (reverse)	0	3	0.81 (0.72)
4. I feel as if I am slowed down	0	3	1.42 (0.90)
5. I have lost interest in my appearance	0	3	1.06 (0.94)
6. I look forward with enjoyment to things (reverse)	0	3	0.71 (0.86)
7. I can enjoy a good book or radio or TV program (reverse)	0	3	0.81 (0.94)
HADS scale (Cronbach’s alpha=0.876)	0	33	12.63 (7.44)
<i>Anxiety subscale</i> (Cronbach’s alpha=0.868)	0	20	6.11 (4.56)
0–7: Normal: f=202 (65.6%)			
8–10: Borderline abnormal: f=54 (17.5%)			
11–21: Abnormal (case): f=52 (16.9%)			
<i>Depression subscale</i> (Cronbach’s alpha=0.765)	0	20	6.52 (3.82)
0–7: Normal: f=185 (60.1%)			
8–10: Borderline abnormal: f=70 (22.7%)			
11–21: Abnormal (case): f=53 (17.2%)			

SD: Standard deviation

Table 2. Quality of life: health dimension and health profiles, EQ-score and EQ-VAS (n=308).

	Mobility n (%)	Self-care n (%)	Usual activities n (%)	Pain/discomfort n (%)	Anxiety/depression n (%)
<i>Level 1</i> (no problems)	264 (85.7)	302 (98.1)	224 (72.7)	166 (53.9)	112 (36.4)
<i>Level 2</i> (slight problems)	35 (11.4)	4 (1.3)	58 (18.8)	94 (30.5)	113 (36.7)
<i>Level 3</i> (moderate problems)	8 (2.6)	1 (0.3)	15 (4.9)	39 (12.7)	62 (20.1)
<i>Level 4</i> (severe problems)	1 (0.3)	1 (0.3)	9 (2.9)	7 (2.3)	15 (4.9)
<i>Level 5</i> (extreme problems/unable to do)	0 (0.0)	0 (0.0)	2 (0.6)	2 (0.6)	6 (1.9)
	n		%		
<i>Health profiles (5-digit codes):</i>					
11111 (full health state)		77	25		
Any other health state		231	75		
	Mean	SD	Min-max	Median	Q1-Q3 (IQR)
EQ-score	0.863	0.134	0.132–1.000	0.875	0.812–0.987 (0.176)
EQ-VAS	77.33	23.30	4–100	85	70–93 (85)

SD: Standard deviation

Table 3. Correlations between pain (S-PRI, A-PRI, T-PRI, VAS, previous week), mental health (HADS, HADS-A, HADS-D) and quality of life (EQ-score, EQ-VAS).

	A-PRI	T-PRI	VAS	HADS	HADS-A	HADS-D	EQ-score	EQ-VAS
S-PRI	0.522** (p<0.001)	0.953** (p<0.001)	0.536** (p<0.001)	0.317* (p=0.012)	0.322* (p=0.011)	0.270* (p=0.034)	-0.572** (p<0.001)	-0.265* (p=0.037)
A-PRI		0.724** (p<0.001)	0.487** (p<0.001)	0.606** (p<0.001)	0.639** (p<0.001)	0.496** (p<0.001)	-0.532** (p<0.001)	-0.260* (p=0.038)
T-PRI			0.571** (p<0.001)	0.453** (p<0.001)	0.469** (p<0.001)	0.376** (p<0.001)	-0.632** (p<0.001)	-0.289* (p=0.025)
VAS				0.271** (p=0.001)	0.233** (p=0.006)	0.286** (p=0.001)	-0.413** (p<0.001)	-0.263** (p=0.002)
HADS					0.897** (p<0.001)	0.882** (p<0.001)	-0.641** (p<0.001)	-0.300** (p<0.001)
HADS-A						0.593** (p<0.001)	-0.648** (p<0.001)	-0.261** (p<0.001)
HADS-D							-0.490** (p<0.001)	-0.271** (p<0.001)
EQ-score								0.316** (p<0.001)

* Correlation is significant at 5% level, ** Correlation is significant at 1% level

PRI: Pain Rating Index (S: Sensory, A: Affective, T: Total), HADS: Hospital Anxiety and Depression Scale (HADS, total score, HADS-A for anxiety, HADS-D for depression), VAS: Visual Analogue Scale

Relation of smoking with quality of life, depression and anxiety

Smoking had a significant relation with general MH (HADS) ($p=0.032$; Mann-Whitney U test), where people who did not smoke during lockdown had significantly lower anxiety and depression levels. It also appeared that increased smoking during the lockdown was related with MH issues ($p=0.017$ for HADS; Kruskal-Wallis test), but it was mostly related with the anxiety part of HADS and not with depression ($p=0.027$ for HADS-A; $p=0.078$ for HADS-D). Finally, smoking habits were significantly related to the EQ-score, where people who did not smoke during lockdown were those who had a higher level of QoL ($p=0.037$; Mann-Whitney U test), while respondents who increased smoking a lot during the lockdown were those who also had a lower QoL ($p=0.001$; Kruskal-Wallis test).

DISCUSSION

Anxiety, depression and stress have been reported in literature to be common psychological reactions to the COVID-19 pandemic.³² The present study examined daily habits and MH and how they related to pain experience and QoL, within the academic community in Cyprus and Greece, during the first lockdown period.

Changes in daily habits were identified. For example, there was a decrease in alcohol consumption during lockdown. Lower alcohol consumption during lockdown by university students or the general population has been reported in related literature.^{33,34} Possible reasons could include the fact that the social and coping motives associated with drinking before lockdown did not exist whilst in lockdown, in conjunction with bars and restaurants being closed.³³ A significant increase in caffeine intake during lockdown was additionally found. The majority of smokers increased smoking. Changes in smoking habits were positively associated with MH problems, especially with higher levels of anxiety and lower levels of QoL. Such changes in general routine and daily habits during the pandemic are noteworthy, due to the long-term impact they may have on physical and MH.

Most respondents reported normal levels of anxiety and depression, as measured by HADS. However, around 35% of respondents had (at least borderline) abnormal levels of anxiety and 40% had (at least borderline) abnormal levels of depression. In addition, higher anxiety levels were related with higher depression, showing the simultaneous prevalence of both conditions. High levels of anxiety and depression during lockdown are found in similar studies, with both being higher than before the

lockdown period.^{3,32,35} One in two people, aged until 29, were found to be subject to anxiety or depression and around one in five are already affected by it at the period of this pandemic.⁴ The aforementioned results are worrying and need further attention.

Loneliness can lead to the development of depression. Undoubtedly, social isolation to prevent the spread of a disease, requires, by definition, people to spend more hours alone. In addition, during lockdown people increased their reliance on electronic devices and computers (especially university faculty and students who experienced online education); being exposed to increased screen time has been associated with worsening mood.^{18,35}

In the current study the majority of respondents did not have any problems with mobility, self-care or usual activities, as shown by the components of the QoL scale. However, slight to moderate problems with pain were reported by almost half of respondents. The increase in anxiety and depression during lockdown has been found to relate positively with pain intensity, a result that agrees with other studies.³⁶ In the current study, not only the intensity of pain (as shown by the scales of SF-MSQ), but also the way that respondents perceived pain sensation, were related to MH: the most common description of pain was "tiring-exhausting". It was also found that both the affective and sensory constructs of pain influenced the participants' MH. What is more, in the QoL scale, the highest mean was for feelings of being slowed down, followed by worrying thoughts going through their minds. Indeed, economic or health-related worries, feeling insecure, having negative thoughts, being sad or in fear for COVID-19 could trigger pain.³⁷ There might exist confounding responsibilities which are not related to work (like childcare and home-schooling) that could reinforce psychosocial risks with working time and family life and should be considered.³⁸

Overall, the academic community in Cyprus and Greece reported a good QoL (as measured with the EQ-5D-5L scale), during the first quarantine period, with low to moderate problems. Similar levels were reported by a study in Portugal and slightly higher levels in a Chinese sample.^{39,40} Consistent

with the previously mentioned findings of the present study, however, the worst component of the QoL scale was the MH component, i.e. the anxiety/depression component. In addition, it was found that people with higher levels of anxiety during lockdown reported lower QoL. Similar results were found in other studies.^{39,41} Our results also found an association between depression, as well as pain intensity with QoL. All the aforementioned findings regarding the effects on the QoL within the academic community should be further explored and be dealt with.

The limitations of this study mostly involve the data collection method, where the study was self-completed online. Though a highly popular method, particularly during this pandemic period, this method could lead to response bias. A follow-up study could provide insight on whether the experience that the academic community gained from the first lockdown helped in coping during the second wave.

In conclusion, the study presented evidence that, although the academic community continued to function by implementing online education, the impact of lockdown on MH was significant, with negative consequences on the QoL. Attention should be paid to prevent the possibility of worsening health status and of becoming cases that will require intervention and treatment. QoL seems to be negatively affected by both physical health problems (e.g. pain) and MH problems (anxiety or depression) during lockdown.

As the pandemic continues, and in order to prevent long-term health effects and protect against the effect of any future similar situations, academic institutions should make informed, evidence-based decisions in addressing MH of faculty and students. Tailored-made support programs could be implemented and activities should be motivated, aiming to maintain good health and QoL for their members.

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ΠΕΡΙΛΗΨΗ

Η επίδραση του lockdown στην ψυχική υγεία και στην ποιότητα ζωής στην πανεπιστημιακή κοινότητα σε Ελλάδα και Κύπρο

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ΣΚΟΠΟΣ Η εξέταση των ψυχολογικών επιπτώσεων του “lockdown” λόγω της πανδημίας COVID-19, στην πανεπιστημιακή κοινότητα σε Ελλάδα και Κύπρο. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Διενεργήθηκε μια συγχρονική μελέτη, με συνολικό δείγμα 308 πανεπιστημιακών και φοιτητών. Η ψυχική υγεία αξιολογήθηκε με την κλίμακα Hospital Anxiety and Depression Scale (HADS), ενώ το ερωτηματολόγιο EQ-5D-L χρησιμοποιήθηκε για την αξιολόγηση της ποιότητας ζωής. Επίσης, εξετάστηκαν αλλαγές σε συνήθειες όπως κάπνισμα και κατανάλωση αλκοόλ ή καφέ. Επί πλέον, μελετήθηκε η σχέση μεταξύ της ψυχικής υγείας και της σωματικής υγείας (η οποία μετρήθηκε με το McGill Pain Questionnaire [SF-MPQ]). Διάφοροι στατιστικοί έλεγχοι (κυρίως μη παραμετρικοί) εφαρμόστηκαν για την ανάλυση. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Κατά τη διάρκεια του lockdown, τα μέλη της ακαδημαϊκής κοινότητας βίωσαν την αλλαγή σε εξ αποστάσεως εκπαίδευση παράλληλα με τους περιορισμούς σε εσωτερικές και εξωτερικές δραστηριότητες. Γενικά, υπήρξε μια αύξηση στην κατανάλωση καφεΐνης ($p=0,024$), ενώ η κατανάλωση αλκοόλ μειώθηκε ($p<0,001$). Οι περισσότεροι συμμετέχοντες είχαν φυσιολογικά επίπεδα άγχους και κατάθλιψης, παρ’ όλο που ποσοστό 17% αξιολογήθηκε ως μη φυσιολογικές περιπτώσεις. Τα άτομα με υψηλά επίπεδα άγχους είχαν και υψηλά επίπεδα κατάθλιψης ($p<0,001$). Η αύξηση του καπνίσματος συσχετίστηκε με μεγαλύτερο άγχος ($p=0,027$). Υψηλότερη ένταση πόνου επίσης συσχετίστηκε στατιστικά με μεγαλύτερο επίπεδο προβλημάτων ψυχικής υγείας (όλα $p<0,05$). Η ποιότητα ζωής ήταν ικανοποιητική, αλλά τα άτομα με υψηλότερη ένταση πόνου, καθώς και τα άτομα που εμφάνισαν αλλαγές στις καθημερινές συνήθειες, π.χ. στο κάπνισμα, είχαν και σημαντικά χαμηλότερη ποιότητα ζωής ($p<0,05$). **ΣΥΜΠΕΡΑΣΜΑΤΑ** Οι περίοδοι lockdown λόγω της πανδημίας COVID-19 φαίνεται ότι είχαν αρνητική επίδραση στην πανεπιστημιακή κοινότητα. Οι αλλαγές στην εργασιακή ρουτίνα και στις καθημερινές συνήθειες, καθώς και οι περιορισμοί στις δραστηριότητες σχετίστηκαν με ψυχολογικές επιπτώσεις, όπως άγχος και κατάθλιψη. Τα προβλήματα ψυχικής υγείας μειώνουν γενικά την ποιότητα ζωής. Επομένως, πρέπει να δοθεί ιδιαίτερη σημασία στη φροντίδα της ψυχικής υγείας, από τον καθένα ξεχωριστά, αλλά και με παρεμβατικές στρατηγικές για τις ομάδες υψηλού κινδύνου.

Λέξεις ευρετηρίου: Άγχος, Κατάθλιψη, COVID-19, Lockdown, Ποιότητα ζωής

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