

**Participant Brief Report no1**

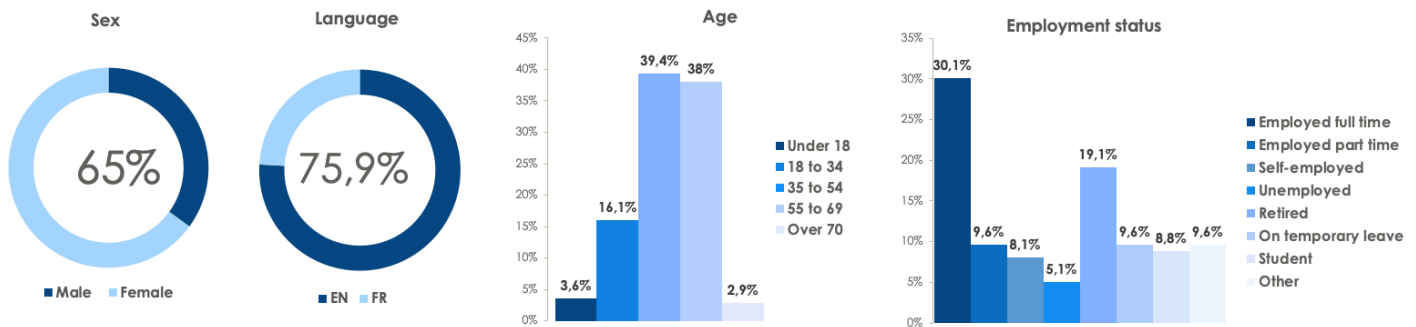
**IMPACT OF COVID-19 PANDEMIC ON LIFESTYLE BEHAVIORS AND MENTAL HEALTH OF IMMUNOSUPPRESSED POPULATION AND THEIR RELATIVES**

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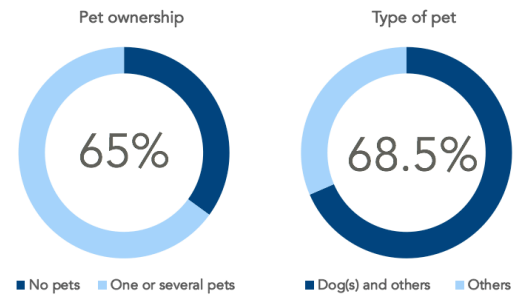
This research project aims to provide a better understanding of the impact of COVID-19 and the physical and social distancing measures on lifestyle and mental health indicators of immunosuppressed individuals. **A total of 137 participants** completed a first questionnaire between May and August 2020 (thank you all!). In this report, we present preliminary results including sociodemographic and clinical profile of participants, lifestyle behaviours, pet ownership and mental health profile.

**SOCIODEMOGRAPHIC PROFILE**

The majority of participants were female (65%) and English-speaking (75.9%). Interesting age variety and employment statuses were observed in the sample.



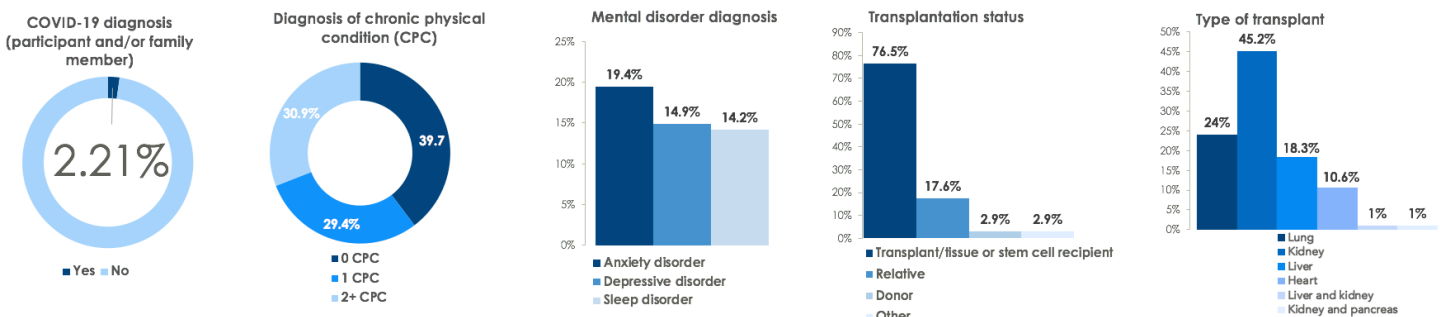
In total, **89 participants (65%) reported having one or several** pets. 68.5% of the participants who mentioned having one or several pets reported having dogs. 27% of the participants reported having one or several cats and 15.7% mentioned having both dogs and cats.



**CLINICAL PROFILE**

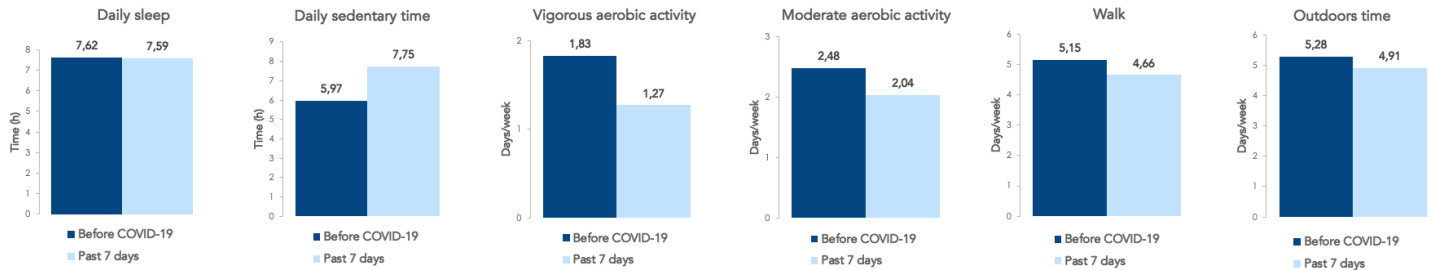
With respect to immunosuppression status, three quarters (76.5%) of participants were a transplant, tissue or stem cell **recipient**, 17.6% were a **family member or a relative** of a transplant, tissue or stem cell recipient or donor, 2.9% were an organ, tissue or stem cell **donor** and 2.9% were **immunosuppressed for other reasons**.

From the 104 participants who were transplant recipients, 45.2% had a kidney transplant. The number of years since first transplant ranged from 2 months to 37 years. 2.2% participants reported being diagnosed (or a family member) with COVID-19, 60.3% of participants reported being diagnosed with at least one chronic physical condition and 34.3% of participants reported being diagnosed with at least one mental disorder. See the figures below for more details.



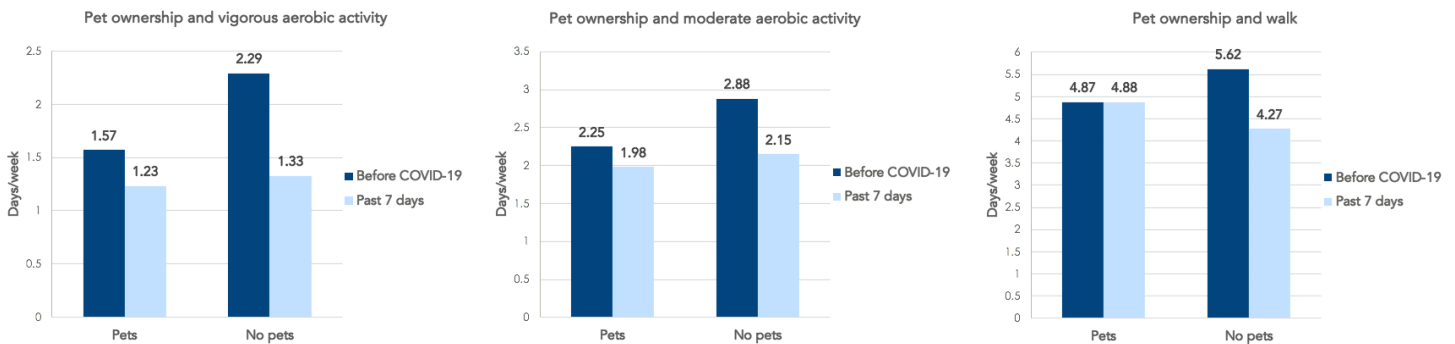
## SINCE COVID-19... INCREASED SEDENTARY TIME AND DECREASED PHYSICAL ACTIVITY

After the onset of the COVID-19 pandemic, the average **sedentary time increased** and **vigorous aerobic activities** (i.e. activities such as aerobics and fast cycling that take hard physical effort and make individuals sweat and breathe much harder than normal), **moderate aerobic activities** (i.e. activities that take moderate physical efforts such as jogging, cycling at a regular pace or doubles tennis) and **walking decreased**. Similarly, **outdoors time**, which included activities such as going for a walk, working in the garden, eating lunch outdoors, sailing, also **decreased**.



## HAVING A PET HELP MAINTAIN PHYSICAL ACTIVITY LEVEL

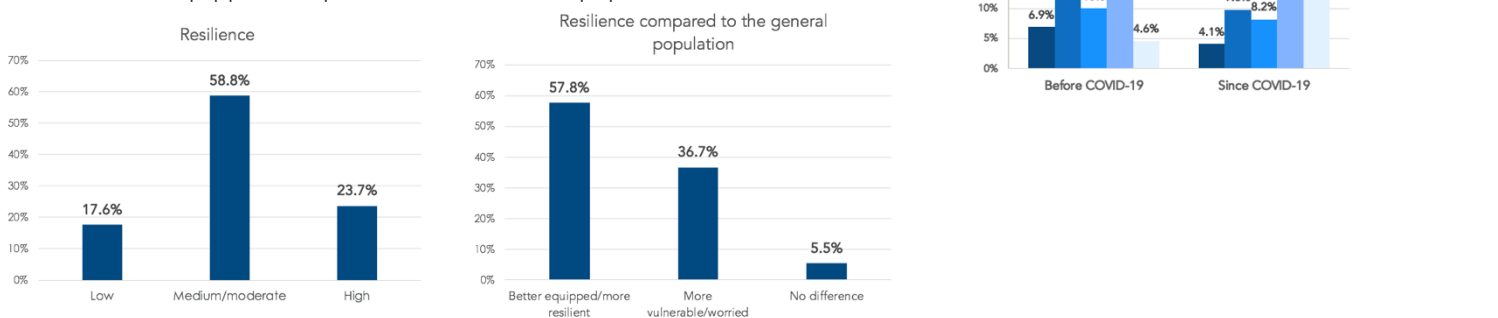
We also compared the level of physical activity (vigorous and moderate activity as well as walking) both before COVID-19 and in the past seven days between groups of participants **having / not having pets**. See the figures: participants having a pet show a reduced decrease in vigorous and moderate physical activity and no reduction in walking.



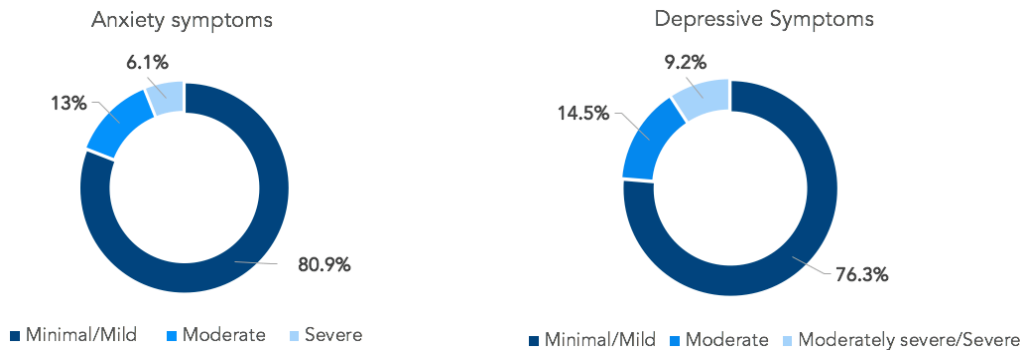
## MENTAL HEALTH INDICATORS

**Stress<sup>1</sup>** level was assessed both before and after the onset of the pandemic. The figure tells us that since COVID-19 pandemic onset the number of participants reporting that most of their days were **quite or extremely stressful increased**.

**Resilience<sup>2</sup>**, refers to the ability to recover from stress. Based on the classification proposed in the literature, 17.6% of participants have a low resilience level and 23.7% have a high resilience. Additionally, 57.8% of participants reported being more resilient/better equipped compared to the rest of the population.



A total of 13% and 6.1% of the participants reported **moderate and severe anxiety symptoms** respectively. Similarly, 14.5% and 9.2% of study participants report **moderate and moderately severe or severe depressive symptoms**, respectively.



Thank you to all participants!

If you have questions or comments, please contact us: [stephanie.lariviere-beaudoin.chum@ssss.gouv.qc.ca](mailto:stephanie.lariviere-beaudoin.chum@ssss.gouv.qc.ca)

<sup>1</sup> Stress level was assessed using a 5-point Likert scale that asked about participants' stress level on that specific day. Participants had to answer from 1 (Not stressful) to 5 (Extremely stressful).

<sup>2</sup> Resilience was assessed using the 6-item Brief Resilience Scale (BRS-6). Participants were asked to report to what extent they agree with the statements with answers varying from 1 (Strongly disagree) to 5 (Strongly agree). Mean scores from 1.00 to 2.99, 3.00 to 4.30 and 4.31 to 5.00 are considered low, moderate and high resilience, respectively.

<sup>3</sup> Anxiety symptoms were assessed using a brief self-report scale, the 7-item Generalized Anxiety Disorder (GAD-7). This scale asks participants how often, during the last 2 weeks, the patients are bothered by the different symptoms such as worrying or feeling afraid. Participants must answer on a scale from 0 (Not at all) to 3 (Nearly every day).

<sup>4</sup> Depressive symptoms were assessed using the 9-item Patient Health Questionnaire (PHQ-9). Each item is scored from 0 (Not at all) to 3 (Nearly every day). Therefore, the total score can vary from 0 to 27, which indicates depression severity. A total score from 0 to 4 is considered a minimal while 5 to 9, 10 to 14, 15 to 19, and 20 to 27 is considered mild, moderate, moderately severe, and severe, respectively.