Difficulties faced by sexual and gender minorities during COVID-19 crisis

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Since the World Health Organization declared COVID-19 a pandemic, more than half of the world’s population has been under strict lockdown. This has created havoc in the personal and social lives of many people. It has affected family health and women’s safety, which has prompted governments to take special actions on domestic violence. But little has been addressed as regards the difficulties faced by sexual and gender minorities (SGM) during the period. It has been documented previously that SGM people receive less care during disasters as the standard operating programs of heterosexist societies usually leave them out of planning and preparations. We wish to highlight some of the practical issues faced by these people that hinder timely interventions.

First, most gay hostels and clubs have been shut down so many SGM people are devoid of the peer support they usually receive. This has led to a second problem: They might have to spend this long period living with family or housemates with whom they are uncomfortable. Many SGM youths may not have come out publicly, especially in societies with hostile reactions towards the SGM community. Their sexual or gender orientation may be hidden from family and now they face the real threat of the unpleasant revelation of this secret. This threat increases the risk of anxiety and depression, which is shown to be much higher in this group by many studies. These circumstances may increase the risk of domestic violence against these individuals and an increase in suicidal ideation can be anticipated.

Third, many countries have failed to come up with culturally sensitive preparations for COVID-19 care for SGM people. Ideally there should be a separate isolation ward and treatment facility for them, but in many settings even separate toilets are not available. These unfriendly setups may affect the morale of SGM people and consequently their compliance with quarantine rules, which could lead to failures in detection of cases and in the isolating and containing processes.

Fourth, in many countries many people of the SGM community already find it difficult to establish successful careers and comfortable lifestyles due to extreme social isolation and stigma, which makes them an economically weak group with many of the members turning to sex work and so forth. This extended lockdown will be a bigger blow to their livelihoods. It may make them more vulnerable and increase chances of exploitation.

Fifth, even though the possibility of the virus’s sexual transmission is still being debated, it is the responsibility of medical science to recommend safe sex practices for the public. This is especially important in the context of SGM due to increased prevalence of high-risk behaviors, substance abuse, and higher prevalence of other established sexually transmitted infections. It is worth remembering that both saliva and feces carried SARS-CoV-2. Glandular cells of oral mucosa and rectal epithelia expressed angiotensin-converting enzyme II (ACE2). SARS-CoV-2 enters cells by binding with ACE2. Fan et al. have reported the high mRNA expression level of ACE2 in the urinary tract, prostate, endometrium, and ovary, but until now no SARS-CoV-2 RNA-positive results in the genital tracts, semen, or tests have been reported in COVID-19 patients. Still the fear of COVID-19 transmission by sexual behavior has prompted some scientists to make a radical appeal to stop all partnered sexual activities in disease hotspots while others have cautioned against ‘nonclassical’ sexual behaviors, such as unprotected anal, oral, and oro-anal sex. This knowledge is critical while advising SGM people about safe sex practices during the pandemic.

Disclosure statement
The authors have no conflicts of interest to declare.

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Primary familial basal ganglia calcification presented with depression and obsessive–compulsive symptoms: A case report

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Primary familial basal ganglia calcification (PFBGC) is a rare, genetically dominant neurodegenerative disorder characterized by diverse symptoms, including neuropsychiatric manifestations. The hallmark of this condition is the presence of symmetric calcium deposits in the basal ganglia and other brain areas, detectable by head computed tomography (CT) scan. The psychiatric presentation may include psychosis, depressive symptoms, obsessive–compulsive symptoms, and impulsive symptoms. PFBGC leads to significant disability and in most cases the age of onset is in the fourth or fifth decade of life; however, earlier onset has been described. A 58-year-old right-handed black woman from Maputo, Mozambique was referred to Mavalane General Hospital for evaluation and treatment of depressive symptoms with inability to carry out her daily activities. The patient was assessed using the Mini International Neuropsychiatric Interview for DSM-5 for psychiatric diagnosis and the Mini Mental State Examination (MMSE) to evaluate cognitive function. Informed consent was obtained from the patient for the purpose of this publication.

There was no family history of psychiatric disorder. The patient was not formally literate and was dedicated only to household activities. The patient presented with a 2-year history of sadness, crying, loss of interest

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