2 February and 1 May 2020. We investigated whether there was an increased interest in quitting smoking in late February, March, and April compared with the preceding weeks.

The interest in the search term ‘how to quit smoking’ showed significant increase on 9 March (90 RSV) and the interest in the search term reached 100 RSV on 19 April (Fig. 1). The interest in the search term ‘how to quit alcohol’ showed significant increase on 11 February (100 RSV). However, the interest for both the search terms was not stable over the study period (Fig. 1).

Our study results showed no consistent increase in the number of searches for quitting smoking or quitting alcohol on Google during the study period (February to May). A recent study analyzing Google Trends regarding smoking cessation searches worldwide during the early months of the COVID-19 outbreak (9 January 2020 and 6 April 2020) also failed to show a tendency for increased interest in any of the key terms related to smoking cessation (‘quit smoking’, ‘smoking cessation’, ‘help quit smoking’, and ‘nicotine gum’). However, another study from the Netherlands showed a significant increase in RSV 1 to 4 weeks after the introduction of the smoking ban in restaurants and bars in 2008, and also after the introduction of smoking cessation support in 2011.10 Our study results may indicate that there has been no significant increased interest in quitting smoking and alcohol, at least among the Indian population who use online resources for health-related information. Our results further highlight the need for continuing public health efforts to inform the Indian public regarding the negative health-related information. Our results further highlight the need for continuing public health efforts to inform the Indian public regarding the negative effects of smoking and alcohol during the COVID-19 pandemic. However, our study results were preliminary, and further research is needed to determine the long-term trend and compare it to the results of other studies.

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During the COVID-19 pandemic, reactive psychiatric symptoms and exacerbation of pre-existing psychiatric conditions have been widely described as secondary effects of social isolation, consequences of the obliged quarantine, fear of the infection, or a complicated grief for the unexpected loss of beloved people.11, 12 Nevertheless, the scientific community working directly with COVID-19 patients is facing complex neuro-psychiatric syndromes, including first onset of psychosis, that seem to be directly related to brain damage in the context of COVID-19.13

This is the first report, to the best of our knowledge, describing a non-reactive psychosis break directly related to COVID-19 in a naive psychiatric patient. A 63-year-old man with no previous psychiatric history was first admitted to hospital presenting with bilateral pneumonia and positive polymerase chain reaction (PCR) COVID-19 test (30 March 2020), being diagnosed with COVID-19. He also presented with a delirium during the hospitalization (Table 1) that improved in parallel with the respiratory disorder, leading to the patient’s discharge (8 April 2020). Ambulatory treatment with risperidone 2 mg per day was maintained, but bizarre delusions and incoherent thought and speech did not disappear even after antipsychotic treatment adjustment, so the patient was referred to hospital again (15 April 2020).

At this second in-hospital admission, a new PCR COVID-19 test was performed with positive result. Respiratory evaluation was normal. An elevation of D-dimer level was detected in the blood test and a computed tomography pulmonary angiography showed a low-risk pulmonary thromboembolism, which was determined to be related to COVID-19 and treated with anticoagulants. In the first psychiatric evaluation, the patient referred to thoughts about changes occurring in his body, including the absence of an anus, so he had decided not to eat anything to avoid exploding. At first, fluctuant attention and orientation to time and place were observed, but no other common features of delirium were present. Cranial magnetic resonance imaging with contrast enhancement showed no significant findings. Finally, a diagnosis of psychotic disorder due to another medical condition (COVID-19) was made following DSM-5 criteria. During the case follow-up by the liaison psychiatry department, the delusions’ content changed – the patient related that most of his relatives had died – and auditory verbal hallucinations appeared. Risperidone was titrated in the following days from 2.5 mg per day up to 6 mg per day. On 30 April 2020, the patient was mostly recovered, with absence of delusions and hallucinations and critical thought about the psychotic symptoms presented, so he was discharged and referred to his outpatient mental health unit for further follow-up.

This case report shows the possibility of a first psychosis break as a direct (non-reactive) COVID-19-related syndrome. The hypothesis of a link between this and an increased immunologic response of the body to the virus affecting the brain may be extrapolated from previous reports linking other respiratory virus infections and the occurrence of

Table 1. Treatments prescribed in the patient’s first hospitalization

| Condition     | Treatment                                    |
|---------------|----------------------------------------------|
| COVID-19      | Oxygen, lopinavir, ritonavir, tozilizumab,   |
|               | hydrochloroquine, and a 3-day corticoid bolus |
| Delirium      | Risperidone 2.5 mg per day                   |
Synergistic effect of social media use and psychological distress on depression in China during the COVID-19 epidemic

The COVID-19 pandemic is expected to have long-term effects on mental health with implications at a population health level. While limiting the transmission of the virus, lockdown measures subject individuals to significant psychological distress and interpersonal isolation, which may increase risk for depression, a chronic and disabling disease associated with tremendous societal, individual, and economic costs (e.g., workplace productivity loss, unemployment, work absence, and long-term disability). In addition to the elevated risk of depression and loneliness attributable to frequent and prolonged social media (SM) use outside the context of epidemics, frequent exposure to fearful and exaggerated information through SM can exacerbate psychological and emotional distress.

We investigated the impact of SM use and psychological and emotional distress on depression in 3064 adults in Mainland China. A national convenience sample of 2574 health-care workers and 490 non-medical workers in China was surveyed cross-sectionally by telephone or WeChat between 29 January and 11 February 2020. Our study participants consisted of physicians (n = 783), nurses (n = 1587), and other medical staff (n = 204) employed in health-care settings providing direct care for patients in hospitals, as well as 490 adults not employed in a health-care setting (Table S1). The study was approved by the Institutional Review Board at Renmin Hospital of Wuhan University (No. WDRY2020-K004). Detailed methods and results are available in the Supplementary Information.

We assessed the effect of SM use and psychological and emotional distress (according to the Hyperarousal, Intrusion, and Avoidance subscales of the 22-item Impact of Event Scale – Revised [IES-R]) on depressive symptom severity (according to the 9-item Patient Health Questionnaire [PHQ-9]). Greater IES-R and PHQ-9 scores indicate greater severity. Participants were asked about their use of SM to obtain information about COVID-19.

We analyzed PHQ-9 score as a continuous outcome variable using generalized linear models with a negative binomial distribution and as a dichotomous outcome variable using binomial logistic regression models (reported in Supplementary Information). We evaluated the synergistic effect of prolonged SM use to obtain information about COVID-19 and psychological and emotional distress as a result of the epidemic on the risk...