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cal (location, tumour thickness, ulceration, mitosis) characteristics were evaluated. A descriptive analysis was performed using location measurements and frequency distribution. The Chi-square test and the Mann–Whitney U test were used to compare differences. Significant primary outcome variables were expressed as *odds ratio* (OR) with their respective 95% confidence intervals (95% CI). The level of statistical significance was established in $p < 0.05$.

During the period from April to August 2019, 48 new cases of PCM were identified, which represents a cumulative incidence of 28 per 100,000 inhabitants (95% CI: 23.2–33.7), compared to 18 cases diagnosed in the same period of months in 2020, which means a cumulative incidence of 10.2 per 100,000 inhabitants (95% CI: 7.4–13.8), with significant differences between both periods ($p < 0.001$). There were no differences between periods in relation to sex, nor differences in relation to age. The most common anatomical location of melanomas diagnosed in 2019 was the trunk (45.8%), while in 2020 the most common location was the head (47.4%) ($p = 0.089$). In terms of the histopathological characteristics of the tumours, in 2019, 68.8% of the cases were melanomas *in situ* and 8.3% were melanomas over 2 mm in thickness, while in the same period of 2020, 27.8% were melanomas *in situ* and 38.9% melanomas over 2 mm in thickness ($p = 0.001$) (Fig. 1). The risk of presenting a thick melanoma in 2020 patients compared to 2019 obtained a *odds ratio* of 7 (95% CI: 1.7–28.2). When analysing other histopathological findings, 7.1% of melanomas showed ulceration in the 2019 period compared to 21.4% during the 2020 period ($p = 0.596$) and 42.9% showed mitosis in the 2019 period compared to 75% during the 2020 period ($p = 0.209$).

The main finding observed is the significant decrease in new diagnoses of PCM during the pandemic, compared to the same period in 2019 (62%). This decline in diagnosis has rested primarily on *in situ*. There has also been an exponential increase in the diagnosis of thick melanoma compared to the same period in 2019, with a 7-fold increased risk of having a thick melanoma during the pandemic (OR: 7). Thick melanoma also carries with it the presence of other predictors of poor prognosis, such as location on the head, ulceration, and the presence of mitosis, although there was no statistical significance when comparing these findings with those of the 2019 period. This increase in the diagnosis of thick

melanomas has implications not only for survival, but also for the associated healthcare costs, which include imaging tests for staging and follow-up, as well as adjuvant treatment.

The compulsory lockdown of the population throughout the national territory during the state of alarm, the fear of contagion and the difficulties of access to primary care as a result of the collapse of health services have likely been determining factors causing patients not to go to hospital or to do so with delay. Therefore, it is essential to restore face-to-face primary care and reduce accessibility barriers to the specialist using effective and efficient telematic tools such as teledermatology.^{4,5}

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María Inés Fernández Canedo^{a,*}, Magdalena de Troya Martín^a, Francisco Rivas Ruíz^b

^a Servicio de Dermatología, Agencia Sanitaria Costa del Sol, Marbella, Málaga, Spain

^b Unidad de Investigación, Agencia Sanitaria Costa del Sol, Marbella, Málaga, Spain

* Corresponding author.

E-mail address: inesbier@gmail.com (M.I. Fernández Canedo).

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Mental health and psychological capital among Spanish health care workers during COVID-19 pandemic[☆]



Salud mental y capital psicológico en profesionales sanitarios españoles durante la pandemia de COVID-19

To the Editor,

Previous studies conducted during the COVID-19 pandemic in other countries have shown an increase in symptoms associated with mental health problems in healthcare professionals.¹ Most of these studies have focused on risk factors and fewer on protective factors. Additionally, a large part of them have been carried out abroad.

Therefore, we propose to study the prevalence of mental health problems in a sample of Spanish health professionals, and the asso-

ciated risk factors, as well as to know if psychological capital or any of its factors acts as a protective resource in the context of the pandemic.

To this end, a survey was designed and submitted electronically. The sample was collected through a *snowball sampling* procedure and it consisted of 294 healthcare professionals in contact with SARS-CoV-2 infected patients.

To study the prevalence of mental health problems, the *General Health Questionnaire* (GHQ), 12-item version, was used. Cronbach's alpha was 0.857. To correct the test, the GHQ score was used, more appropriate when the objective is to diagnose cases. Following the recommendations of Goldberg et al.,² and considering that the mean of the present study is 4.73, the cut-off point was established at 3. The psychological capital scale was used to measure psychological capital,³ a 16-item scale, consisting of 4 factors: resilience (alpha = 0.684); hope (alpha = 0.809); optimism (alpha = 0.705) and self-efficacy (alpha = 0.779). Data collection took place during the period of lockdown (April 2020).

The results show that 74.9% of the participants have GHQ scores ≥ 3 . The main characteristics of the sample can be seen in

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Table 1
Binary logistic regression models on mental health.

Variable	Percentage	GHQ ≥ 3			GHQ ≥ 6		
		OR	95% CI	p Value	OR	95% CI	p Value
Sex							
Male	21.1	0.592	0.323–1.088	0.091	0.386	0.198–0.752	0.005
Female	78.9	REF			REF		
Age							
Between 18 and 29 years	4.8	5.000	1.021–24.476	0.047	0.975	0.266–3.568	0.969
Between 30 and 60 years	76.5	3.073	1.654–5.708	0.000	1.594	0.839–3.029	0.154
Over 60 years	18.7	REF				REF	
Marital status							
Married	72.1	REF				REF	
Divorced	10.2	0.838	0.362–1.937	0.679	1.996	0.913–4.363	0.083
No partner (single or widowed)	17.7	1.508	0.709–3.205	0.286	1.106	0.586–2.087	0.775
Nurse							
Yes	32	REF				REF	
No	68	0.713	0.98–1.277	0.255	1.424	0.843–2.406	0.187
Education level							
Higher	73.8	REF				REF	
Intermediate	19	1.528	0.741–3.151	0.251	1.912	1.046–3.493	0.035
Secondary	6.5	1.400	0.447–4.391	0.564	3.655	1.378–9.698	0.009
Primary	0.7	0.373	0.023–6.067	0.489	2.132	0.131–34.604	0.594
Mental health professional							
Yes	7.2	REF				REF	
No	92.8	0.902	0.319–2.552	0.845	0.564	0.227–1.403	0.218
Medical conditions							
Yes	23.6	REF				REF	
No	76.4		0.616–2.083	0.687	1.833	0.315–0.945	0.031

GHQ: General Health Questionnaire; 95% CI: 95% confidence interval; OR: odds ratio; REF: reference category.

Table 1. The most commonly reported symptoms were: feeling constantly overwhelmed or stressed (94.5%) and losing a lot of sleep due to worry (82.6%). The following risk factors were identified: being a young professional, not always or not almost always complying with social distancing measures (OR: 2,885; 95% CI: 1,257–14,238; p=0.020) and not complying with strict lockdown (OR: 2.885; 95% CI: 1.174–7.085; p=0.021). However, the use of gloves, hand washing, and the use of a face mask were not found to be associated. With regard to factors associated with GHQ ≥ 6 scores and thus with having more symptoms, a higher proportion of females than males and of individuals with medical conditions at risk for COVID-19 have them. Also, those with intermediate or secondary education. The rest of the factors were not significantly associated (Table 1).

To know if psychological capital acts as a protective factor, a binary logistic regression model was used, dividing the subjects into those with GHQ scores ≥ 3 and those with lower scores. The results show that the factors of resilience (B = -0.226; p = 0.002) and optimism (B = -0.282; p = 0.003) are negatively and significantly associated, while self-efficacy is not significantly associated (B = 0.038; p = 0.660). Hope, on the other hand, is positively associated (B = 40.411; p = 0.003). The Hosmer–Lemeshow statistic does not show evidence of a lack of fit of the model ($\chi^2 = 11.585$; $gl = 8$; $p = 0.77$).

The prevalence of mental health problems in the sample was 74.9%, a high prevalence and higher than that reported in studies prior to the onset of the pandemic, conducted both in Spain⁴ and abroad.⁵ The risk factors identified were: being a young professional and not always or not almost always complying with social distancing and lockdown measures. Resilience and optimism factors were also associated with a lower likelihood of developing mental health problems, so strengthening them could be of interest.

In conclusion, the results of this work clearly point to the importance of looking after the mental health of healthcare workers, especially younger professionals, and those whose work prevents them from complying with social distance measures and strict lockdown. Psychological capital and specifically, resilience and optimism factors worked as protective factors, so their enhancement could be of interest.

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Marta Rodríguez-Jiménez^{a,*}, Eloísa Guerrero-Barona^a, Andrés García-Gómez^b

^a Departamento de Psicología y Antropología, Universidad de Extremadura, Badajoz, Spain

^b Departamento de Ciencias de la Educación, Universidad de Extremadura, Cáceres, Spain

* Corresponding author.
E-mail address: marta.rodriguez.jimenez@gmail.com
(M. Rodríguez-Jiménez).