Original

Carlota Moya-Lacasa^{1,3,5+}. Clara M Álvarez-Vázquez^{1,3,5+}. Leticia González-Blanco^{1-5*}. Mercedes Valtueña-García^{1,5}. Elena Martín-Gil⁵. Elisa Seijo-Zazo^{3,5}. Lorena De la Fuente-Tomás¹⁻⁴. Leticia García-Álvarez^{2-4,6}. Pilar Sáiz¹⁻⁵. María P García-Portilla¹⁻⁵. Julio Bobes¹⁻⁵.

Impact of the coronavirus outbreak on mental health in the different Spanish regions

+Primera autoría conjunta.

¹Departamento de Psiquiatría, Universidad de Oviedo, Oviedo, España. ²Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM). ³Instituto de Investigación Sanitaria del Principado de Asturias (ISPA), Oviedo, España. ⁴Instituto Universitario de Neurociencias del Principado de Asturias (INEUROPA), Oviedo, España. ⁵Servicio de Salud del Principado de Asturias (SESPA), Oviedo, España. ⁶Departamento de Psicología, Universidad de Oviedo, Oviedo, España.

ABSTRACT

Introduction. COVID-19 is an infectious disease that has affected millions of people worldwide, Spain being one of the countries most affected by the pandemic. It is key to study its impact on the mental health of the Spanish population during the lockdown situation.

The aim is to analyse maladaptive responses in each autonomous community during the first two weeks after the state of emergency was declared in Spain.

Material and Methods. Through an online questionnaire, clinical and sociodemographic information was collected from participants between 19 and 26 March 2020. The DASS-21 and the IES questionnaires were used to evaluate the maladaptive psychological responses.

Results. A total of 21,152 people completed the questionnaire. Mean age was 39.75 (SD 14.039), and 69.6% were women. Most of the participants lived in Asturias (36.2%) and Cantabria (11.9%). In the sample as a whole, among the maladaptive responses, depressive symptoms represented the highest percentage (46.7%), followed by stress (33.2%) and anxiety (10.7%) symptoms. The results of the DASS-21 revealed that a higher proportion of the people from Andalusia [N=1979 (9.3%)]]were affected in all three domains: depressive (59.7%), stress (41.7%), and anxiety (16.2%) symptoms, Castilla La Mancha had the highest percentage of intrusive response (31.2%), while Andalusia had the highest percentage of avoidance behaviour (55.7%).

Conclusions. Almost half of the sample showed maladaptive reactions, depressive symptoms and avoidance be-

* Autor de correspondencia:

C/ Julián Clavería, 33006 Oviedo, España

e-mail: leticiagonzalezblanco@gmail.com

haviour being the most common responses. Repercussions on mental health during and after large-scale traumatic events should be addressed carefully to minimize maladaptive responses in the general population.

Keywords. COVID-19; Pandemics; Psychological distress; Spain

Actas Esp Psiquiatr 2021;49(2):64-70 | ISSN: 1578-2735

IMPACTO DE LA PANDEMIA COVID-19 SOBRE LA SALUD MENTAL EN LAS DIFERENTES COMUNIDADES AUTÓNOMAS ESPAÑOLAS

RESUMEN

Introducción. La COVID-19 es una enfermedad infecciosa que está afectando a millones de personas alrededor del mundo, siendo España uno de los países más afectados por la pandemia. Es fundamental evaluar el impacto de la salud mental de la población española durante el periodo de confinamiento. El objetivo es analizar las respuestas desadaptativas en cada comunidad autónoma durante las dos primeras semanas tras la declaración del estado de alarma en España.

Metodología. A través de un cuestionario "online", se recogieron variables clínicas y sociodemográficas de los participantes del 19 al 26 de marzo. Para estudiar las respuestas desadaptativas, se utilizaron los cuestionarios DASS-21 y EIE.

Resultados. 21.152 personas completaron el cuestionario. La edad media fue 39,75 (DE 14,039) y el 69,6 % eran mujeres. La mayoría de los participantes vivía en Asturias (36,2 %) y Cantabria (11,9 %). La respuesta desadaptativa más frecuente de la muestra fueron los síntomas depresivos (46,7 %), seguida del estrés (33,2 %) y la ansiedad (10,7 %). Los resultados de la DASS-21 desvelaron que en Andalucía [N = 1979 (9,3 %)] se observó un mayor porcentaje en los tres dominios: sínto-

Leticia González-Blanco

Departamento de Psiquiatría, Universidad de Oviedo

Tel.: +34 985104219; Fax: +34 985103553

mas depresivos (59,7 %), estrés (41,7 %) y ansiedad (16,2 %). Castilla-La Mancha tuvo el porcentaje más alto de respuesta intrusiva (31,2 %) y Andalucía de respuesta evitativa (55,7 %).

Conclusiones. Casi la mitad de la muestra presentó respuestas desadaptativas, siendo los síntomas depresivos y la conducta evitativa las más frecuentes. El impacto sobre la salud mental durante y tras eventos traumáticos de gran escala debería de abordarse minuciosamente para minimizar las respuestas desadaptativas en la población general.

Palabras clave. COVID-19; Pandemia; Malestar psicológico; España

INTRODUCTION

In December 2019, a cluster of pneumonia was identified in Wuhan, China, caused by the coronavirus (SARS-CoV-2). This coronavirus disease 2019 (COVID-19)¹ has caused an unprecedented worldwide pandemic outbreak. Since the first cases, it has rapidly spread to almost every country around the world. In Europe, the first cases were reported in France and Germany, however, Spain is one of the European countries most affected by COVID-19 to date².

Large-scale emotional traumatic events such as wars, disasters, and pandemics, have great repercussions on an individual's mental health³. According to Xiang et al.⁴, this impact has been under-addressed, as little attention has been focused on implementing mental health interventions. However, the mental health impact of the coronavirus crisis is currently considered a major health issue by the World Health Organisation, which has released specific guidelines to address its psychosocial impact⁵.

Due to the coronavirus crisis, individuals are at high risk of anxiety and depressive symptoms. Experts warn of the psychosocial impact observed in individuals exposed to the pandemic and the need to take action to reduce the global mental health burden that is yet to come^{4,6-8}. A quick response to this matter, both clinically and in research, will form the basis for dealing with future pandemics and consequent lockdowns worldwide⁷.

Although a lockdown was imposed in all Spanish regions equally, every region was differently affected, and numbers of COVID-19 infections and deaths vary greatly from one region to another. According to the Spanish Ministry of Health, on 26 March 2020, Madrid and Catalonia were the regions most affected.

Mental health repercussions have been studied in this global emergency situation and in previous pandemics

(SARS-CoV in 2003)⁹. Previous research results have revealed that individual perception of the severity of COVID-19 is associated with negative emotional and behavioural mechanisms in response to stress¹⁰.

The aim of this study is to evaluate the impact of the coronavirus crisis on the mental health of a Spanish sample from every autonomous community in terms of depressive, anxiety, and stress symptoms, as well as post traumatic-like symptoms such as intrusive response and avoidance behaviour.

METHODS

Design

This is a descriptive cross-sectional study to assess the psychological impact of the COVID-19 pandemic and lockdown in a sample of the Spanish population. An anonymous online survey was conducted for one week (from 19 to 26 March), five days after the declaration of emergency state and lockdown of the country.

Participants were recruited through a virtual snowball sampling strategy, appropriate for populations that are difficult to reach¹¹.

The Clinical Research Ethics Committee of Hospital Universitario Central de Asturias in Oviedo approved the study protocol (Ref. 2020.162) on 16 March. Online informed consent was obtained from all participants before enrolling in the survey.

Participants

A total of 21,279 responses were obtained, 72 of which were excluded for not meeting the minimum age criterion. Inclusion criteria were a) being over 17 years old and b) providing informed consent to participate in the study by clicking "I am of legal age and wish to participate in this project" in the online survey. Exclusion criteria consisted only of not meeting the inclusion criteria. For the geographical distribution, see Table 2, Supplementary material.

Assessments

The survey consisted of an ad hoc online questionnaire of sociodemographic and clinical variables, including Spanish versions of the Depression, Anxiety and Stress Scale (DASS-21)¹² and the Impact of Event Scale (IES)¹³ (Table 1, Supplementary material). For more detailed information about the variables and items evaluated in the psychometric tests, see García-Álvarez et al. (2020).

Data analysis

Statistical analysis was performed using IBM SPSS Statistics for Windows, Version 24.0. The significance level was set at p<0.05. Means and standard deviations (SD) as well as frequencies and percentages were used for the descriptive analysis.

Participants from Ceuta (N= 14) and Melilla (N= 41) were removed from the statistical analysis since participation was very low compared to the rest of the country.

Results

A total of 21,152 people participated in the online questionnaire. Mean age was 39.75 (SD 14.039), and 69.6% were women. Most of the participants lived in Asturias and Cantabria. For detailed information on the sociodemographic variables of the sample as a whole, see García-Álvarez et al., (2020).

La Rioja was the region were most people were able to enjoy their free time (95.1%), whereas Andalusia had the lowest percentage (89.8%). Regarding specific leisure activities, the most popular ones were spending time on social media (93%) and watching television (86%) (Table 1). Galicia and Navarra were the regions where people worked the most (68.3% and 68%).

Table 1

Free-time activities

Able toenjoy free time, yes (n,%)

Free-time activities (n,%)

							Painting/		Reading/
		TV series/ films	Working out	Yoga/ meditation	Cooking	Social media	reading/ listening to music.	Working	watching news about COVID-19
Asturias	7129 (92,8)	6863 (89,3)	4155 (54,1)	1468 (19,1)	5415 (70,5)	7040 (91,6)	6585 (85,7)	4504 (58,6)	5307 (69,1)
Cantabria	2365 (93,5)	2226 (88,0)	1441 (57,0)	563 (22,3)	1843 (72,9)	2335 (92,3)	2184 (86,4)	1469 (58,1)	1688 (66,7)
Madrid	1924 (90,9)	1894 (89,5)	1215 (57,4)	567 (26,8)	1459 (69,0)	1904 (90,0)	1822 (86,1)	1423 (67,2)	1387 (65,5)
Andalusia	1776 (89,7)	1789 (90,4)	1121 (56,6)	412 (20,8)	1348 (68,1)	1847 (93,3)	1727 (87,3)	972 (49,1)	1218 (61,5)
Basque Countrv	919 (93,9)	873 (88,6)	591 (60,0)	231 (23,5)	717 (72,8)	906 (92,0)	874 (88,7)	614 (62,3)	666 (67,6)
Catalonia	896 (92,8)	888 (92,0)	553 (57,3)	294 (30,5)	714 (74,0)	883 (91,5)	848 (87,9)	627 (65,0)	682 (70,7)
Valencian C	885 (93,8)	796 (87,3)	562 (61,6)	241 (26,4)	654 (71,1)	825 (90,5)	805 (88,3)	555 (60,9)	610 (66,9)
Murcia	823 (92,3)	803 (90,0)	612 (68,6)	209 (23,4)	636 (71,3)	801 (89,8)	761 (85,3)	521 (58,4)	596 (66,8)
Castilla-León	797 (91,0)	792 (90,4)	533 (60,8)	192 (21,9)	626 (71,5)	806 (92,0)	770 (87,9)	489 (55,8)	590 (67,4)
Galicia	691 (90,8)	679 (89,2)	406 (53,4)	135 (17,7)	555 (72,9)	693 (91,1)	653 (85,8)	520 (68,3)	513 (67,4)
Castilla La Mancha	280 (90,9)	275 (89,3)	181 (58,8)	63 (20,5)	203 (65,9)	285 (92,5)	260 (84,4)	169 (54,9)	197 (64,0)
Canary Islands	276 (92,6)	275 (92,3)	174 (58,4)	85 (28,5)	231 (77,5)	279 (93,6)	263 (88,3)	183 (61,4)	199 (66,8)
Aragon	240 (91,3)	230 (87,5)	155 (58,9)	67 (25,5)	195 (74,1)	242 (92,0)	226 (85,9)	145 (55,1)	175 (65,5)
Extremadura	155 (94,5)	139 (84,8)	99 (60,4)	27 (16,5)	110 (67,1)	149 (90,9)	143 (87,2)	84 (51,2)	113 (68,9)
Balearic Islands	159 (94,1)	144 (85,2)	100 (59,2)	567 (26,8)	118 (69,8)	152 (89,9)	147 (87,0)	92 (54,4)	112 (66,3)
Navarra	139 (92,7)	127 (84,7)	95 (63,3)	47 (31,3)	112 (74,7)	131 (87,3)	139 (92,7)	102 (68,0)	90 (60,0)
La Rioja	98 (95,1)	94 (91,3)	63 (61,2)	21 (22,4)	76 (73,8)	94 (91,3)	85 (82,5)	56 (54,4)	72 (69,9)
TOTAL	19.522 (92,3)	18.887 (89,3)	12.056 (57,0)	4675 (22,1)	15.012 (71,0)	19.372 (91,6)	18.292 (86,5)	12.525 (59,2)	14.215 (67,2)

In relation to the maladaptive responses, depressive symptoms represented the highest percentage (46.7%), followed by stress (33.2%) and anxiety (10.7%) symptoms. Avoidance behaviour was more common (44.3%) than intrusive response (23.6%). Andalusia was the region most affected in all three domains of the DASS-21: anxiety (16.2%), depressive (59.7%), and stress (41.7%) symptoms. In terms of depressive response, the second and third most affected regions were Murcia (54.6%) and Castilla-León (50.3%). As for anxiety, the regions that followed Andalusia were Castilla La Mancha (14.6%) and La Rioja (13.6%). Castilla La Mancha (40.6%) and Murcia (37.3%) were the regions with the highest percentage of stress response after Andalusia (Figure 1).

On the IES questionnaire, Castilla La Mancha was the region with the highest proportion of intrusive response (31.2%), followed by Andalusia (30.7%) and Extremadura (26.2%). As for avoidance response, Andalusia (55.7%), Extremadura (53.7%), and Castilla La Mancha (51.3%) were the most affected (Figure 1).

DISCUSSION

This study analyses the early psychological impact of the COVID-19 pandemic in a Spanish sample in the different regions of the country.

When analysing its impact on the mental health of this Spanish sample, we found that Andalusia was the one most affected in terms of depressive (the most common maladaptive response), anxiety, and stress symptoms. Avoidance behaviour was more common than intrusive behaviour in the sample, Andalusia and Castilla La Mancha being the regions where this response was most commonly observed. It is worth mentioning that Andalusia was also the region where the fewest participants were able to enjoy their free time.

It is surprising that the autonomous community with the highest proportion of maladaptive response was Andalusia, paradoxically one of the regions where there was the lowest number of SARS-CoV2 infections during the first few weeks after lockdown was imposed (5). Perhaps this has to do with the fact that it was one of the regions where more people spent time on social media, often a source of alarming (and



DASS-21: Depression, Anxiety, and Stress Scale; IES: Impact of Event Scale



frequently fake) news.

Worse results were expected in regions like Asturias. In the last epidemiological study of mental health in Spain (2014), Galicia, Extremadura, and the Principality of Asturias, in that order, were the three regions with the highest prevalence of mental health disorders in their population. There may have been a better response in Asturias because most of the participants answered the questionnaire during the first few days after the lockdown was announced (86.9%). In those early days, people may not have been fully aware of the repercussions of the pandemic and viewed it as a remote issue happening in other parts of the world. Furthermore, at that stage of the pandemic, there may not have been enough time for people to experience symptoms of the psychological impact of the lockdown.

As previously published¹⁴, depressive symptoms were the most common maladaptive response, as opposed to other studies, where anxiety was the most common maladaptive response and the most severe forms of all three domains of the DASS-21 were observed^{8,15}. However, the percentage of severe maladaptive responses were higher both in depressive and stress symptoms in the sample analysed in this study compared with that of Wang et al. (2020). As a possible reason for this, they explain that Chinese people may have had less psychological impact from the use of a facemask, which is widespread in China, but a great novelty in European countries.

This study has limitations: a) there is a selection bias due to the snowball sampling strategy, and the representativeness of the sample is questionable, and b) symptoms were measured only with psychometric scales (for detailed information, see García-Álvarez et al. (2020)).

However, it also has important strengths. To our knowledge, this is the first study to evaluate the psychological impact of COVID-19 in every Spanish region, and the large sample size is worth pointing out.

Almost half of the sample experienced symptoms of distress related to lockdown, the most common responses being depressive symptoms and avoidance behaviour. However, almost every participant was able to enjoy their free time.

Considering the high percentage of maladaptive responses to the lockdown and the pandemic, it seems necessary to design specific preventive measures to cope with depressive, anxiety, and stress symptoms in reaction to the pandemic. All this should be taken strongly into account, especially now that a 'new coronavirus wave' is already occurring and a state of emergency is announced.

ROLE OF THE FUNDING SOURCE

This work was partly supported by the Government of the Principality of Asturias PCTI-2018-2022 IDI/2018/235, the CIBERSAM, and Fondos Europeos de Desarrollo Regional (FEDER).

The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest for the submitted work.

ACKNOWLEDGMENTS

The authors wish to thank Sharon Grevet for her English assistance and Fundación para la Investigación e Innovación Biosanitaria del Principado de Asturias (FINBA) for its financial support.

REFERENCES

- Spiteri G, Fielding J, Diercke M, Campese C, Enouf V, Gaymard A, et al. First cases of coronavirus disease 2019 (COVID-19) in the WHO European Region, 24 January to 21 February 2020. Euro Surveill. 2020; 25(9):2000178.
- Dehkordi AH, Alizadeh M, Derakhshan P, Babazadeh P, Jahandideh A. Understanding epidemic data and statistics: A case study of COVID-19. J Med Virol. 2020; 92(7): 868-882.
- Ćosić K, Popović S, Šarlija M, Kesedžić I. Impact of Human Disasters and COVID-19 Pandemic on Mental Health: Potential of Digital Psychiatry Psychiat Danub. 2020; 32(1):25-31.
- 4. Xiang Y-T, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, et al. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. Lancet Psychiatry 2020;7(3):228-9.
- World Health Organization. Mental health and COVID-19, http://www.euro.who.int/en/health-topics/healthemergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-diseasecovid-19-outbreak-technical-guidance-europe/mentalhealth-and-covid-19; 2020 [accessed 2 May 2020]
- 6. Harper CA, Satchell LP, Fido D, Latzman RD. Functional Fear Predicts Public Health Compliance in the COVID-19 Pandemic. Int J Ment Health Addict 2020; 1-14.
- 7. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. Lancet Psychiatry. 2020; 7(6):547-560

- Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. Int J Environ Res Public Health.2020;17(5):1729.
- Sim K, Huak Chan Y, Chong PN, Chua HC, Wen Soon S. Psychosocial and coping responses within the community health care setting towards a national outbreak of an infectious disease. J Psychosom Res. 2010;68(2):195-202.
- Li JB, Yang A, Dou K, Cheung RYM. Self-control moderates the association between perceived severity of the coronavirus disease 2019 (COVID-19) and mental health problems among the Chinese public. Int J Environ Res Public Health. 2020; 17(13): 4820
- 11. Baltar F, Brunet I. Social research 2.0: virtual snowball sampling method using Facebook. Internet Res.2012;22(1):57-74.
- Bados A, Solanas A, Andrés R. Psychometric properties of the Spanish version of Depression, Anxiety and Stress Scales (DASS). [Propiedades psicométricas de la versión española de las Escalas de Depresión, Ansiedad y Estrés (DASS). Psicothema. 2005;17(4):679-83.

- 13. Horowitz M, Wilner N, Alvarez W. Impact of Event Scale: a measure of subjective stress. Psychosom Med. 1979;41(3):209-18.
- García-Álvarez L, de la Fuente-Tomás L, García-Portilla MP, Sáiz PA, Lacasa CM, Dal Santo F, et al. Early psychological impact of the 2019 coronavirus disease (COVID-19) pandemic and lockdown in a large Spanish sample. J Glob Health. 2020;10(2).
- Ozamiz-Etxebarria N, Dosil-Santamaria M, Picaza-Gorrochategui M, Idoiaga-Mondragon. Stress, anxiety, and depression levels in the initial stage of the COVID-19 outbreak in a population sample in the northern Spain. Cad Saude Publica. 2020;36(4).

SUPPLEMENTARY REFERENCES

- Spanish Ministry of Health. Update 56. Coronavirus Disease (COVID-19), https://www.mscbs.gob.es/ profesionales/saludPublica/ccayes/alertasActual/nCov/ documentos/Actualizacion_56_COVID-19.pdf; 2020 [accessed 2 May 2020]
- Epidemiological Surveillance National Network. Institute of Health Carlos III. Mental Health and Public Health: Epidemiological Surveillance, http://gesdoc.isciii.es/ gesdoccontroller?action=download&tid=09/01/2018-44802ce4e8; 2014 [accessed 2 May 2020]

	I									
Region	Sex, female (n,%)	Age (mean, SD)	Marital status (n, %)			Work status (n,%)				
			Never married	Married/ living as married	Separated/ divorced/ widowed	Working	Unem- ployed	Home- maker/ student	Retired	Others
Asturias	5281 (68,7)	42,0 (14,0)	3246 (42,3)	3699 (48,2)	737 (9,6)	5094 (66,3)	665 (8,7)	1021 (13,3)	607 (7,9)	295 (3,8)
Cantabria	1836 (72,6)	42,5 (13,3)	920 (36,4)	1350 (53,4)	259 (10,2)	1733 (68,6)	223 (8,8)	315 (12,5)	162 (6,4)	96 (3,8)
Madrid	1468 (69,4)	39,0 (19,9)	1079 (51,0)	885 (41,8)	152 (7,2)	1551 (73,3)	127 (6,0)	233 (11,0)	136 (6,4)	69 (3,3)
Andalusia	1407 (71,1)	33,0 (12,8)	1273 (64,3)	614 (31,0)	92 (4,7)	959 (48,5)	279 (14,1)	589 (29,8)	58 (2,9)	94 (4,7)
Basque	697 (70,8)	40,0 (14,5)	429 (43,6)	496 (50,4)	60 (6,1)	689 (69,9)	56 (5,7)	137 (13,9)	59 (6,0)	44 (4,5)
Catalonia	680 (70,5)	40,1 (14,0)	436 (45,2)	443 (45,9)	86 (8,9)	724 (75,0)	67 (6,9)	81 (8,4)	48 (5,0)	45 (4,7)
Valencian C.	645 (70,3)	38,3 (13,8)	415 (45,5)	426 (46,7)	71 (7,8)	577 (63,3)	80 (8,8)	174 (1911)	49 (5,4)	32 (305)
Murcia	602 (65,7)	31,1 (10,8)	569 (63,8)	299 (33,5)	24 (2,7)	452(50,7)	59 (6,6)	345 (38,7)	7 (0,8)	29 (3,3)
Castilla-León	626 (71,5)	37,4 (13,4)	473 (54,0)	357 (40,8)	46 (5,3)	520 (59,4)	82 (9,4)	180 (20, 5)	51 (5,8)	43 (4,9)
Galicia	514 (65,7)	41,8 (13,8)	318 (41,8)	380 (49,9)	63 (8,3)	543 (71,4)	49 (6,4)	85 (11,2)	51 (6,7)	33 (4,3)
Castilla-La Mancha	201 (65,3)	37,4 (13,9)	156 (50,6)	134 (43,5)	18 (5,9)	179 (58,1)	25 (8,1)	75 (24,4)	15 (4,9)	14 (4,5)
Canary Islands	195 (65,4)	40,2 (13,4)	144 (48,3)	121 (40,6)	33 (11,0)	200,8 (69,8)	26 (8,7)	31 (10,4)	22 (7,4)	11 (3,7)
Aragon	170 (64,6)	418 (13,8)	120 (45,6)	123 (46,8)	20 (7,6)	185 (70,3)	24 (9,1)	25 (9,5)	17 (6,5)	12 (4,6)
Extremadura	111 (67,7)	35,7 (13,5)	87 (53,0)	72 (43,9)	5 (3,0)	81 (49,4)	25 (15,2)	41 (25,0)	9 (5,5)	8 (4,9)
Balearic Islands	120 (7 1,0)	39,7 (12,1)	77 (45,6)	73 (43,2)	19 (11,3)	110 (65,1)	26 (15,4)	31 (10,4)	22 (7,4)	11 (3,7)
Navarra	107 (71,3)	38,1 (13,7)	72 (48,8)	70 (46,7)	8 (5,4)	109 (72,7)	7 (4,7)	23 (15,3)	7 (4,7)	4 (2,7)
La Rioja	77 (74,8)	40,6 (12,5)	36 (35,0)	59 (57,3)	8 (7,8)	72 (69,9)	7 a (6,8)	14 (13,6)	4 (3,9)	6 (5,8)
TOTAL	14.737 (69,7)	39,7 (14,0)	9850 (46,6)	9601 (45,4)	1701 (8,0)	13.786 (65,2)	1827 (8,6)	3386 (16,0)	1308 (6,2)	845 (4,0)

Sociodemographic and clinical characteristics of the sample

MATERIAL SUPLEMENTARIO

Table S1

Table S1

Sociodemographic and clinical characteristics of the sample (continued)

Region	Education level (n,%)			Physical disease (n,%)	Living situation (n,%)			
	Primary	Secondary	University		Alone	2 people	3 – 5 people	More than 5 people
Asturias	159 (2,1)	2887 (37,6)	4636 (60,3)	2091 (29,8)	1024 (13,3)	2947 (38,4)	3623 (47,2)	88 (1,1)
Cantabria	44 (1,7)	1007 (39,8)	1478 (58,4)	730 (31,9)	262 (10,4)	797 (31,5)	1425 (56,3)	45 (1,8)
Madrid	13 (0,7)	498 (23,5)	1605 (75,9)	509 (25,8)	287 (13,6)	822 (38,8)	967 (45,7)	40 (1,5)
Andalusia	18 (0,9)	909 (45,9)	1052 (53,2)	481 (26,5)	180 (9,1)	658 (33,2)	1105 (55,8)	36 (1,8)
Basque Country	12 (1,2)	314 (31,9)	659 (66,9)	214 (23,2)	87 (8,8)	315 (32,0)	571 (58,0)	12 (1,2)
Catalonia	13 (1,3)	315 (32,6)	637 (66,0)	265 (29,3)	136 (14,1)	365 (37,8)	444 (46,0)	20 (2,1)
Valencian C	17 (1,9)	314 (34,4)	581 (63,7)	230 (27,2)	100 (11,0)	276 (30,3)	501 (54,9)	35 (3,8)
Murcia	6 (0,7)	373 (41,8)	513 (57,5)	198 (23,6)	67 (7,5)	282 (31,6)	508 (57,0)	35 (3,9)
Castilla-Leon	16 (1,8)	314 (31,9)	562 (64,2,)	225 (27,0)	122 (13,9)	295 (33,7)	448 (51,1)	11 (1,3)
Galicia	5 (0,7)	241 (31,7)	515 (67,7)	210 (30,0)	96 (12,6)	264 (34,7)	381 (50,1)	20 (2,6)
Castilla-La Mancha	6 (1,9)	125 (40,6)	177 (57,5)	67 (23,3)	29 (9,4)	106 (34,4)	170 (55,2)	3 (1,0)
Canary Islands	1 (0,3)	109 (36,6)	188 (63,1)	79 (29,9)	62 (20,8)	102 (34,2)	129 (43,3)	5 (1,7)
Aragon	6 (2,3)	90 (34,2)	167 (63,5)	74 (29,8)	39 (14,8)	91 (34,6)	128 (48,7)	5 (1,9)
Extremadura	2 (1,2)	60 (36,6)	102 (62,2)	35 (25,0)	16 (9,8)	50 (30,5)	95 (57,9)	3 (1,8)
Balearic Islands	6 (3,6)	62 (36,7)	101 (59,8)	41 (25,6)	36 (21,3)	63 (37,3)	68 (40,2)	2 (1,2)
Navarra	2 (1,3)	40 (26,7)	108 (72,0)	27 (18,6)	19 (12,7)	51 (34)	71 (47,3)	9 (6,0)
La Rioja	6 (5,8)	31 (30,1)	66 (64,1)	22 (22,7)	10 (9,7)	31 (30,1)	60 (58,3)	2 (1,9)
TOTAL	332 (1,6)	7673 (36,3)	13,147 (62,2)	5498 (28,2)	2572 (12,2)	7515 (35,5)	10.694 (50,6)	371 (1,8)

Table S2

Geographic distribution of the Spanish and study populations

	Spanish po	opulation	Study sample		
	Ν	0/0	0/0	Ν	
Total	47.026.208			21.207	
Andalusia	8.414.240	17,9	8,4	1979	
Aragon	1.319.291	2,8	2,3	263	
Asturias	1.022.800	2,2	36,2	7682	
Balearic Islands	1.149.460	2,4	0,8	169	
Canary Islands	2.153.389	4,6	1,4	298	
Cantabria	581.078	1,2	11,9	2529	
Castilla-León	2.399.548	5,1	4,0	876	
Castilla-La Mancha	2.032.863	4,32	1,4	308	
Catalonia	7.675.217	16,32	4,5	965	
Valencian Community	5.003.769	10,64	4,3	912	
Extremadura	1.067.710	2,27	0,8	164	
Galicia	2.699.499	5,74	3,6	761	
Madrid	6.663.394	14,16	10,0	2116	
Murcia	1.493.898	3,17	4,2	892	
Navarre	654.214	1,39	0,7	150	
Basque Country	2.207.776	4,69	4,7	985	
La Rioja	316.798	0,67	0,5	103	