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Depression in medical students

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Abstract: Factors associated with depression of medical students are poorly understood. The purpose of this study is to determine the prevalence of depression in medical students, its change during the course, if depression persists for affected students, what are the factors associated with depression and how these factors change over time, and to assess the exposure to different stressors and the prevalence of depression among medical students at different levels of education, taking gender differences into account.

Stress is usually a precursor to anxiety and anxiety is usually a precursor to depression, can reduce the efficiency of healthy individuals. This study is aimed to observe the levels of depression, leads to stresses and its effect on vital parameters during academic curriculum. Three studies from different countries confirm that depression among medical students is higher than that of students in other disciplines, the first in America, the second in Portugal and the latest in Saudi Arabia.

Introduction: -Medical students experience substantial stress from the beginning of the training process. Although some degree of stress is a normal part of medical training and can be a motivator for some individuals, not all students find stress constructive. For many individuals, stress arouses feelings of fear, incompetence, uselessness, anger, and guilt and can be associated with both psychological and physical morbidity. Students use various coping mechanisms to process stress that vary by year in training and source of stress. The specific coping strategies that students use may determine the effect of stress on psychological and physical health, and may determine whether stress has a positive or negative influence. Strategies that center on disengagement, such as problem avoidance, wishful thinking, social withdrawal, and self-criticism, have negative consequences and correlate with depression, anxiety, and poor mental health. In contrast, strategies that involve engagement, such as problem solving, positive re-interpretation, reliance on social support, and expression of emotion, enable students to respond in a manner that leads to adaptation, which can reduce anxiety and depression and their effects on mental and physical health(1).

Depression and anxiety levels in the community are considered as specific indicators for mental status of a person. Various studies have documented stress among medical students. Among medical students, academic stressors include the volume of material to be learned, academic performance and evaluation (examination and continuous assessment).

Academically less successful students reported somewhat higher levels of depressive ideation and symptomatology. The potential negative effects of emotional distress on medical students include impairment of functioning in classroom performance and clinical practice, stress-induced disorders and deteriorating performance. Students in extreme stress or depression need serious attention otherwise inability to successfully with the enormous stress of education may lead to a cascade of consequences at both personal and professional levels. There should be a system to identify the prevalence of their training and to specify the relevant contributing factors. This knowledge can assist in instituting specific interventions. (2)

Discussion:According to the Journal of the American Medical Association (JAMA), almost 30% of medical students suffer from depression or symptoms of depression. In addition, 1 out of 10 medical students report experiencing suicidal thoughts. That means medical students are five times more susceptible to depression than the general population. (3)

A prospective, longitudinal observational study was conducted at the Medical School of the University of Minho, Portugal, between academic years 2009–2010 to 2012–2013, For depression the prevalence ranged from 21.5 to 12.7% (academic years 2009/2010 and 2012/2013). (4)

another study among undergraduate college students at King Faisal University, Saudi Arabia A total of 1696 undergraduate students of both genders from ten colleges at King Faisal University were selected using a random sampling method. Participants were assessed for depression and anxiety using the Patient Health Questionnaire (PHQ) anonymously. Information was also collected for the socio-demographics, presence of chronic disease conditions and other potential correlates as financial, personal and family problems. Results: The prevalence of symptoms of any depression or anxiety was 21.9%. Symptoms of major depression were present in 9.9%, other depression in 19.4% and any depression among 24.4%. Panic and generalized anxiety symptoms were found in 4.0% and in 14.0% respectively. Suicidal ideation in the past four weeks was reported by 1.1% of students. Major depression and anxiety were significantly higher among females. Multivariate regression logistic models revealed that the type of college (nature of received education), female gender, financial and personal problems were significant predictors for major depression. (5)

Conclusions: some students continuously experience depression. Our findings suggest that personal factors (anxiety traits, medicine choice factors, relationship patterns and academic burnout) are relevant for maintenance of high levels of depression during medical training. Installing procedures that identify and support depressed students, specially the few with persistently low mood is crucial It is vital to clean up the mental health-related stigma among health professionals to promote students having trouble seeking and receiving appropriate help. This finding justifies the implementation of specific preventive programs to foment resilience and individual fulfillment and for improvement of patient care and mental resilience. This would suit the requirement of future physicians and the interest of patients and the community in the long term.

References:

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