

Depression among Medical Students, Trainees and Resident Doctors

Samdani G*

Depression:

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration. Moreover, depression often comes with symptoms of anxiety. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide. Almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who contemplates a suicide, 20 or more may attempt to end his or her life (WHO, 2012)¹.

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. It is one of the three most common causes of morbidity worldwide and anticipated to be the commonest cause by the year 2030. Globally over 150 million people are suffering from depression². The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year¹. The lifetime risk for development of depression is 7-12% for men and 20-25% for women worldwide; these rates are independent of race, education, earnings or social status³.

The burden of depression is 50% higher for females than males (WHO, 2008). In fact, depression is the leading cause of disease burden for women in both high-income and low and middle-income countries (WHO, 2008)¹. The estimated prevalence of depression in Bangladesh is 3-4% and the life-time prevalence of major depressive disorder is 4.6%^{4,5}.

Depression in medical students, residents and trainees:

Physicians are no different from the general population. Privilege of their medical training does not provide immunity from illness. Depression seems to be one of the most common disorders in

physicians. Depression in physicians not only affects their own personal and family lives, but also may have serious impacts on health of the community in general⁶.

Medical education is perceived as stressful and studies suggest that it may have a negative effect on trainee's mental health, predisposing to depression⁷. Medical school is traditionally recognized as one of the most laborious, often by becoming a hostile environment of requirements, which ultimately have a negative impact on the student's academic performance, physical health and psychosocial well-being^{8,9}.

High levels of stress have been documented in medical students in various studies¹⁰⁻¹⁴. This stress has been reported to be due to academic demands, exams, inability to cope, helplessness, increased psychological pressure, mental tension and too much work load¹⁵. MBBS students of 3rd year had highest depression, anxiety and stress scores as compared to others¹⁶. In respect of student stress the transition from preclinical to clinical training has been identified as a crucial stage in 3rd year of medical school¹⁶. But lower levels of depression in 4th Year MBBS shows that after spending a year in it, students well adapt to stress of clinical training. However, depression again increases in last year of study (5th year MBBS) because of increased workload¹⁷.

Residency training is a stressful stage with frequent encounters with severely ill patients, lengthy work hours, and persistent threat of being sued by patients, and a need to study regularly to keep up to date. These factors make them vulnerable to depression¹⁸. Variable prevalence rates of depression among medical students and residents have been reported, ranging from 2% to 35%, with the highest rates among residents. There is more evidence to support that medical students and residents experience depression at higher rates than graduate students or young adults in the general public (8% to 15%)^{19,20}.

* Professor Dr. Golam Samdani, MD, MS, Ph.D, FACS, FICS, Principal, Eastern Medical College and Professor, Department of Surgery, Eastern Medical College & Hospital, Kabila, Comilla, Bangladesh. Mobile: +8801711720995, Email: drsamdani2003@yahoo.com

This depression and anxiety affect students both professionally and personally. Personal consequences include termination of relationships, substance abuse, health deterioration and decline in physical vigor. Professional consequences include academic performance decay, decline in empathy and ethics, academic dishonesty, negative influence on their choice of specialty and high incidence of medical errors²¹.

Current situation at the south-east Asia region:

In a survey done among under-graduate medical students including intern doctors in India, it was found that depression was present in 27.08% cases, mostly mild to moderate depression²². On the other hand Jain SR et al. found that the prevalence of depression was 49.4% among the post-graduate medical students/residents of India²³.

The prevalence of depression was 59.88% among post-graduate trainees of Aga Khan University Hospital (AKUH), Karachi, Pakistan⁵. In a similar survey, among the post-graduate trainees of Bangladesh, Zaman S et al. found that 39.6% of the respondents had depression²⁴.

Strategies to overcome and prevent depression in medical students/ residents/ trainees:

The intention of medical training is to prepare proficient and skilled doctors who can take care of sick people and ensure health of society. Unfortunately, the current situation is suggesting that the training may have an unintentional negative effect on trainee's mental health predisposing to depression and they are reluctant to seek appropriate help for their problems as they view it as a weakness. This issue needs to be addressed and they should be encouraged to seek help along with provision of adequate facilities.

Medical schools should encourage students to spend adequate time on their social and personal lives and emphasize the importance of health promoting coping strategies. Recreational facilities should be provided at the campus.

Preventive programming efforts should begin early in medical education and address a wide variety of concerns from academic to interpersonal relationships and financial worries. Early signs of depressive symptoms among medical students should be addressed. We need interventions that help students cope with stress to make a smooth transition from school to medical college and also to get adjusted to different learning environments during different phases of medical education.

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