

Depression in medical students

Barakoti B

Final Year MBBS, 12th Batch
Kathmandu Medical College Teaching Hospital

Medical education is mentally and academically demanding, so it is not surprising that rates of depression, burnout and suicide are higher in medical students than in general population. As a medical student, I started becoming more conscious regarding this matter when I came to know about one of my friends, who had an episode of depression during his final year exam preparation. Initially he only told me about the symptoms- heaviness of head, sleep disturbance, difficulty in concentrating on studies and decrease in energy. He then consulted a psychiatrist and started taking medication for depression.

A recent study conducted at the University of Michigan led by Thomas L. Schwenk, MD, revealed that 14.3% students were identified as having moderate to severe depression, higher than the 10-12% range found in population at large. 53.3% of medical students who reported higher levels of depressive symptoms were worried that revealing their illness would be risky. Almost 62% of the students said asking for help would mean that their coping skills were inadequate¹.

Why does being a medical student increase the risk of depression?

Psychiatrists believe that students' coping strategies and personal health deteriorate as they progress through medical school. The emotional and academic challenges involved in becoming a physician wear students down. Frequently students fear they know nothing and are insecure about the physical examination of patients. They feel that they are making life and death decisions and that they should never be wrong. There is such tremendous pressure to be perfect that any sense of falling short makes them very anxious. The higher stigma also contributes to likelihood that medical students will not seek out treatment for depression because

they are concerned about perceptions that would limit future options². Researchers write that "students may worry that revealing their depression will make them less competitive for residency training positions or compromise their education, and physicians may be reluctant to disclose their diagnosis on licensure and medical staff application"³. But those who had a parent who was a doctor were less likely to suffer from signs of the condition, suggesting that they were more aware of pressures of the profession before they started medical school.

Those in third and fourth year reported suicidal ideation more frequently than those in their first two years¹. In clinical years, there is just far greater commitment of time. Plus, as match pressure begins to emerge, it's an extremely stressful time for a lot of people. Students are often separated from friends and parents and must work with a constantly changing set of residents and attending physicians which contributes to their sense of isolation. Increase in sleep deprivation during rotations may also expose mood disorders².

As compared to males, females are more prone to depression. Many female students including my friends are worried that mounting demands of training and clinical practice will not allow them to find a partner, marry and have children.

What are the symptoms of depression?

Symptoms of depression in medical students can be difficult to be distinguished from the effects of stress inherent in student life. Students often dismiss their feelings of despondency as a normal emotional response to medical school, where they live from test to test and do not find time for themselves. Most common symptoms of depression include sadness, dissatisfaction, spontaneous crying, irritability, withdrawal, increased tiredness, weight loss and lack of interest in sex. Scientists found that almost 4 in 10 young medics in one medical school showed symptoms of depression including insomnia, social withdrawal and suicidal thoughts^{4,5}.

Address for correspondence

Binuragi Barakoti
Final Year MBBS, 12th Batch
Kathmandu Medical College and Teaching Hospital
Sinamangal, Kathmandu
E-mail: mys.binu@gmail.com

What are the effects of depression in medical students?

Students who are depressed are more likely to have considered leaving medical school, committing suicide. These students think that asking for help would mean their coping skills are inadequate and others would consider them unable to handle their medical school responsibilities. Studies reveal that it is not just the students who believe in stigmas associated with the disease but those not suffering from depression are more likely to think that depressed students would be a danger to patients. Some even feel guilty about needing antidepressants. Depression not only affects students' lives but may also have repercussions for patient's care in the long run².

What can be done to manage depression among medical students?

New approaches may be needed to reduce the stigma of depression and to enhance its prevention, detection and treatment. The effective care of mental illness,

maintenance of mental health and effective emotional function and care of professional colleagues with mental illness could be taught as part of ethical and professional responsibilities of the physician¹. Universities and hospitals should be more aware of stresses that trainee doctors are under and look for warning signs; hold stress rounds in which students on clinical rotation share their experiences and emotional responses; and counselling should be done. Emotional support should be provided to depressed students while shielding their identities. There should be arrangement of an online forum to give students a safe place to talk and to help them realize they are not alone and there are a lot of resources available. Students can post messages anonymously which are reviewed by psychiatrists. Students need to be reassured that problems will be reported only if they grant permission and only to explain effects on their academic performance⁶. Apart from antidepressants under psychiatrist's consultation, mindfulness, self renewal skills, improved eating habits, sleep hygiene, stress reduction and mood regulation are some measures to minimize episodes of depression^{2,6}.

Reference

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