

FREQUENCY OF DEPRESSION AND STRESS AMONG MEDICAL AND DENTAL STUDENTS

Komal Baneen*, Ijaz Hussain and Rabia Khan

Pakistan.

*Corresponding Author: Dr. Komal Baneen
Pakistan.
DOI: <https://doi.org/10.17605/OSF.IO/YV23B>

Article Received on 21/10/2020

Article Revised on 11/11/2020

Article Accepted on 01/12/2020

ABSTRACT

Depression is a state of low mood and aversion to activity. It can affect a person's thoughts, behavior, motivation, feelings, and sense of wellbeing. It may feature sadness, difficulty in thinking and concentration and a significant increase or decrease in appetite and time spent sleeping. This survey study was conducted among MBBS and BDS of Nishtar Medical University. The relevant information about their personal life, presence of stress and depression and their causes were collected on a predefined proforma. A total of 125 medical and dental students participated in the study. Out of 125 students, 67 told that they have faced occasional stress. Five students responded that they always remain in stress. There were multiple reasons for this i.e. family issues, hostel life issues and educational problems.

KEYWORDS: Stress, Depression, Medical Students, Dental Students.

INTRODUCTION

Depression is a state of low mood and aversion to activity. It can affect a person's thoughts, behavior, motivation, feelings, and sense of well-being. It may feature sadness, difficulty in thinking and concentration and a significant increase or decrease in appetite and time spent sleeping. People experiencing depression may have feelings of dejection, hopelessness and, sometimes, suicidal thoughts. It can either be short term or long term. The core symptom of depression is said to be anhedonia, which refers to loss of interest or a loss of feeling of pleasure in certain activities that usually bring joy to people. Depressed mood is a symptom of some mood disorders such as major depressive disorder or dysthymia; it is a normal temporary reaction to life events, such as the loss of a loved one; and it is also a symptom of some physical diseases and a side effect of some drugs and medical treatments. Stress-related disorders can include mental health disorders that are a result of an atypical response to both short and long-term anxiety due to physical, mental, or emotional stress. These disorders can include but are not limited to obsessive-compulsive disorder and posttraumatic stress disorder.

Stress is a conscious or unconscious psychological feeling or physical condition resulting from physical or mental 'positive or negative pressure' that overwhelms adaptive capacities. It is a psychological process initiated by events that threaten, harm, or challenge an organism

or that exceed available coping resources and it is characterized by psychological responses that are directed towards adaptation. Stress is wear and tear on the body in response to stressful agents. Hans Selye called such agents stressors and said they could be physical, physiological, psychological, or sociocultural. And stress is not an anxiety disorder and it is not a normative concept. A person typically is stressed when positive or negative (e.g., threatening) experiences temporarily strain or overwhelm adaptive capacities. Stress is highly individualized and depends on variables such as the novelty, rate, intensity, duration, or personal interpretation of the input, and genetic or experiential factors. Both acute and chronic stress can intensify morbidity from anxiety disorders. One person's fun may be another person's stressor. For an example, panic attacks are more frequent when the predisposed person is exposed to stressors.^[1-3]

MATERIAL OF METHODS

This survey study was conducted among medical and dental college students of Nishtar Medical University Multan. The relevant information about their personal life, presence of stress and depression and their causes were collected on a predefined proforma. All the data was analyzed with SPSS Ver. 23.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS

A total of 125 medical and dental students participated in the study. There were 76 males and 49 females. The mean age was 21.68 ± 1.99 years. Out of 125 students, 67 told that they have faced occasional stress and depression during their medical education. They face during their tests, exams and ward duties. Five students responded that they always remain in stress. There were multiple reasons for this i.e. family issues, hostel life issues and educational problems etc.

DISCUSSION

Depression is major mental health cause of Global Burden of disease. Its consequences further lead to significant burden to public health, which include higher risk of dementia, premature mortality arising from physical disorders and maternal depression impacts on child growth and development. Approximately 76% to 85% of depressed people in low and middle income countries are not receiving treatments; barriers to treatment include: inaccurate assessment, lack of trained health care providers, social stigma and lack of resources.

The World Health Organization constructed guidelines aiming to increase services for people with mental, neurological and substance use disorders known as The Mental Health Gap Action Programme (mhGAP). Depression is listed as one of conditions prioritized by the programme. Trials conducted show possibilities for the programme to be implemented on low-resource primary care settings dependent on primary care practitioners and lay health workers. Examples of therapies by the mhGAP targeting depression are the Group Interpersonal Therapy as group treatment for depression and Thinking Health which utilizes cognitive behavioral therapy to tackle perinatal depression. Furthermore, effective screening in primary care is crucial for the access of treatments. The mhGAP programme adopted its approach of improving detection rate of depression by training general practitioners. However, there is still weak evidence supporting this training.

Stress management is a wide spectrum of techniques and psychotherapies aimed at controlling a person's level of stress, especially chronic stress, usually for the purpose of and for the motive of improving everyday functioning. In this context, the term 'stress' refers only to a stress with significant negative consequences, or distress in the terminology advocated by Hans Selye, rather than what he calls eustress, a stress whose consequences are helpful or otherwise. Stress produces numerous physical and mental symptoms which vary according to each individual's situational factors. These can include physical health decline as well as depression. The process of stress management is named as one of the keys to a happy and successful life in modern society. Although life provides numerous demands that can prove

difficult to handle, stress management provides a number of ways to manage anxiety and maintain overall well-being. Despite stress often being thought of as a subjective experience, levels of stress are readily measurable, using various physiological tests, similar to those used in polygraphs.^[4-6]

REFERENCES

1. Hammen C. Stress and depression. *Annu. Rev. Clin. Psychol*, 2005; 27(1): 293-319.
2. Pittenger C, Duman RS. Stress, depression, and neuroplasticity: a convergence of mechanisms. *Neuropsychopharmacology*, 2008; 33(1): 88109.
3. Andrews B, Wilding JM. The relation of depression and anxiety to life-stress and achievement in students. *British journal of psychology*, 2004; 95(4): 509-21.
4. Chernomas WM, Shapiro C. Stress, depression, and anxiety among undergraduate nursing students. *International journal of nursing education scholarship*, 2013; 7, 10(1): 255-66.
5. Park HJ, Jang IS. Stress, depression, coping styles and satisfaction of clinical practice in nursing students. *The Journal of Korean academic society of nursing education*, 2010; 16(1): 14-23.
6. Bender WN, Rosenkrans CB, Crane MK. Stress, depression, and suicide among students with learning disabilities: Assessing the risk. *Learning Disability Quarterly*, 1999; 22(2): 143-56.