

ANXIETY, STRESS AND DEPRESSION IN MEDICAL STUDENTS

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Anxiety, stress and depression have been associated to medical education which may cause negative academic and professional consequences. Moreover, in spite of knowledge about anxiety, stress and other health hazards, the medical students are often unaware of the factors that contribute to their own general and mental health. Medical students encounter multiple stresses and emotional challenges during their transformation from a student to a young knowledgeable physician^[1]. These problems are experienced not by all but a good score of medical students as an emotional reaction and such problems are not irrational but excess interferes with their performance. Among medical students, academic stressors include the extensive study load, long duration of course, continuous evaluation i.e. examination and incessant assessments^[2,3].

Patti et al accounted that 37% of medical professionals have the symptoms of depression, stress or anxiety^[4]. Female medical students are more vulnerable to stress, anxiety and depression as compared to male students as reported in literature^[4-7]. These symptoms are significantly higher in 1st year (59.3%) and 2nd year (65.6%), compared to 3rd year (34.4%) and 4th year (37.2%) students^[6]. A number of studies from Pakistan have also reported a higher prevalence of anxiety, stress and depression among medical students^[3-5].

Variable data depending upon the local factors from different countries were available regarding the causes of student's anxiety, depression and stress and its impact on academic performance, dropout rates, and professional development^[3]. Regarding different factors leading to such symptoms, studies show that those students living in hostels were significantly more depressed and anxious than the ones living at home. Similarly those having financial problems, family issues, social problems or a history of negative life events in the recent past were more likely to be depressed. Students in their first two years of medical school were more stressed, and the ones who had more friends were less anxious and depressed^[3,6,7]. In addition, the long duration of medical education with its challenging and excessive curriculum and continuous evaluation process also adversely affects the mental state of some medical students. Exam anxiety is a set of responses that includes excessive worry, depression, nervousness and irrelevant thinking to a class of stimuli from an individual's experience and assessment/test and outcome^[6]. Moreover, the transition from pre-clinical to clinical training has also been identified as a crucial stage of medical school contributing to a student's stress^[7]. Lack of sports, recreational and extracurricular activities lead to aggravated levels of students' anxiety, stress and depression. Previous research has shown that leisure activities including physical exercise reduces stress

and depression in students^[1].

Female students were more likely to report symptoms suggestive of depression as compared to male students because women articulate more frequently regarding their problems, even minor ones, more easily than men, and that the excess could actually be due to this fact as much as to a true expression of greater distress^[4,7]. The number of students doing regular exercise was also reported to be very little and this may contribute to higher rates of depression among them as regular physical exercise was negatively correlated with depression^[8]. Hence there is a need to quantify anxiety, depression and its associated factors among medical students in order that the affected students are counseled and rehabilitated properly. If left untreated, it can lead to mental distress and have a negative impact on their cognitive function and learning ability. Various studies have come forth to document the levels of anxiety that medical students experience and have recommended different coping methods which can bring about reduced stress and anxiety. It is suggested that the factors leading to subsequent development of anxiety and depression must be identified before intervention methods can be utilized^[2,8,9].

It is also reported that the medical students are reluctant to seek appropriate help for their mental health problems and view it as a weakness and a social stigma^[9]. This issue needs to be addressed and the students should be encouraged to seek help along with provision of adequate counseling facilities. In addition to it, provision of extracurricular activities, sports facilities, cultural shows, and student's recreational clubs should be made a compulsory part of the curriculum since such activities are very helpful in alleviating mental pressure of academic syllabus in the students.

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