DEPRESSION AND SUICIDE AMONG MEDICAL STUDENTS: A COMPARISON STUDY BETWEEN MEDICAL AND MEDICAL SCIENCES STUDENTS IN TAIF UNIVERSITY, TAIF-KSA

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ABSTRACT

Background: Medical school is recognized as a stressful environment that often exerts a negative effect on the academic performance, physical health, and psychological well-being of the student. Objective: To assess the exposure to different stressors and the prevalence of depression and suicide among medical students comparing with medical sciences students at Taif University, Taif City-KSA. The study was carried out at the Taif University, medical students and medical sciences. Participants all registered students in Year 4, were enrolled in the study (n = 181). Method: Stress, depression, and suicide act were examined among 81 fourth-year medical students and 100 fourth year medical sciences students in 2016-at the University of Taif. Students were asked to complete a new stress inventory, developed by the researcher himself. Results: The prevalence of depression among medical and medical sciences students were 34%, where 41% among medical students and 28% among medical sciences students. 19% of the whole sample were thought of suicide act, where 23% medical students and 17% medical sciences students. Conclusion: Medical students were have higher depression rates and therefore had higher suicide act comparing with medical sciences students.

KEYWORDS: depression; stressor; suicide, Taif University Saudi Arabia.

INTRODUCTION

Medical education is perceived as being stressful, although it is doubtful whether it differs in that respect from other higher education. Stress during education can lead to mental distress and have a negative impact on cognitive functioning and learning. High rates of psychological morbidity among students, such as depressive symptoms and anxiety have been reported in several studies from different western countries, as well as from other parts of the world. Previous studies in Pakistan have shown a higher prevalence of anxiety and depression in medical students. Stress during medical school can lead to problems later in professional life compromising patient care.

SUBJECTS AND METHODS

This study, it will yield information about prevalence of depression and suicide. It was carried out on students of Taif medical & medical sciences colleges. Data collection spanned over the month of July 2016. The approval was obtained from the head of the institution before administering questionnaires. Verbal consent was taken from students before distributing questionnaires and confidentiality was ensured. Students who had spent more than three years in both colleges were included in this study. Data was collected via a self-administered questionnaire which was distributed among students after explaining the purpose of study and taking verbal consent. The questionnaire was handed out to students who were present at the time of distribution. The students were instructed to return the completed questionnaire. Out of 181 students were present during the survey.

RESULTS

The mean age of students was 22 years. The gender of ample were male, 89% living with their parents. 92% of the sample live in urban. Demographic characteristics of the study group are presented in Table-1.
Table 1: Demographic characteristics of study group.

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total participants</td>
<td>181</td>
<td>100</td>
</tr>
<tr>
<td>Age</td>
<td>22</td>
<td>100</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>181</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Unmarried</td>
<td>181</td>
</tr>
<tr>
<td>Locality</td>
<td>Urban</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Tent</td>
<td>2</td>
</tr>
<tr>
<td>Social Status of parents</td>
<td>Divorced</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Live together</td>
<td>89</td>
</tr>
</tbody>
</table>

The prevalence of depression among medical and medical sciences students were 34% (see graph No.1), where 41% among medical students (see graph No.2) and 28% among medical sciences students (see graph No.3).

Graph N0.1: shows the prevalence overall depression.

Graph N0.2: shows the prevalence of depression among medical School.

Graph N0.3: shows the prevalence of depression among medical Sciences.

19% of those students who had depression were thought one day of committing suicide (see graph No.4), where 23% among medical students (see graph No.5) and 17% medical sciences students (see graph No.6).

Graph N0.4: shows the prevalence overall suicide act.

Graph N0.5: shows the prevalence of depression among medical School.
Graph N0.6: shows the prevalence of depression among medical Sciences.

DISCUSSION
In this study, (34%) of the students had sort of depression. It is comparable to the prevalence of depression reported in Sweden (12.9%), Turkey (27.1%), Beirut (27.63% and 69%), Brazil (40.2%), Iran (44%), Pakistan (46.07%), US (49%), Zimbabwe (64.5%), and Bosnia (66.5%). As we can see, the results of our study slightly in same level with those studies reported above.

The prevalence of depression among medical students was quite high (41%) comparing with (28%) among medical sciences students. The medical students have to deal with stressors specific to medical school in addition to normal stressors of everyday life which explains this high prevalence of depression. This may be due to the difference in teaching and assessment methodologies including introduction of problem based learning and objective structured performance evaluation in the recent years. Another reason may be the sample size difference (n=181). Different sociodemographic background of participants (Taif, Makkah and Jeddah cities) can also be a contributor in this regard.

High prevalence of suicide (19%) of those students who had depression were thought one day of committing suicide. The majority of them (23%) came from medical students, in spite, they have small size of sample (n=81) comparing with (17%) among medical sciences students. Increased suicidal tendency and compound existing problems of health care provision. There is need for greater attention to the psychological well-being of medical students. It has been reported that medical students are reluctant to seek appropriate help for mental health problems and view it as a weakness. This issue needs to be addressed and students should be encouraged to seek help along with provision of adequate facilities. Information about effective coping strategies i.e. active coping efforts and ineffective means i.e. avoidant coping efforts of dealing with stress might be helpful in preventing distress. 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 to cope with stress to make a smooth transition from school to medical college and also to adjust to different learning environments during different phases of medical education Limitations of the study include lack of baseline information concerning mental status of medical students at the time of entrance in the medical school and lack of population based data to support our results and compare our findings with the general population. It is recommended that baseline data should be established at the time of entrance and further evaluation of positive cases should be done by a psychiatrist or psychologist to improve mental health of students. Follow up studies for monitoring prevalence of depression will help in instituting interventional strategies. It is concluded that a substantial proportion of medical students had an ongoing psychiatric condition. Actions should be taken to encourage medical students to seek help for psychological problems and to provide adequate facilities. Interventions addressing the mental health of medical students might be directed towards those revealing depressive symptoms already present during first year of medical school.

Individual as well as organizational interventions should be targeted to prevent excessive stress and burnout among medical students.

REFERENCES


22. Fleck et al., 2004Fleck, M.P., Chaves, M.L., Poirier-Litte, M.F., Bourdel, M.C., Loo, H., Guelfi, J.D. Depression in France and Brazil: factorial structure of the 17-item hamilton depression scale in inpatients. The Journal of Nervous and Mental Disease, 2004; 192: 103–110.


