

Benedito Rodrigues da Silva Neto
(Organizador)



Prevenção e Promoção de Saúde 7

Atena
Editora

Ano 2019

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(Organizador)



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APRESENTAÇÃO

A coleção “Prevenção e Promoção de Saúde” é uma obra composta de onze volumes que apresenta de forma multidisciplinar artigos e trabalhos desenvolvidos em todo o território nacional estruturados de forma a oferecer ao leitor conhecimentos nos diversos campos da prevenção como educação, epidemiologia e novas tecnologias, assim como no aspecto da promoção à saúde girando em torno da saúde física e mental, das pesquisas básicas e das áreas fundamentais da promoção tais como a medicina, enfermagem dentre outras.

A Organização Mundial da Saúde afirma que não existe definição oficial de saúde mental, apesar de que este termo é constantemente utilizado quando se pretende descrever um nível de qualidade de vida cognitiva ou emocional. Todavia a definição de saúde como “bem estar físico, mental e social” irá delinear as perspectivas abordadas aqui neste volume que tem um aspecto multidisciplinar por envolver desde os temas mais fundamentados à fisioterapia e nutrição até a psiquiatria e musicoterapia.

Deste modo, a coleção “Prevenção e Promoção de Saúde” apresenta uma teoria bem fundamentada seja nas revisões, estudos de caso ou nos resultados práticos obtidos pelos pesquisadores, técnicos, docentes e discentes que desenvolveram seus trabalhos aqui apresentados. Ressaltamos mais uma vez o quão importante é a divulgação científica para o avanço da educação, e a Atena Editora torna esse processo acessível oferecendo uma plataforma consolidada e confiável para que diversos pesquisadores exponham e divulguem seus resultados.

Benedito Rodrigues da Silva Neto

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DEPRESSION, ANXIETY AND ASSOCIATED FACTORS AMONG MEDICAL STUDENTS: A SYSTEMATIC REVIEW

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ABSTRACT: Objective: This is a systematic review that seeks to establish main risk factors for depression and anxiety among medical students. **Search methods:** The literature research was performed in PubMed Central: PMC database with the search algorithm “anxiety” AND “depression” AND “medical students”. The following filters were used: human research AND articles published in the last 10 years. We applied no language restrictions. **Selection and Exclusion criteria:** We included 30 studies that approached anxiety and depression among medical students and excluded those which did not. **Data collection and analysis:** Articles were independently reviewed according to eligibility criteria, and data were extracted and synthesized by 4 researchers in a table. **Conclusion:** We concluded that intense academic demand and stress are the main risk factors for developing of depression and anxiety in medical students, increasing their prevalence in this specific

population and may be associated with other psychological disorders.

KEYWORDS: Medical student, Anxiety, Depression, Risk factors

INTRODUCTION

Depression is a mental disorder that affects around 300 million people. Due its grow and impact to health, the World Health Organization (WHO) is leading a one-year global campaign to depression, celebrating world health day 2017, on april 7. Its injuries includes depressive mood, reduced energy, disturbed sleep, anxiety and suicide³⁹.

Medical school represents an important challenge for students well – being³⁵ and is recognized as one of the most stressful times in physician’s life, especially pre clinical years¹³. Stress and mental’s health diseases have high prevalence among physicians in training, which have been related higher levels than general population. An increase of these rates have been reported among medical residents and physicians for recent researches, suggesting a continuity of the problem^{31, 22}.

This issue has been explored by experts around the world as well as impact in patient

care, safety and medical error³⁸. The most common disturbs described among medical students are anxiety, depression, burnout and others psychological distress⁹.

However, we have not identified which risk factors relative to medical school and sociodemographic characteristics that could be associated to developing of these disturbs. More studies are needed to evaluate prevalence of depression and anxiety in all countries to develop support and preventions strategics plans. In this study, we performed a systematic review to establish risk factors of depression and anxiety in this population.

METHODS

We have conducted a systematic review, using PubMed Central (PMC) database as a search source for selected articles in this study, and following coming steps: (1) identification of the subjective-main and the goals; (2) search in aviable literature in a specific research line; (3) apply inclusion and exclusion criteria; (4) analyse data extracted from primary sorces; (5) formulation and introduction of the synthesis and discuss others associated factors.

Mesh terms used were: “anxiety”, “depression” AND “medical students”, followed by search filters: “10 years” and “humans”. There was no language restrictions applied. Next, all articles were sorted based on their title and abstracts. Then, we excluded articles that did not addressed depression and anxiety among medical students. Studies that examined the mental health difficulties of non-medical students or medical graduates as well as others systematics reviews were excluded. This research was done on may, 26, 2017.

After an initial search, each subsequent step was performed independently by each author (M.R.C., M.M.N.A., L.J.P.C., M.M.F.O., FREITAS I. H. M.). Issues of disagreement were resolved by discussion. The data were extracted in identical tables by each author. Lastly, authors filled tables with data: title, authors, target, sample, location, risk factors and limitations.

To further assess the quality of the research process, we checked whether it was made clear that ethical approval had been sought. Prejudice can be introduced in some studies in how participants are selected, by low sample or study numbers, and by low response rates. Few papers did not listed their limitations. We extract data from each document on each of these measures.

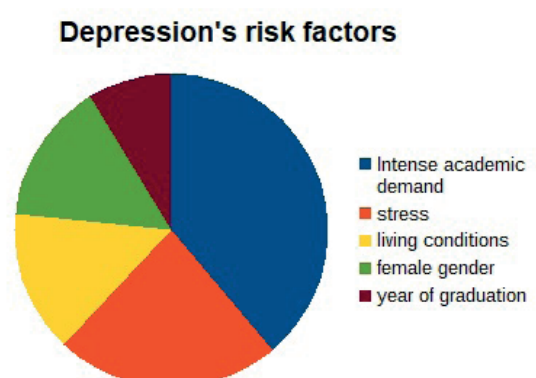
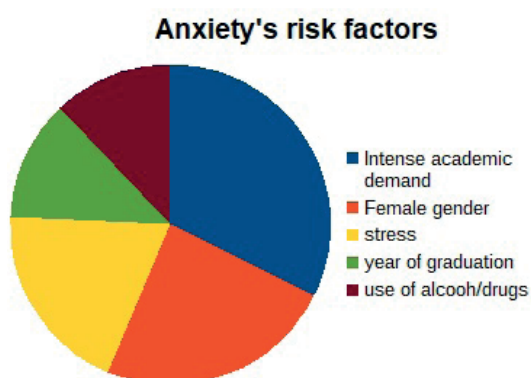
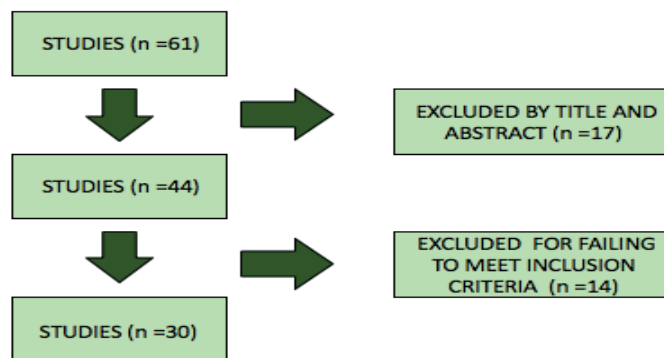
We used the Preferred Reporting Items for Systematic Reviews and Meta-Analyse (PRISMA), a tool that discerns between quality and bias, identifying it in a systematic review. Althought, the work’s objective is limited to relat risk factors for depression and anxiety among undergraduate medical students.

RESULTS

At first, we have found 61 general papers, which 17 were excluded by title and abstract and 14 for failing in inclusion criteria. At the end, 30 papers were included, based on eligibility criteria for review, of which 19 studies were cross-sectional, 8 longitudinal/prospective, 2 randomized trials and 1 multicenter study. The sample sizes were varied from 38 to 1350, enrolling 15.977 participants from different countries. These data are exposed at table 1.

This work showed association among risk factors, depression and anxiety. Main risk factors associated to anxiety are: intense academic demand (26,6%), female gender (20%), stress (16%), year of graduate (10%), use of alcohol or drugs (10%). Factors related with depression are: intense academic demand (26,6%), stress (16%), living conditions (10%), female gender (10%), year of graduate (6%).

Other factors reported separately were: financial problems, pressure to become doctor and gain much money, isolation, etc. All the involved factors are related by table 2.



ID	Title	Method	Sample	Location
17	Study of depression, anxiety and stress among the medical students in two medical colleges of Nepal	Cross – sectional study	538	Nepal
26	Prevalence of mental distress and associated factors among Hawassa University medical students, Southern Ethiopia: a cross – sectional study	Cross – sectional study	248	Ethiopia
15	Prevalence and incidence of mental health problems among dutch medical students and the study-related and personal risk factors: a longitudinal study	Longitudinal study	951	Netherlands
23	Factors associated to depression and anxiety in medical students: a multicenter study	Multicenter study	1350	Brazil
4	Graduate-entry medical students: older and wiser but not less distressed	Cross – sectional study	122	Australia
12	Mental well-being in first year medical students: A comparison by race and gender: a report from the medical student CHANGE study	Longitudinal study	4732	United States
33	The relationships among self-care, dispositional mindfulness, and psychological distress in medical students	Longitudinal study	207	Australia
36	Medical students' death anxiety: severity and association with psychological health and attitudes toward palliative care	Longitudinal study	790	Cambridge – UK
20	Psychological variables and alcohol consumption in a sample of students of medicine: gender differences	Cross – sectional study	200	Catania – Italy

5	Subclinical eating disorders in female medical students in Anhui, China: a cross-sectional study	Cross – sectional study	1135	China
2	First – and last-year medical students: is there a difference in the prevalence and intensity of anxiety and depressive symptoms?	Cross – sectional study	232	Brazil
18	Gender differences in cardiac autonomic modulation during medical internship	Longitudinal study	38	Taiwan
6	Medical Students' Experience of and Reaction to Stress: The Role of Depression and Anxiety	Cross – sectional study	358	Malaysia
37	Prediction of insomnia severity based on cognitive, metacognitive and emotional variables in college students	Cross – sectional study	400	Tehran
25	The impact of medical school on student mental health	Cross – sectional study	385	US
10	Personality traits predict job stress, depression and anxiety among junior physicians	Cross – sectional study	201	Norway
28	Health-related quality of life of medical students	Cross – sectional study	352	Brazil
1	Depression, anxiety and their associated factors among medical students	Cross – sectional study	279	Pakistan
11	Resilience in the third year of medical school: a prospective study of the associations between stressful events occurring during clinical rotations and student well-being	Longitudinal study	125	US
3	Symptoms of anxiety and depression in medical students and in humanities students: relationship with big-five personality dimensions and vulnerability to stress	Randomly trial	338	Lithuania
30	Rates of depression and anxiety among female medical students in Pakistan	Randomly cross – sectional study	87	Pakistan
21	Depression, anxiety and substance use in medical students in the Republic of Macedonia	Cross – sectional study	354	Macedônia
40	Correlations between academic achievement and anxiety and depression in medical students experiencing integrated curriculum reform	Cross – sectional study	196	Taiwan
8	Relationship between academic performance and affective changes during the first year at medical school	Longitudinal study	85	Brazil

16	Anxiety and depression in medical students Related to desire for and expectations from a medical career	Cross – sectional study	290	Turkey
7	Stress and depression among medical students: a cross-sectional study	Cross – sectional study	309	Sweden
42	The impact of medical education on psychological health of students: a cohort study	Prospective cohort study	174	Malaysia
24	A wellness program for first year medical students	Controlled and randomized study	449	US
34	Sexual function and depressive symptoms among male north american medical students	Cross – sectional study	884	US
32	Sexual function and depressive symptoms among female north american medical students	Cross – sectional study	1241	US

Table 1 – Characteristics of the related studies: study method, sample size and location

The second table below describes main risk factors for mental distress as well as studies limitations.

ID	Factors for mental distress	Limitations
17	Anxiety: not related. Depression: living conditions.	Inability to draw cause-effect associations between the studied variables and also 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.
26	Students who perceive medical school as stressful; students living environment as crowded; feeling insecure about their safety; the year of medical degree.	lack of data on those students who did miss their class—for unknown reasons and the study was conducted among medical students of only one institution.
15	Worries about own health, anticipated study delay, long study hours, study stressors.	the 1-year time interval between baseline and follow-up.
23	Anxiety: female sex, students living in capital city, benefits from financial aid programs offering tuition (financial problems). Depression: female sex, students from school located in capital city.	The cross-sectional design does not allow inferences of causality. The sample was restricted to Brazilian medical students, and differences in study populations require caution to extend its findings to other settings.

4	Age > 30 years	The sample was restricted to University of Wollongong. The study response rate was moderate. Some participants data, like undergraduate degree or family situation, were not collected. Coping skills and personality were beyond the scope of this article.
12	Anxiety: poor self, rated health, older in age, female, african american students.	Inability to examine causal and mediational relationships between race, gender, mental health outcomes and psychosocial resources. Inability to ascertain and invite all first year medical students in the school sample, creating potential sample bias.
33	(factors for psychological distress – depression, anxiety and distress): High levels of dispositional mindfulness (observing, describing, acting awareness, non judging); low levels of self-care (health, physical activity, nutrition, spirituality).	Distressed students may have been underrepresented in the sample. the sample may be skewed towards less distressed students. The self-report measures used to assess the variables. There may be discrepancies between participants' responses and actual behaviours
36	Death anxiety.	Limeted by coming from a single institution with higher academic entry criteria than some U.K. medical schools. The preclinical/clinical course divide, while unusual in the U.K., is a more common course structure in the U.S. and other countries. Although it is acknowledged that many other factors such as culture and religious orientation may influence DA, such factors were outside the remit granted by the Ethics Committee.
20	Anxiety: Alcohol consumption and female gender. Depression: femalae gender.	The limited sample size. In a cross-section study, we don't know if the psychiatric problems have arrised after or befor the alcohol consumption. This study was restricted to Catalonia.
5	Anxiety and Depression: eating disorder/ high BMI.	The cross-sectional leads to difficulty to determine a causal order among the variables. All information was obtained from a self-reported

		questionnaire, resulting in the possibility of response bias.
2	Anxiety: year of degree (first year).	Possibility of conflict of interest.
18	Anxiety: increased number of work hours.	Methodological limitations
6	Anxiety: stress, female gender, emotional reaction to stress (frustration, pressure and changes). Depression: stress, private medical school.	The study did not focus on other causes for depression and anxiety such as personality, demographic information, and family status. Second limitation is that the findings of this study may not be generalized as the results are based upon one private university in Malaysia.
37	Anxiety: not related. Depression: Insomnia.	There is a limitation in generalizability of the obtained results to the Iranian young adult population. In addition, a reasonable concern is that university students are not representative of treatment-seeking individuals, though clinical sleep disorders are common in young adults. Possibility of reporting BIAS.
25	Anxiety: stress, Intense academic demand Depression: not related.	The response rate was slightly lower than expected, many students may fear the lack of confidentiality when reporting substance use and psychiatric disorders. The participants all originated from the same institution.
10	Neuroticism and reality weakness.	All data are based on self-report questionnaires and the personality can change on follow up.
28	Intense academic demand, emotional experiences related to initial contact with patient; stress from with transitional period to clinical training, sleep deprivation.	Methodological limitations, dstudy design and restricted sample.
1	Anxiety: female gender; birth order; year of study; academic stressors (examination criteria dissatisfaction, overburdening with test chedule), sociodemographic risk factors, educational risk factors. Depression: age (>20 years or less), female gender; academic stressors (examination criteria dissatisfaction, overburdening with test chedule), sociodemographic risk factors.	Students who had a record of confirmed mental illness were excluded but a clinical evaluation of every student was not carried out to exclude mental illness. Anxiety Inventory could not be carried out. Restriction sample
11	Anxiety: enduring personal mistreatment and observing poor role modeling by superiors.	Low response rate, methodological limitations and restricted sample.

	Depression: exposure to stressful events, childhood history of trauma, enduring personal mistreatment and observing poor role modeling by superiors.	
3	Anxiety: lower levels of emotional stability, higher levels of vulnerability to stress. Depression: higher levels of vulnerability to stress.	The small sample size.
30	Anxiety: students living in university dormitories. Depression: having a history of negative life events in the recent past.	Limitations of the questionnaire and sources.
21	Anxiety: female gender, students with lowest family income, benzodiazepines use. Depression: benzodiazepines use.	The study design limits comparisons.
40	Poorer academic achievement.	The data of the norms of Zung's Anxiety and Depression Scale are outmoded and probably do not represent current conditions. There was a low response rate. Confusion Bias.
8	Anxiety: reducing intrinsic learning motivation, by the need to learn and to achieve a satisfactory performance in school assessments. Depression: female gender.	Small sample size. An extensive questionnaire could interfere in the quality of data. There was no control group and some itens can not be controlled.
16	Anxiety: students who were pressured to become doctors and who expected to gain much money, family income. Depression: male gender; second year, students who were pressured to become doctors and who expected to gain much money, students from rural areas and lower income families were more depressed.	The limitations of this study are its cross-sectional design, self-reported questionnaire and voluntary participation. These results cannot be generalized to the medical students of other faculties. Although the scale used was validated in different study groups, it is a screening scale and only shows the student at risk
7	Stress: 1 and 3 year students. Depression: female gender, stress, worries about future endurance/competence, workload, insufficient feedback and lack of commitment.	The study design. The stress inventory is new and was used here for the first time and its validity has yet to be investigated. The restricted sample.
42	Anxiety: impacts of the final examination, impacts of transitional and adaptation periods to the new educational environment. Depression: academic pressure.	The study sample was limited to a single medical school. Sample bias.
24	Anxiety: female gender, students with multiple events of life.	Small and restricted sample size. The baselines may be artificially low.

	Depression: female gender, students with multiple events of life.	
34	Anxiety: homosexual orientation. Depression: Being a virgin, erectile dysfunction, low sexual frequency, homosexual orientation.	A limited population of respondents that may not be representative of the total medical student body of North America. The study design.
32	Anxiety: factors not directly related. Depression: female medical student, worse orgasmic function, lack of partner, decreased sexual arousability, low general life satisfaction.	A limited population of respondents that may not be representative of the total medical student body of North America. The study design. Finally, the survey was limited in scope and important contributors to psychological/sexual morbidity may have been missed;

Table 2 – Description of risk factors for depression and anxiety and limitations of the selected articles

DISCUSSION

The main findings of this review are the associations between the prevalence of depression and anxiety and exposure to environmental and biological factors that may contribute to development of these nosological entities. Intense academic demand and stress are the common factors associated to anxiety and depression. These items were described as “exams”, “curricular overload”, “poor academic performance”, “academic requirements”, etc. Female gender is the second most important factor for anxiety and the fourth for depression, which is supported by some works^{14,27}. Other recent review¹⁴ evaluated as risk factor: intense academic demand, like examinations or little free time, and female gender. The year of degree analysed by most of the articles suggests a decrease of anxiety prevalence throughout the course, identifying preclinical phase as the most stressful. Alcohol and drugs abuse were associated to depressive symptoms in this review, which is supported by data of problematic alcohol use prevalence reported around 32,9% in a recent meta-analysis²⁷. Beyond that, high averages of mental health disorders were observed in the listed studies in this review. Rates of depressive symptoms ranged from 8,9% to 41, 3% and rates of anxiety symptoms, from 6,6% to 81, 7%, demonstrating that anxiety disorders are more common than those of depression. Current literature^{14,22,27} have discussed the high prevalence of depression and anxiety detected in this population and the common frequency of stress symptoms. Unfortunately, there is a very low treatment rate related, according to a recent meta-analysis²². Few studies have approached risk factors that could be involved in disease’s developing. Better knowledge of them can lead to more effective interventions to improve the mental health of next generations of physicians.

LIMITATIONS

A limitation identified in this study is the non-use of the algorithm “burnout” and restrictions about others pathologies, that eliminated many pertinents studies. Furthermore a few papers addressed risk factors involved. Other barrier is the low number of studies evaluated, which may underestimate the prevalence.

CONCLUSION

This review reports high level of distress in the group as its potentials causes. The knowledge about this issue may help medical schools to purpose preventive actions, screening and reduce its impact.

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