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Frequency of Depression among Medical Students in Tikrit University of College of Medicine

Bassam Taha Saleh[1*], Abdulsattar Hussein Abdullah[1], Raheem Mohammed Shnawa[2], Hawazen Awad Hussein[1], Zeena Najmeldeen Majeed[1]

[1]*Department of Neuro-Medicine, Tikrit University College of Medicine, Tikrit, Iraq*

[2]*Department of Internal Medicine, Tikrit University College of Medicine, Tikrit, Iraq*

Abstract

Background: Major depressive disorder, often known as clinical depression, is a type of depression that affects a person's mental health and is characterized by poor mood and apathy.

Aim: Our study aimed to assess the frequency of depression among medical students in Tikrit University and its effects on their daily activities.

Methods: This is cross-section study was performed on 460 Iraqi undergraduate medical students at university of Tikrit, which was surveyed using an online self-administered questionnaire on google form distributed throughout social media of the college of medicine. The collected data was analysed and constructed using Microsoft programs and by manual statistical methods.

Results: This study revealed that 99.13% of participants reported with depression and only 0.86% are non-depressed, Prevalence of depression was apparently higher in females more than males. 306 in basic stages reported some degree of depression where the Prevalence was higher in the 2nd stage. Prevalence of depression among the medical students was apparently higher among those reported residence without family where the prevalence was 76 (29%) with moderate and 74 (28%) with severe depression out of 266 (57.8%) and those spent for more than 4 hours on social media was 61 (29%) with severe depression out of 207 (45%) of participants of medical students.

Conclusion: The prevalence of depression appears to be higher among medical students in different degrees and appears to be higher among females more than males. So, raising awareness regarding depression and other mental health problems among university students is important to help students seek professional help when needed.

Keywords: Depression • Mental health • Students • Tikrit

Introduction

Depression is a mood disease that is frequently referred to as major depressive disorder or clinical depression. It is distinguished by symptoms of drowsiness, apathy, and low mood. This condition affects more than 300 million people of all ages, making it one of the most common mental illnesses [1-4]. Worldwide One facet of depression is the feeling of sadness. The hallmarks of depression include a persistently negative mood that lasts for at least two weeks and is severe enough to interfere with daily activities. While depression is distinct from sadness, both are common human emotions. No gender is immune to depression, despite the fact that it affects twice as many women as it does males [5-8]. One of the most important and quickly spreading public health issues in the world is worries about the psychological well-being and mental health of university students. A medical education is among the most demanding and challenging to complete. High levels of stress among medical school students may have a negative impact on their cognitive functioning and learning [9-12].

List of types of depression

When a condition is acute, it must meet at least one of the severity criteria for at least two weeks but no longer than two years. If the ailment has persisted for more than two years and meets one of the severity criteria, it is regarded as chronic. The following are some signs of depression,

Depression-like mood throughout the most of the day and nearly every day [11,12].

A noticeably diminished level of interest or enjoyment in all activities, or nearly all activities, for the majority of the day, almost every day.

These are a few of the earliest indications of depression. Additional signs include: The symptoms of bulimia nervosa include significant weight loss or gain while not dieting (for instance, a shift of more than 5% of body weight in a month), as well as a decrease or increase in hunger almost daily [13-16].

Almost every day, there is sleeplessness or excessive daytime sleepiness. Almost daily irritation or impairment of psychomotor function (observable by others, not merely subjective feelings of restlessness or being slowed down). Nearly every day of the week, feeling worn out or exhausted. Nearly every day, feelings of worthlessness or excessive or inappropriate guilt (which could be false) (not simply self-reproach or shame about being sick) nearly every day, feelings of worthlessness or excessive or inappropriate guilt (which might be misunderstood) [17-22]. A nearly permanent inability to concentrate or think clearly, as well as indecision. Recurrent death-related thoughts (not only fear of death), suicidal thoughts on a regular basis without making an attempt at suicide or having a precise plan for killing oneself persistent death-related ideas (not just fear of dying) Suicidal thoughts Suicidal thoughts on a regular basis (not only thoughts of death) [23-25]. The goal of this study was to find out how common depression was among medical students at Tikrit University and how it affected their daily life.

Corresponding Author: *Bassam Taha Saleh, Neuro-Medicine, Tikrit University College of Medicine, Tikrit, Iraq, E-mail: bassamtaha@tu.edu.iq*

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Methodology

Study participants

At the Tikrit University College of Medicine, 460 medical students participated in the study.

Study type

Cross-sectional analysis of how frequently medical students experience depression. Using a random sampling technique.

Location

The medical college at Tikrit University.

Study period

20 November 2021 until 19 March 2022.

Data gathering device

The study was conducted *via* an online self-administered questionnaire on Google Form that was circulated through social media, specifically through groups of medical students on Facebook, Telegram, and Instagram who had recently used e-learning during the COVID-19 epidemic period. The survey's questionnaire comprises of an interface and four sections with a total of nineteen questions in each section (ten regular questions and nine questions from the PHQ9) the questionnaire's interface offers details about the study's objective, with a focus on the grounds for secrecy.

The paper's opening section dealt with the students' demographic data, which included their ages, academic years, and genders. The second section of the paper concentrated on the elements that are connected to one another and are probably to play a role in medical students developing depression. These elements include place of residence, personal difficulties, a family history of depression, and social media usage. The third section of the PHQ9 questionnaire contained questions about losing interest and enjoyment in activities, feeling down or hopeless, having trouble falling asleep, staying asleep, or oversleeping, feeling exhausted or lacking in energy, losing appetite or overeating, feeling bad about yourself or that you have let yourself or your family down, having trouble concentrating, such as when reading books and going to lectures, and feeling bad about yourself or that you have let yourself or your family down. There is a question that connects to the questions that came before it in the fourth part. If you refer to any of the issues raised above, to what extent have they made it challenging for you to carry out your duties, attend to your academic obligations, or get along with others?

Data collecting process

The department of family and community medicine at the college of medicine at Tikrit University received ethical approval. Other ethical requirements, such as participation consent with the participant's freedom to decline and confidentiality, were thoroughly explained and guaranteed in the questionnaire's interface section. The data that were gathered from the online survey were exported into Microsoft Excel, after which a master table was created and the data were manually statistically examined. Data presented in Microsoft programs using tables and charts (Word and Excel).

Utilizing the PHQ9 questionnaire, which provides scores for each unique response, it is possible to identify depressed students. If the student reported scores of 1-4, 5-9, 10-14, 15-19, and 20-27, the student will receive scores 0, 1, and 2 respectively if the answer was no once, less than once per week, more than once per week, and every day. This indicates that the student had varying degrees of depression, including minimum, mild, moderate, moderately severe, and severe.

Results

Figure 1 shows that (99.13%) of medical students reported variable degree of depression while only (0.86%) are non-depression.

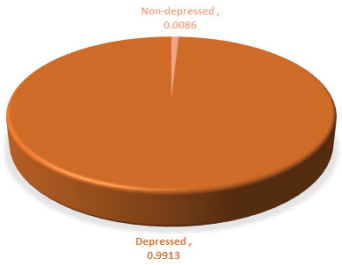

Figure 1. Shows the prevalence of depression among medical students.

Figure 2 shows that the highest percentage of students showed severe depression (25.65%) followed by moderate depression (25.21%).

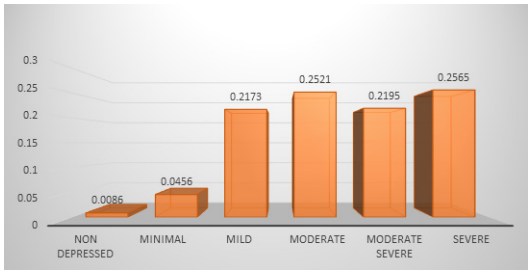

Figure 2. The prevalence of depression according to severity.

The prevalence of depression appears to be higher in women than in men, as shown in Figure 3, where 268 (58.2%) of all women reported varying degrees of depression; the highest percentage was for moderate and severe depression, at 72 (26.9%); and 44 (22.9%), 43 (22.3%), and 46 (23.9%) out of 192 (41%) of all men reported moderate, moderate severe, and severe depression, respectively.

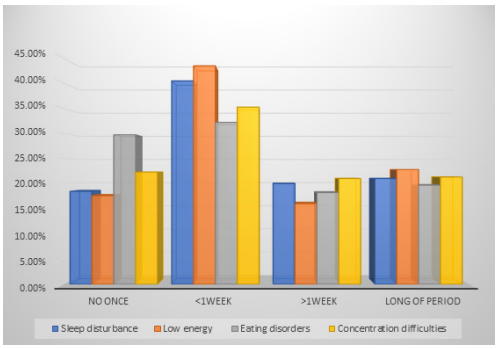

Figure 3. Effects of depression on medical student's daily activities.

Table 1 demonstrates that out of 460 medical students, 306 (66.5%) reported having some level of depression. The prevalence was higher in the second stage, where 37 (26%) out of 141 (31%), 41 (29%) out of 141 (29%) and 34 (24%) out of 141 (31%) reported having moderate, moderately severe, and severe depression, respectively. While 154 people (33.4%) are going through the clinical phases, the majority of them in the fifth stage indicated 33 people (30%), 20 people (27.3%), out of 73 people (15.8%), and reported moderate and severe depression, respectively.

Table 2 displays the prevalence of depression among medical students was apparently higher among those who reported living alone. Of the 266 participants who reported living alone, 76 (29%) had moderate depression, 74 (28%) had severe depression, and 61 (29%) had severe depression if they had spent more than 4 hours on social media.

Figure 3 shows 460 participants of medical students reported 200 (43.4%) with low energy for less than one week, 97 (21%) with concentration difficulties for more than one week and 105 (22.8%) with low energy for long of period.

Table 1. Inclusion criteria and description retrieved from all the relevant papers.

Variables	Non-depressed	Minimal	Mild	Mode-rate	Moderate Severe	Severe	Total
Basic stages:							
1st stage	1 (1.25%)	9 (11.3%)	6 (7.5%)	20 (25%)	18 (22.5%)	26 (32.5%)	80 (17.3%)
2nd stage	1 (0.7%)	4 (2.8%)	24 (17%)	37 (26%)	41 (29%)	34 (24%)	141 (31%)
3rd stage	0 (0%)	3 (3.5%)	33 (39%)	17 (20%)	18 (21%)	14 (16.4%)	85 (18.5%)
Clinical stages:							
4th stage	0 (0%)	4 (0.5%)	6 (15.7%)	11 (29%)	8 (21%)	9 (23.6%)	38 (8.2%)
5th stage	2 (2.7%)	1 (1.36%)	18 (25%)	22 (30%)	10 (13.6%)	20 (27.3%)	73 (15.8%)
6th stage	0 (0%)	0 (0%)	13 (30%)	9 (21%)	6 (14%)	15 (34.8%)	43 (9.3%)

Table 2. Prevalence of depression associated with sociodemographic factors.

Factors	Non-depressed	Minimal	Mild	Moderate	Moderate severe	Severe	Total
Type of residence:							
-with family	2 (1.03%)	13 (6.7%)	53 (27.3%)	40 (21%)	42 (22%)	44 (23%)	194 (42%)
-without family	2 (0.75%)	8 (3%)	47 (17.6%)	76 (29%)	59 (22%)	74 (28%)	266 (58%)
Family history of depression:							
-Yes	2 (2.73%)	4 (5.47%)	9 (12.32%)	13 (18%)	15 (21%)	30 (41%)	73 (16%)
-No	2 (10%)	17 (4.39%)	91 (26.6%)	103 (27%)	86 (22%)	88(23%)	387 (84%)
Family problems:							
-Yes	2 (2.24%)	5 (5.6%)	11 (12.4%)	19 (21%)	23 (26%)	29 (33%)	89 (19%)
-No	2 (0.53%)	16 (4.31%)	89 (23.9%)	97 (26%)	78 (21%)	89 (24%)	371 (81%)
Social media:							
-<2 hrs.	2 (3.17%)	5(7.9%)	13(20.6%)	18(29%)	10(16%)	15(24%)	63 (14%)
-2-4 hrs.	1 (0.52%)	9 (4.7%)	51 (26.8%)	50 (26%)	37 (19%)	42 (22%)	190 (41%)
->4 hrs.	1 (0.4%)	7 (3.3%)	36 (17.3%)	48 (23%)	54 (26%)	61 (29%)	207 (45%)

Discussion

Out of 460 medical students that participated in the current study, 456 (99.13%) of the participants appeared depressive, while about 1% of the individuals appeared not to be depressed. This finding conflicts with that of an investigation conducted in India, which indicated that 58% of people had depression [26]. Additionally, it goes against the results of a study done in Nigeria, which found that depression was 30% more common there than in other countries, but that 70% of individuals there were not depressed [27]. Studying medicine is challenging, and it's possible that the country's current economic, political, and security climate contribute to increased feelings of anxiety and depression among the student population. Medical students are also likely to experience high rates of depression due to the constant testing they endure throughout their academic careers.

Mild-to-moderate depression was prevalent in the sample, accounting for 46.9% of the sample's overall prevalence of depression. This prevalence is quite comparable to a study that was done in Saudi Arabia, where medical students had a high prevalence of mild-to-moderate depression

(55.9%) [25], and to a study that was done in Egypt at Al-Azhar University in Cairo, where medical students had a high prevalence of depression (42.9%). These two investigations revealed that medical students frequently experienced depression [28].

In terms of the prevalence of depression among medical students at Tikrit University College of Medicine, this study revealed differences by gender, with the prevalence being higher among female students (58.3%). These results concur with a study from Southern Nigerian University [27], Nigeria, which found that female medical students experience more depression than male students, but they diverge from a study from Croatia that found that depression is less common among female medical students (59.3%). This result in female medical students may be ascribed to the character of women, who typically worry more about studying hard and performing well on tests than they do about their academic success; this may make them feel unhappy and lead them to participate in less physical exercise.

The prevalence of depression among students in their foundational phases was determined to be 66.6%; however, as they go through the stages, this percentage decreases. The results reported here appeared to be consistent with those of a study conducted at Al-Azhar University in Egypt [28].

In the Elementary phases, the results of this study show that the prevalence of depression among medical students increased during their second year (40.7%).

This finding conflicts with that of a Saudi Arabian study, which found that medical students in their first year of academic study had a significant prevalence of depression (88%) [25]. It also goes against the results of a study done in India, which revealed that students in their first year of academic studies had a significant prevalence of depression (72.6%) [28].

The high prevalence of depression among second-stage students may be explained by the fact that these students had to shift from preparatory study to academic study and that they did so after spending an entire year learning electronically due to the COVID-19 pandemic. This finding was in line with a Saudi Arabian study that found that depression was more common among students in the foundational phases than in the clinical ones. In terms of clinical stages, depression prevalence was 33.3%, which was lower than the fundamental phases in the current study [25].

This finding conflicts with that of a Saudi Arabian study, which revealed that students in their fourth academic year had a higher rate of depression (81.8%). Regarding clinical phases, students in their fifth academic year (46.7%) had a greater prevalence of depression [25]. The significant rate of depression that was noted among fifth-year medical students who took part in the current research may be explained by the study load schedule and continual exams that took place throughout the year. The most recent study found that students who reported living away from their family had a much greater risk of depression, with 29% reporting moderate depression and 28% reporting severe depression. These results suggest that living with one's family may not be the best option for college students, contrary to the findings of a study conducted in Alexandria, Egypt, which found that students who live with their families or with relatives had higher rates of moderate and severe depression compared to those who lived in university dorms [28]. One explanation for the prevalence of sadness among people who said they lived alone in the current study is that the students are cut off from their families and are forced to deal with adult responsibilities alone rather than with their relatives. Additionally, there was a higher incidence of depression among those who claimed to spend more than four hours each day on social media (44.3%). This conclusion agreed with those of a study conducted at Al-Azhar University in Cairo, Egypt. According to that study, students who spent more than four hours per day on social media, television, or both (50.7% of them), as well as those who never spoke to peers outside of class, were more likely to experience depression [28]. This common phenomena may be explained by the fact that users' frustration stems from the fact that social media life differs greatly from actual life. This result conflicts with a study from south India that found that family history of depression had an apparent involvement in the development of depression in medical students and that the presence of family issues had an apparent impact on that development. The results of the current study show that family history of depression and family issues have little bearing on the likelihood that medical students will experience depression [26]. This has an impact on them since they are medical students in a college where studying medicine is challenging, demanding, takes a lot of effort, strong focus, and good mental health. The findings of this study showed that, in decreasing order from most severe to least severe, the consequences of depression on the everyday activities of medical students manifested as sleep disturbance, poor energy, eating disorders, and attention difficulties.

The goal of this study was to ascertain the incidence of depression among medical students at the University of Tikrit's college of medicine. We will try to help these students resolve their concerns in order to reduce the incidence of depression and help them seek professional support when necessary in light of this study's findings regarding the high frequency of depression among medical students.

Conclusion

It would imply that medical students had a higher prevalence of depression, albeit this could be to varied degrees. This would suggest that women are more likely than men to experience depression. It was discovered that medical students were more likely to experience depression throughout their basic academic years, especially during their second stage, than they were during their clinical academic years. Medical students who are residents away from their family and who spend more time on social media are more prone to experience depression. The most likely causes of depression in this population seem to be these two elements. There is a considerably lesser chance that something else could be causing your depression. An eating disorder, low energy, trouble concentrating, and disrupted sleep are all signs of depression that can be seen in the lifestyle of a medical student. As college students studying medicine, they are affected by the fact that these symptoms manifest in declining order of severity, from the most severe to the least severe.

Limitations of this Study

Due to the time commitment required to complete the questionnaires, which totalled 19, not all medical students were able to take part in the study.

In order to get more accurate results, the data from the questionnaires had to be manually collected and statistically evaluated, which took time throughout the test. This study's sole aim was to find a link between sociodemographic factors and the prevalence of depression. The existence of any factors, such as the design of the educational system and the existence of any other disorders that coexist with depression that may contribute to depression should be further researched.

Recommendations

• Ministry of Health- More care must be taken to ascertain whether students are showing any outward indications of psychiatric disease or merely psychological suffering before they are admitted to colleges.

• Our school places a high premium on addressing students' mental health issues together with more fundamental health issues.

• A comprehensive approach should be used to manage the mental health of medical students, paying special attention to confounding variables and psychiatric comorbidities. In addition to the many mental conditions that occur with depression, medical students may also experience depression.

• It is crucial for college and university students, and medical students

in particular, to have access to mental health therapies.

• Furthermore, it should be a top priority to start stress management classes as soon as possible, from the start of medical school.

• Before students enter the faculty, they should receive a general checkup, and when they join, it should be done periodically to screen for psychiatric issues in general and depression in particular (at the start of new academic year and at the end of each academic year).

• To the staff of the medical faculty and the Ministry of Higher Education.

• The instructors who are in charge of creating the exams should work to ensure that the oral and clinical exams are conducted in a way that is more transparent and affords each student an equal opportunity to succeed.

• It is crucial that funds be set aside for the renovation of university residence halls and the creation of study areas inside of already-existing structures.

• In order to encourage university students to seek professional assistance when they feel they need it, it is imperative to increase awareness among them about depression and other concerns relating to mental health.

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