

Anxiety and Depression in Medical Students Short Communication

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Medical education is intended to prepare graduates for promoting health and caring for the sick. The report suggest that the medical students have lot of physiological problems. The main objective of this study is to assess the depression, anxiety, and stress among undergraduate medical students of NoMCTH, Biratnagar. A descriptive cross-sectional research design was adopted for the study including students of 1st year and 2nd year. A stratified random sampling technique was used to collect the sample. The Depression, Stress & Anxiety (DAS) scale was used and a self-administered questionnaire method was used for data collection. Additional questions regarding demographic variables were also included in the study. Data analysis was done on Statistical Package for the Social Sciences SPSS version 23. A sample of 110 students was included in the study. The overall result reported high frequencies of anxiety (67.3%) followed by depression (45.5%) & stress (30.9%). In relation to depression, 54.5% of respondents were normal, 22.7% of respondents were moderately depressed, 14.5% were mildly depressed, 6.4% were severely depressed whereas 1.8% were very severely depressed. In relation to anxiety, 34.5% of respondents were moderately anxious, 32.7% of respondents were normal, 10.9% were mildly anxious, 10.9% were severely anxious whereas 10.9% were very severely anxious. In relation to stress, a maximum of 69.1% of respondents was normal, 11.8% of respondents were moderately stressed, 10.0% were mildly stressed, whereas 9.1% were severely stressed. There were significant correlations ($p < 0.001$) between depression, anxiety, and stress. The higher level of psychiatric morbidity anxiety (67.3%) followed by depression (45.5%) & stress (30.9%) among undergraduate medical students warrants needs for strategic plans to alleviate depression anxiety and the stressors right from the time they join the medical school and has to be continued till they finish the course.

An optimal level of stress is considered good because medical students develop coping abilities.[12] However, too much stress causes problems. Previous studies have reported that a significant percentage of medical students suffer anxiety disorders because stress has a strong relationship to emotional and behavioral problems[1]. Feelings of disappointment academically are most prevalent in those students who have poor academic performance.[2]

The major emotional disorders that have been observed include the inability to feel reasonably happy, loss of sleep, over-worry, constantly feeling under strain, feeling unhappy and depressed, inability to concentrate, inability to enjoy normal activities, losing confidence in one's self, inability to overcome difficulties, inability to face up to problems, inability to make decisions, inability to play a useful part in things, and believing oneself to be worthless[3]. Given these emotional disorders, studies have also proved that medical students are more likely to have suicidal thoughts than students from other schools.

Female medical students may respond to the stress with stronger manifestations of anxiety. Physiological, psychological and behavioral stressors are found to be related to the metabolic changes of the body [4].

The extended order's formation "required individuals to change their 'natural' or instinctual' responses to others, something strongly resisted", whereas any & all "constraints on the practices of the small

group, it must be emphasized & repeated, are hated [5]. This is because man “knows so many objects that seem desirable but for which he is not permitted to grasp, and he cannot see how other beneficial features of his environment depend on the discipline to which he is forced to submit – a discipline forbidding him to reach out for these same appealing objects. Disliking these constraints so much, we can hardly be said to have selected them; rather, these constraints selected us: they enabled us to survive [6].

The evolutionary process of the extended order can be stimulated by increases in individual freedom and has even realized some of its greatest advances during times of anarchy, however it can (and quite often has throughout history) been hindered by government constraint, as Hayek says, "Protection of several property, not the direction of its use by government, laid the foundations for the growth of the dense network of exchange of services that shaped the extended order [7]. The extended order is "not a creation of man's reason but a distinct second endowment conferred on him by cultural evolution [6].

Not being genetically transferred, the continuing cultural evolution of the extended order requires teaching & passing on to each new generation the prevailing traditions, customs, morality & rules. This cultural evolutionary requirement was also analyzed by Will and Ariel Durant who said: "Civilization is not inherited; it has to be learned and earned by each generation anew; if the transmission should be interrupted for one century, civilization would die, and we should be savages again[7].

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