

Letter to the Editor regarding the Article ‘A Pilot Study of Symptoms of Major Depressive Disorder in Medical Students at an Osteopathic Medical School Before and After High-Stakes Examinations’ [Letter]

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Dear editor

We sincerely thank Arabatzis et al,¹ for their research on the prevalence of symptoms of major depressive disorder (MDD) in medical students during exam periods. MDD is a mental health condition characterised by persistent feelings of sadness, and anhedonia, coupled with a range of cognitive and physical symptoms significantly impacting daily life.² The mental health of medical students is a heavily researched topic, with around 28% of medical students suffering from depression, and 33.8% from anxiety.³ The article found that symptoms of MDD are more common before exams, particularly among female students, who experience different symptoms of MDD than male students.

As medical students and doctors who have studied in the United Kingdom, we would like to offer our perspectives on the findings of this study. Firstly, we find it unsurprising that female medical students are more likely to suffer from symptoms of MDD than their male peers.³ This corroborates existing literature that shows female medical students are more likely to face criticism and inequality which can contribute to poor mental health.⁴ It is interesting to note that despite symptoms of MDD being more prevalent in females, both sexes suffered the same prevalence of suicide ideation. From personal experience, universities have well-being support available such as counselling which has been beneficial in alleviating exam stress. This warrants further investigation into the potential therapeutic effects of counselling in alleviating symptoms associated with MDD and exam-related stress.

The researchers assessed both MDD and suicide ideation using a self-made survey. We appreciate the efforts placed to mitigate the limitations of the study, however, this introduces participant bias, especially with the use of leading questions which can influence participants' answers. This could have been mitigated with the use of open-ended questions. Additionally, there was no option for students who were hesitant in their answers. This could have been avoided if the authors had involved established screening tools such as Beck's Depression Inventory.⁵ This would enable reproducible evaluation of the student's depression scale, which can be further studied externally. Moreover, the survey's anonymity presents a challenge for maintaining sample consistency, as it precludes the inclusion of control variables. This gap makes it difficult to ascertain whether exams pose a risk factor for the onset of MDD, given the possibility of differences between respondents before and after completion. Furthermore, the study could have obtained a larger sample size by involving medical students within clinical years, as that's when exams are likely to be harder, thus increasing the external validity of the study and reducing the likelihood of a type 2 statistical error.

In conclusion, we extend our sincere gratitude to Arabatzis et al,¹ for their valuable contribution and awareness towards mental health in medical education. Future research can investigate the effect of counselling before exams to reduce MDD and it can explore the reasons for depression being more common in females than males, leading to targeted interventions to reduce symptoms of MDD in medical students.

Disclosure

The authors report no conflicts of interest in this communication.

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