

Anxiety and depressive symptoms of neurotic and adaptive disorders in medical students at different stages of education.

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Abstract: In modern times, it is a specific activity to study in higher education institutions, which is accompanied by a high level of physical and mental load, session time, lack of time, large information in a short time, adherence to the regime and control of the situation. According to many authors, it is necessary to identify 3 main critical periods in education, these periods occur in the 1st, 3rd and 5th years. (Medical students can show 1st, 4th and 5th courses, respectively) In the first year, the student's social role changes, certain changes are made to the value system, the need for more flexible regulation of behavior adapts to the more stringent requirements of the school.

Introduction

Relationships are being established with the new team, and people from other places are solving household problems. In the third (fourth) course, the value system is re-evaluated, and new ideas about the chosen specialty appear. By adding clinical subjects to the curriculum, student-physicians understand the weight of the medical profession. (VM Sinaiko, 2001) Regarding the characteristics of the crisis in the fifth (sixth) year, we can say that this crisis is related to issues such as employment, career advancement in the chosen profession. Lack of mental and physical health resources can lead to neurotic disorders and adaptive disorders in each of these stages. (VM Sinayko 2001, Ī.M. Sokolova, 2001)

According to the literature, mental maladaptation is accompanied by anxiety and depressive disorders. (Gavenkova authors, 1996, Maruta and authors, 2002)

The above reasons make it necessary to develop this topic, in which case we will examine the clinical and psychopathological features of depressive and anxiety disorders among students.

Thus, we have set the following tasks: active manifestation of symptoms of anxiety and depression among students in the context of neurotic and

maladaptive disorders, determination of the frequency of occurrence, psychopathological structure and causes.

Materials and methods

The following screening methods were used in this study: Spielberg-Hani's reactive and personal alarm scale and SCL-90 depression scale. Certain interviews were conducted with students with high scores on the screening scales, and a clinical-psychopathological examination of the anamnesis was carried out with each case evaluated.

The study was conducted among 125 male students outside of the session. Of them, 33 were first-year students, 61 fourth-year students and 31 sixth-year students, and the study was conducted at Kharkiv State Medical University.

Results. Discussion.

According to the results of the study, only 9.09% of first-year students, 13.11% of fourth-year students and 15.07% of sixth-year students had high emotional stability. Depression and anxiety levels did not exceed the psychological norm of 18.28, 53.37 and 53.83 percent, respectively. Among them, only personal alarms were encountered in 83.33 percent of cases in the first year, 91.42 percent in the fourth year and 82.35 percent among sixth-year students. In other cases, there were mixed cases of personal and reactive alarms.

According to the screening scales, students with high scores were divided into 3 groups: 19 students in group 1 had a high risk of developing anxiety and depressive reactions, of which 9.09 percent (overall) were in the first year, 16.39 percent in the fourth year and 19.35 percent in the sixth year. Individuals with high levels of anxiety and depression were included, and no symptoms of affect were found during the study. In addition, they felt internal tension, so they needed constant mobilization and high self-control. Group 2 included 23 students with affective disorders at the subclinical level, with 45.46, 9.85, and 6.46 percent, respectively, of the courses. Separately, they showed signs of anxiety and (or) depression, but no clinical psychopathological syndrome was detected. The students in this group retained their ability to work, but this was only at a low level. Students in group 3 showed clinically evident signs of anxiety and depression, which met the MKB-10 standard. This group consisted of 9 people, of whom 18.18 percent (6 people) were in the first year, 3.28 percent (2 people) in the fourth year and 3.23 percent (1 person) in the sixth year.

The ratio of depression and anxiety (personal and reactive) occurred in each of these groups at different stages of education, as shown in Table 1.

Table 1

Ratio of depression and anxiety among students at different stages of education (personal and reactive)

Groups	1st year		4th year		6th year	
	%	say.	%	say.	%	say.
Emotional stanil	9.09	3	13.11	8	16.12	5
Excitement within psychological norms	18,18	6	57.37	35	54.84	17
Risk group	9.09	3	16.39	10	19.35	6
Group of subclinical reactions	45.46	15	9.85	6	6.46	2
A group with clinical abnormalities	18,18	6	3.28	2	3.23	1
Total	100	33	100	61	100	31
Psychological norm	1st year		4th year		6th year	
	%	say .	%	say .	%	say .
Personal excitement	83.33	5	91.42	32	82.35	14
Personal alarm + reactive alarm	16.67	1	8.58	3	17.65	3
Risk group	1st year		4th year		6th year	
	%	say .	%	say .	%	say .
Personal excitement	33.33	1	90	9	83.33	5
Personal anxiety + depression	66.67	2	10	1	0	0
Personal alarm + reactive alarm	0	0	0	0	16.67	1
Personal anxiety + reactive anxiety + depression	0	0	0	0	0	6
Group of subclinical reactions	1st year		4th year		6th year	
	%	say .	%	say .	%	say .
Personal excitement	13.33	2	66.66	4	50	1
Personal anxiety + depression	60.01	9	16.67	1	0	0
Personal alarm + reactive alarm	13.33	2	0	0	50	1
Personal anxiety + reactive anxiety	13.33	2	16.67	1	0	0

+ depression	1st year		4th year		6th year	
A group of disorders at the clinical level	%	say .	%	say .	%	say .
Personal excitement	0	0	0	0	0	0
Personal anxiety + depression	20.0	1	0	0	0	0
Personal alarm + reactive alarm	0	0	0	0	0	0
Personal anxiety + reactive anxiety + depression	80.0	5	100.0	2	100.0	1

As can be seen from the table, a significant proportion of anxiety and depressive disorders are most common in the first year and gradually decrease, then decrease in structure at a later stage. Accordingly, the group of emotionally stable individuals is also small among first-year students and is gradually increasing. Affective disorders among freshmen are mainly accompanied by a complex of subclinical anxiety and depressive symptoms, forming a quantitative risk group among fourth- and sixth-year students (in terms of the development of anxiety and depressive symptoms). The share of clinical affective disorders in the first year is significantly higher than in senior students.

In the first and fourth year students, the indicators on the scale of depression of students included in the risk group due to personal anxiety were different from those of the sixth grade students, as the same cases were not observed in the sixth year students. At the same time, the tendency to develop personal anxiety and depression is 6 times more common in freshmen than in fourth-year students.

In the group of subclinical disorders, high scores on the personal alarm scale were observed in all cases. Among freshmen, 60.01 percent of cases of personal anxiety are accompanied by a tendency to depression, and 13.33 percent of cases of personal and reactive anxiety. In another 13.33 percent of cases, high rates were observed on all screening scales (depression, personal and reactive anxiety). In contrast to first-year students, the vast majority of fourth-year students (66.67 percent) and sixth-year students (50.0 percent) had a high performance on the individual alarm scale alone. While the psychopathological structure of subclinical affective disorders in first-year students was dominated by depressive-anxiety motives, in fourth-year students we had higher rates of anxiety-depression, and in sixth-year students we had higher rates of anxiety reactions.

A group screening of individuals with affective disorders with clinical signs revealed that the clinical level of depression was high, with high levels of personal and reactive agitation of various symptoms (among students of all courses). From the psychopathological point of view of the disorders of this

group, only depressive-anxiety syndromes were identified. These students were offered to take the course in an inpatient setting.

Clinical and nosological evaluation of individuals with high scores on the screening scales revealed the presence of anxiety and depressive reactions as neurotic disorders and the identification of anxiety and depressive reactions in the structure of adaptive disorders. Unlike maladaptation disorders, neurotic agitation and depressive reactions are accompanied by various vegetative symptoms (tachycardia, hyperhidrosis, dry mouth, frequent urination, chest tightness and tightness, suffocation, etc.). Depending on the duration of higher education, there is a pattern between neurotic reactions and adaptive reactions: 58.06 and 41.94 percent in the first year, 27.88 and 72.12 percent in the fourth year, and 8.83 and 91.17 percent in the sixth year.

Conclusion

1. Anxiety and (or) depressive disorders have been found at different levels in the majority of students, requiring timely detection, adequate psychocorrection and psychoprophylaxis.

2. In the psychopathological structure of depressive and anxiety disorders, there is a transition from depressive-anxiety disorders at the beginning of the study period to anxiety disorders at the end of the study period.

3. The incidence of adaptation and neurotic disorders (with symptoms of anxiety and depression) is marked by a slight predominance of adaptive disorders in the first year, but in the sixth year, maladaptation is more prevalent than anxiety and depressive neurotic disorders.

4. The predominance of personal arousal in the risk group over subclinical and clinical reactive arousal in the clinical group is an indication of the important role of psychogenic factors in the development of affective symptom complexes in the last two groups.

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