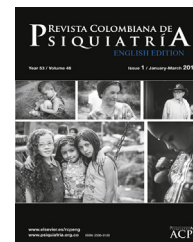




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Original article

Influence of habits on depression in the Peruvian medical student: Study in seven administrative regions[☆]

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ABSTRACT

Objective: To determine the influence of habits on depression in medical students from 7 Peruvian Regions.

Methods: Analytical cross-sectional study of a secondary data analysis. The diagnosis of depression was obtained according to the Zung test result, with any level of this condition being considered positive. This was also compared with other social and educational variables that were important according to previous literature.

Results: Of the 1922 respondents, 54.5% (n=1047) were female. The median age was 20 [interquartile range, 18–22]. According to the Zung scale, 13.5% (n=259) had some degree of depression. In the multivariate analysis, the frequency of depression increased with the hours of study per day (aPR=1.03; 95% CI; 1.01–1.04; p<0.001) and if the student worked (aPR=1.98; 95% CI; 1.21–3.23; p=0.006). On the other hand, the frequency of depression decreased on having similar meal schedules (aPR=0.59; 95% CI; 0.38–0.93; p=0.022), and having a fixed place in which to get food (aPR=0.66; 95% CI; 0.46–0.96; p=0.030), adjusted for the year of college entrance.

Conclusions: Some stressors predisposed to depression were found (working and studying more hours a day). On the other hand, having order in their daily routine decreased this condition (having a set place and times for meals).

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Influencia de los hábitos en la depresión del estudiante de medicina peruano: estudio en siete departamentos

R E S U M E N

Palabras clave:

Depresión
Estudiantes de medicina
Eventos estresantes
Estrés

Objetivo: Determinar la influencia de los hábitos en la depresión del estudiante de medicina de 7 departamentos de Perú.

Métodos: Estudio transversal analítico de un análisis secundario de datos. El diagnóstico de depresión se obtuvo según el resultado del test de Zung, considerado positivo ante cualquier grado de esta condición. Además, se comparó esto con otras variables socioeducativas importantes según publicaciones previas.

Resultados: De los 1.922 encuestados, el 54,5% (n = 1.047) eran mujeres; la mediana de edad era de 20 [intervalo intercuartílico, 18-22] años. El 13,5% (n = 259) tenía algún grado de depresión según la escala de Zung. En el análisis multivariable, incrementaron la frecuencia de depresión la mayor cantidad de horas de estudio por día (razón de prevalencias ajustada [RPa] = 1,03; intervalo de confianza del 95% [IC95%], 1,01-1,04; p < 0,001) y que el estudiante trabaje (RPa = 1,98; IC95%, 1,21-3,23; p = 0,006); en cambio, disminuyeron la frecuencia de depresión tener horarios similares para comer (RPa = 0,59; IC95%, 0,38-0,93; p = 0,022) y un lugar fijo donde conseguir sus alimentos (RPa = 0,66; IC95%, 0,46-0,96; p = 0,030), ajustado por el año de ingreso a la universidad.

Conclusiones: Se encontró que algunos factores estresantes predisponen a la depresión (trabajar y estudiar más horas por día); en cambio, tener un orden en su rutina diaria disminuye esta condición (tener un lugar y horarios fijos para comer).

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Introduction

Depression is a mental disorder characterised by a state of dependency with feelings of sadness, causing changes in behaviour, the degree of activity and thinking and, in extreme cases, suicidal thoughts.^{1,2}

Medical school is a recognised stressful environment³ with a high rate of depressive symptoms (12.9%) compared to the general population; depressive symptoms are more common in females than in males.^{4,5}

The presence of depressive symptoms in medical students has been reported in a number of studies from different countries around the world, and relatively high prevalence rates have been found: 35% in Malaysia,⁵ 40% in Trinidad and Tobago,³ 52% in Pakistan⁶ and 67% in the United Kingdom.⁷ The stress to which medical students are subjected causes emotional reactions that often have a negative effect on academic performance, physical health, psychosocial well-being and therapeutic decisions.⁵

In Peru, some studies have found the prevalence of depression to be around 4.6% in students of health sciences.^{8,9} However, in a study of fourth-year medical students, the prevalence of depressive symptoms was 29.9%,¹⁰ an alarming figure when we consider the repercussions on the physical and mental health and the training of these future healthcare professionals, and something that could have later consequences on the service they provide to the population.¹¹ With this in mind, the objective of the study was to determine the influence of habits on depression in medical students from seven different provinces in Peru.

Methods

Multicentre cross-sectional study; an analysis of secondary data was carried out based on a study of medical students in Peru.¹²

The study population was medical students from seven cities in Peru (Lima: Universidad Ricardo Palma; Ucayali: Universidad Nacional de Ucayali; Ica: Universidad Nacional San Luis Gonzaga de Ica; Cajamarca: Universidad Nacional de Cajamarca; Cusco: Universidad San Antonio Abad De Cusco; Huancayo: Universidad Peruana Los Andes; Piura: Universidad Privada Antenor Orrego and Universidad César Vallejo). Convenience sampling was used to select participants.

We included students enrolled in the 2015-I cycle, who were in first year to sixth year (before becoming residents) and who agreed to participate in the study. For data collection, a self-applied survey was used, consisting of general and consumption data.

The primary endpoint was depression, according to the Zung Self-Rating Depression Scale, for which Cronbach's alpha = 0.85; sensitivity of 94.7% (95% confidence interval [95% CI], 90.5–99.7); specificity of 67.0% (95% CI, 56.3–76.3); positive predictive value of 37.5% (95% CI, 24.3–52.7) and negative predictive value of 98.4% (95% CI, 90.2–99.9) were reported.¹³

The independent variables were the characteristics of the medical students: gender, marital status, age, academic semester, average hours of study per day, not having passed a year, financial dependence (on their family, if they worked or both) and having a partner, similar meal times and a fixed place to obtain food. The information collected was ordered

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