# PREVALENCE OF ANXIETY AND INSOMNIA AMONG MEDICAL STUDENTS

Soumya Sachdeva<sup>1</sup>, Richa Talwar<sup>2</sup>, Rohit Kapoor<sup>3</sup>, Sarthak Sachdeva<sup>4</sup>

MBBS, Intern, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi 110029<sup>1</sup>; MBBS ,MD, Professor , Department of Community Medicine, Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi 110029<sup>2</sup>; MBBS,MD Paediatrics Ex,Medical Officer,Resident PL-1 ,St John Medical Center ;Moross Detroit MI,US<sup>3</sup> 2<sup>nd</sup> Year Medical Student, Maulana Azad Medical College, Bahadur Shah Zafar Marg, New Delhi 110002<sup>4</sup>

Table2: Prevalence of anxiety and mean anxiety scores among study subjects according to current professional year.(N=188)

14(24.1%)

2(7.04%)

18(30%)

20(47.6%)

n=54(28.72)

**Professional** 

**Professional** 

**Professional** 

| Part I (n=60)

professional

|Total(N=188) | Total

(n=42)

(n=28)

<u>Serial</u>	<b>Professional</b>	No of	<u>Mean</u>	No of	<u>Mean</u>
<u>No.</u>	<u>Year</u>	<b>students</b>	<b>Anxiety score</b>	<u>students</u>	anxiety Scor
		<u>with</u>	of students	with no	of studen
		<u>anxiety</u>	<u>with</u>	<u>anxiety</u>	with n

anxiety(+/- SD)

20(+/-2.23)

**19.7(+/-1.6)** 

23.5(+/-2.01)

24.6(+/-2.36)

44(75.86)

26(92.86)

42(70.00%)

Total

n=134(72.17

22(52.38%) | 13(+/1.62)

anxiety(+/-

16(+/-1.07)

10(+/-2.03)

11(+/-1.87)

### **OVERVIEW**

Anxiety among the medical students is a common behavioral issue which affects the lifestyle and academic performance. It includes a cognitive malfunction, perceptual symptoms and affective symptoms. The other behavioral problems which frequently affect this group is insomnia, which is a complaint of inadequate sleep.

### **METHODS:**

- •Type of study Cross sectional study
- •Study Subjects/Inclusion Criteria students studying in 1st ,2<sup>nd</sup> and 3rd professional part I and II. (188 students)
- •Exclusion criteria- students who were on leave or absent due to any reason
- Duration of study 2 months (June and July 2012)
  Method of data collection predesigned,
- prestructured, pretested questionnaire.
- •Prior approval sought from the ethical committee and written consent obtained from study subjects.
- •Confidentiality and anonymity of the information obtained ;explained to the study subjects
- •Questionnaire -included questions on sociodemographic profile namely age ,sex,
- •Hamilton Anxiety Scale<sup>1</sup> (*Sensitivity* 85.7% and Specificity 63.5%<sup>8</sup>) -assessing anxiety :a score of equal to and above 18 considered abnormal and
- above 30 as severe.
   Athens insomnia scale <sup>2</sup> –assessing insomnia (sensitivity 93% and specificity 85%<sup>13</sup>): A score of
- equal to and above 6 considered abnormal
  Data collected ;analyzed using SPSS ver 16 and a p value <0.05 considered significant.</li>
- Questionnaire -included questions on sociodemographic profile namely age ,sex, professional year and residence.
- •Hamilton Anxiety Scale<sup>1</sup> (*Sensitivity* 85.7% and Specificity 63.5%<sup>8</sup>) -assessing anxiety :a score of equal to and above 18 considered abnormal and above 30 as severe.

• Athens insomnia scale <sup>2</sup> –assessing insomnia

- (sensitivity 93% and specificity 85%<sup>13</sup>): A score of equal to and above 6 considered abnormal
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### INTRODUCTION

The training of physicians in the medical schools is a significant cause of psychological stress. A number of studies have addressed stress among medical students.<sup>1-7</sup>.Multiple factors are involved which include long duration of studies, large volume of material to be studied, stress of academic performance and evaluations conducted as a part of the curriculum<sup>8</sup>.Consequently this at risk group suffers from deteriorating classroom performance, impairment in functioning, stress induced disorders and also negative effects of emotional distress causing impairment in functioning<sup>7,9</sup>.

### RESULTS

- •215 medical students enrolled in the study .However only 188 students could be included.
- •62.77% = males, girls =37.23%.
- •54.25% =hostellers, 45.75% =non-hostellers.
- •Overall prevalence of anxiety:28.72% (54/188).
- •Prevalence of anxiety :highest in students of 3<sup>rd</sup>
- professional part II (p<0.05,0.0002).

  •Prevalence of insomnia :30.31% (57/188)
- •Prevalence of insomnia: highest in students studying in 3<sup>rd</sup> professional part II(p-0.000)

## Table1:Sociodemographic profile of the study population.

<u>Demographic</u> Ch	<u>naracteristics</u>	of Study	Number(N	<b>Percenta</b>
<u>Subjects</u>	1		=188)	ge
Sex	Male		118	62.76%
	Female		70	37.23%
Professional Year	2 <sup>nd</sup> 3 <sup>rd</sup> Part I		58	30.85%
			28	14.89%
			70	38.11%
			42	22.34%
Residence	1 <sup>st</sup>	Hostellers	28	48.27%
Hostellers(n=102)		Non	30	51.72%
Non		Hostellers		
Hostellers(n=86)	2 <sup>nd</sup>	Hostellers	14	50%
		Non	14	50%
		Hostellers		
	3 <sup>rd</sup> Part I	Hostellers	37	61.61%
		Non	23	38.33%
		Hostellers		
	3 <sup>rd</sup> Part II	Hostellers	23	54.7%
		Non	19	45.2%
		Hostellers		

Table 3. Prevalence of insomnia and mean insomnia sco	re
among study subjects (N=188)	

						1
<u>Serial</u>	<b>Professional</b>	No. of	Mean	No. of	Mean	
No.	<u>years</u>	students with	<b>Insomnia</b>	<u>students</u>	<b>Insomnia</b>	1.
		<u>insomnia</u>	<u>Score(+/-</u>	with no	<b>Score</b>	
		<u>n(</u>	<u>SD)</u>	<u>insomnia</u>	<u>(+/-SD)</u>	
		Percentage)				2.
1.	1 <sup>st</sup>	16(27.8%)ot	7(+/-0.83)	9	3(+/-0.56)	
	Professional	7)/-underrch				
	(n=58)	no				3.
		anxiety45.75				
		% included				
		the				
		nonhostellers.				4.
2.	2 <sup>nd</sup>	1(3.6%)	8*	27	3.5(+/-	
	Professional				1.23)	
	(n=28)					
3.	3rd	17(28.3%)	12.3(+/-	43	4.5(+/-	
	Professional		1.88)		1.02)	
	Part I (n=60)					
4.	3 <sup>rd</sup>	23(54.8%)	13(+/-2.28)	19	5(+/-0.83)	] ]
	professional					
	  Part   II					
	(n=42)					
		n=57(30.31%		n=131(69.68		

# Table 4:Sexwise prevalence of anxiety and insomnia. Table 5:Prevalence of anxiety and insomnia among hostellers and non hostellers.

# Residence Anxiety Insomnia n( n(Percentage) Percentage) (28.72%) Hostellers(n= 35(40.69%) 34(39.53%) 86) 23(22.5%) Hostellers (n=102) Total(N=188) 54(28.72%) 57(30.3%)

<u>Sex</u>	Anxiety	<u>Insomnia</u>	
	n	n(Percentag	
	(Percentage)	e)	
Males	28(23.73%)	43(36.44%)	
Females	26(37.14%)	14(20%)	
Total	54(28.72%)	57(30.31%)	

# CONCLUSIONS

Morbidity –comparable to other studies in Indian Medical
Students; but less as compared to the students in other nation.

**%**)

•Can be ameliorated by the teachers, who may act as a buffer to balance the effects of changing environment.



ADDRESS FOR CORRESSPONDANCE

Dr.Soumya Sachdeva

Email-soumyasachd@gmail.com

Phone-011917838159168

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