

Depression Among Residents

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Residency is a trying time in life: new responsibilities, rigorous schedules, less sleep, fear of mistakes, just to name a few. Add this to the many life changes that also occur during this time, such as engagements, marriages and having children, and the stressors on young physicians can seem overwhelming. For some residents it is completely overwhelming. Sen et al.'s¹ article published in *Archives of General Psychiatry* noted that the rate of depression increases drastically from 4% at the beginning of intern year to a staggering 25%. This value is slightly more than two times higher than the general population. What is more concerning is that another study by Fahrenkopf et al.² published in the *British Medical Journal* noted that depressed residents are more likely to have slightly higher rates of medication errors than non-depressed residents. This study also pointed out that burnout is not the same as depression and that residents suffering from burnout had the same medication error rates as non-depressed residents.

Many residencies try to ensure that their residents are in compliance with work hours. However, in speaking with many residents in different specialties, I have learned there is not much emphasis placed on mental health and resident well-being. Sure, we all remember the lecture during orientation – the lecture placed between the daunting computer orientation and the hospital policies and procedures overview. At that time we were all so nervous/excited/anxious to actually be doctors, depression was the least of our worries. Then as the year progresses and the weight of everything settles in, some residents find themselves in a black hole. It takes all of their energy to get out of bed and be on time. Interacting with patients and co-workers becomes a chore, and their mood is labile; once home the only thing that seems inviting is going back to bed. They become more withdrawn, reduce communication with friends or family, develop eating disorders and have irregular mood swings, which are all precursors of depression. But where does the resident turn?

All residency programs have a mental health program in place for its residents. The difficult tasks for the resident are a) recognizing depression, b) overcoming the embarrassment of having to seek help, and c) feeling that there is no time to seek help. These factors can be difficult to overcome, which may increase the suicide risk for residents as opposed to the risk among the general population. Despite the physical and mental stresses, there are plenty of resources available as an internet search of “resident wellness” shows solutions to help cope and overcome depression.

If you are a resident suffering from depression, know that there is help available for you. If you are embarrassed to speak with your program director you can contact your local Graduate Medical Education office. They have resources and help. Also do not worry what others will think or how the workload will affect your fellow residents if you must take time off. This is about you, your health and your long-term happiness. If you are a co-worker, program director or friend of a resident who seems depressed, I urge you to approach them. Offer to help them find the resources they need.

Resources:

- Center for Patient and Professional Advocacy.
www.mc.vanderbilt.edu/root/vumc.php?site=CPPA.
- Federation of State Physician Health Programs, Inc.
www.fsphp.org
- National Alliance on Mental Illness.
www.nami.org.

REFERENCES

1. Sen S, Kranzler HR, Krystal JH, et al. A Prospective Cohort Study Investigating Factors Associated with Depression During Medical Internship. *Arch Gen Psychiatry*. 2010; 67(6):557-65
2. Fahrenkopf AM, Sectish TC, Barger LK, et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ*. 2008;336:488-91