

ASSESSING MEDICAL STUDENTS KNOWLEDGE IN DIAGNOSIS AND INITIAL TREATMENT OF DEPRESSION

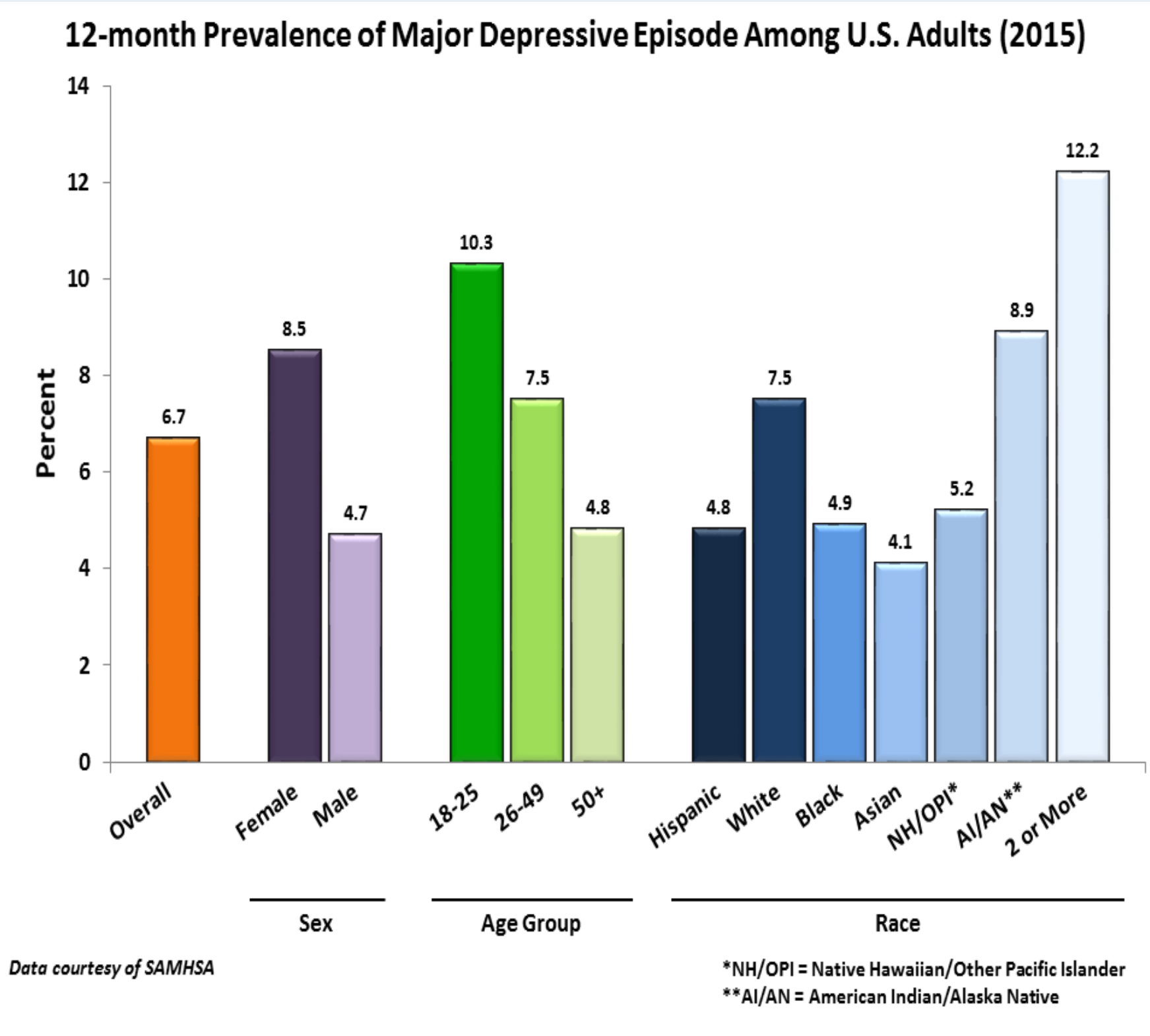
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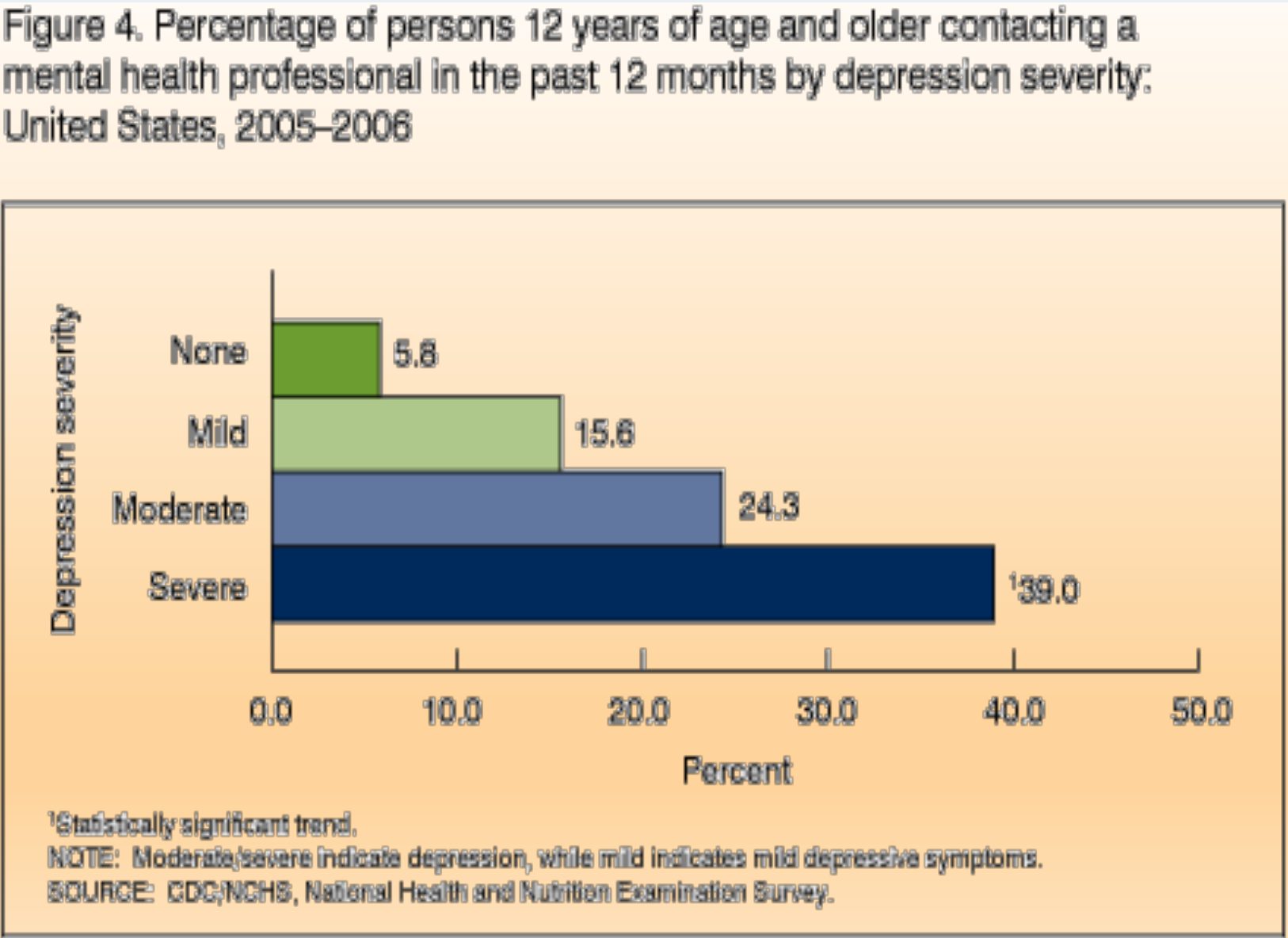
Abstract

Depression is one of the leading causes of premature death in the geriatric population, and one of the highest burdens of overall disability. Depression rates are around 13% in primary care settings. Depressive episodes are still underdiagnosed and undertreated, in the primary care settings. Several factors contribute to this, including lack of detailed knowledge, and lack of confidence in treatments. Improving knowledge and confidence in diagnosing depression types in order to improve either treatment or referring patients to psychiatric care would help address this gap, and improve patients care and quality of life. Moreover, bipolar depression can be difficult to distinguish from unipolar. Delays in recognition and referral can lead to further worsening of the disease. Bipolar depression is treated differently than unipolar depression. Improving education of future physicians in the formative years in these areas would consequently impact and improve care for patients.



Background

The majority of care for individuals suffering from depressive episodes occurs in the primary care setting by primary care physicians. Depressive episodes are still underdiagnosed, especially in the primary care settings. Several factors contribute to underdiagnoses and treatment, including lack of detailed knowledge of the condition and lack of confidence in treatments. Despite all available education avenues, there are still high rates of misdiagnosis of depression among psychiatrists as well primary care physicians. There is also under recognition of unipolar and bipolar depression. A meta-analysis of several studies comparing several western countries found that clinicians in Australia and the US were the worst in identifying depression. Improving knowledge and confidence in diagnosing depression types would improve the under diagnosis and under treatment of mood disorders.



CDC, Depression in United States. Obtained from <http://www.cdc.gov/nchs/data/databriefs/db07.htm>

Aims

To perform a study that examines the following:
1) Assess students’ level of confidence in diagnosing and treating depression before and after psychiatry clerkship.
2) Assess students’ knowledge in diagnosing and treating depression before versus after psychiatry clerkship and barriers to gaps in knowledge, if any.
3) Assess students’ knowledge in differentiating unipolar versus bipolar depression and barriers to gaps in knowledge, if any.

Methods

We are assessing these aims by an online survey at the Medical College of Georgia, which will be sent to all third year medical students after internal medicine rotation. The survey will be sent through the academic affairs office and students will be notified by email of the availability of the survey if they wish to participate. Students will be offered the survey as part of this cross-sectional educational one-time study. This online cross-sectional survey will be offered for medical students customized for the Medical College of Georgia at Augusta University as a onetime survey. The duration of their participation involves the time it takes to complete this one-time questionnaire. This would usually take approximately 10 to 15 minutes. The goal is to fills the gaps in knowledge in the curriculum, if any.

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