

ОШ МАМЛЕКЕТТИК УНИВЕРСИТЕТИНИН ЖАРЧЫСЫ

ВЕСТНИК ОШКОГО ГОСУДАРСТВЕННОГО УНИВЕРСИТЕТА

BULLETIN OF OSH STATE UNIVERSITY

ISSN: 1694-7452 e-ISSN: 1694-8610

№2/2024, 123-131

МЕДИЦИНА

УДК: 616.89-008.454

DOI: [10.52754/16948610\\_2024\\_2\\_13](https://doi.org/10.52754/16948610_2024_2_13)

STUDYING ATTITUDES TO DEPRESSION AMONG STUDENTS

СТУДЕНТТИК ЧӨЙРӨДӨГҮ ДЕПРЕССИЯГА БОЛГОН МАМИЛЕНИ ИЗИЛДӨӨ

ИЗУЧЕНИЕ ОТНОШЕНИЯ К ДЕПРЕССИИ В СТУДЕНЧЕСКОЙ СРЕДЕ

**Omurzakova Aisuluu Ermekovna**

*Омурзакова Айсулуу Эрмековна*

*Омурзакова Айсулуу Эрмековна*

**Senior Lecturer, Osh State University**

*улук окутуучу, Ош мамлекеттик университети*  
*старший преподаватель, Ошский государственный университет*

[impamil@oshsu.kg](mailto:impamil@oshsu.kg)

---

**Abdurakhmanov Bakhtiyar Omurbekovich**

*Абдурахманов Бактыяр Омурбекович*

*Абдурахманов Бактыяр Омурбекович*

**Associate Professor, Osh State University**

*доцент, Ош мамлекеттик университети*  
*доцент, Ошский государственный университет*

[babdurahmanov@oshsu.kg](mailto:babdurahmanov@oshsu.kg)

---

**Abdykaiymova Gulzat Kamchybekovna**

*Абдыкайымова Гульзат Камчыбековна*

*Абдыкайымова Гульзат Камчыбековна*

**Lecturer, Osh State University**

*окутуучу, Ош мамлекеттик университети*  
*преподаватель, Ошский государственный университет*

[gabdykaiymov@oshsu.kg](mailto:gabdykaiymov@oshsu.kg)

---

**Barbyshov Islambek Zhantoroevich**

*Барбышов Исламбек Жантороевич*

*Барбышов Исламбек Жантороевич*

**Lecturer, Osh State University**

*окутуучу, Ош мамлекеттик университети*  
*преподаватель, Ошский государственный университет*

[ibarbyshov@oshsu.kg](mailto:ibarbyshov@oshsu.kg)

---

**Rachamalla Pranayee**

*Рачамалла Пранайи*

*Рачамалла Пранайи*

**Student, Osh State University**

*студент, Ош мамлекеттик университети*  
*студент, Ошский государственный университет*

## STUDYING ATTITUDES TO DEPRESSION AMONG STUDENTS

### Abstract

Depression is a serious mental illness, when it occurs, the ability to work is sharply reduced and motor problems arise lethargy, impaired thinking, decreased mood. Depression is accompanied by low self-esteem, loss of taste to life, interest in usual activities. Being a mental disorder, depression manifests itself as pathological affect. It is perceived by people and patients as a manifestation of laziness, bad character, selfishness and pessimism. It should be noted that a depressive state is not just a bad mood, but a psychosomatic disease in which specialist intervention required. Overthinking or intrusive thoughts depression or anxiety or any mental problem isn't just a disorder, it can happen to us because of various reasons.

**Keywords:** depression, primary causes, treatment, decreased mood, factors, disorder.

### СТУДЕНТТИК ЧӨЙРӨДӨГҮ ДЕПРЕССИЯГА БОЛГОН МАМИЛЕНИ ИЗИЛДӨӨ

#### Аннотация

Депрессия олуттуу психикалык оору болуп саналат, ал пайда болгондо, жумушка жөндөмдүүлүгү кескин төмөндөйт жана кыймыл проблемалары летаргия, ой жүгүртүүнүн начарлашы, маанайдын төмөндөшү пайда болот. Депрессия өзүн төмөн баалоо, жашоонун даамын жоготуу, кадимки иштерге кызыгуу менен коштолот. Депрессия психикалык бузулуу болгондуктан, өзүн патологиялык аффект катары көрсөтөт. Аны адамдар жана бейтаптар жалкоолуктун, жаман мүнөздүн, өзүмчүлдүктүн жана пессимизмдин көрүнүшү катары кабыл алышат. Белгилей кетчү нерсе, депрессиялык абал - бул жөн гана жаман маанай эмес, ал адистердин кийлигишүүсүн талап кылган психосоматикалык оору. Ашыкча ойлоону же интрузив ойлор депрессия же тынчсыздануу же кандайдыр бир психикалык көйгөйлөр жөн эле оору эмес, ал ар кандай себептерден улам бизде болушу мүмкүн.

**Ачкыч сөздөр:** депрессия, негизги себептери, дарылоо, маанайдын төмөндөшү, факторлор, баш аламандык

### ИЗУЧЕНИЕ ОТНОШЕНИЯ К ДЕПРЕССИИ В СТУДЕНЧЕСКОЙ СРЕДЕ

#### Abstract

Депрессия – тяжелое психическое заболевание, при его возникновении резко снижается трудоспособность и возникают двигательные проблемы, вялость, нарушение мышления, снижение настроения. Депрессия сопровождается низкой самооценкой, потерей вкуса к жизни, интереса к привычной деятельности. Будучи психическим расстройством, депрессия проявляется как патологический аффект. Воспринимается людьми и больными как проявление лени, дурного характера, эгоизма и пессимизма. Следует отметить, что депрессивное состояние — это не просто плохое настроение, а психосоматическое заболевание, при котором требуется вмешательство специалиста. Чрезмерное мышление или навязчивые мысли, депрессия, тревога или любая другая психическая проблема — это не просто расстройство, оно может случиться с нами по разным причинам.

**Ключевые слова:** депрессия, первичные причины, лечение, снижение настроения, факторы, расстройство.

## **Introduction**

Depressive conditions are divided into several types: major depression, unipolar (unipolar) depression and autonomic depression. Domestic and foreign psychiatrists explain “major” depressive disorder as a condition that, for at least 2 weeks, characterized by the following symptoms: depressed mood most of the day; a significant decrease in interest and (or) feelings of pleasure in all or almost all types of daily activities; changes in appetite (as anorexia and bulimia) with weight changes body or without it; insomnia or hypersomnia; psychomotor agitation or retardation; feeling empty or lost energy; feeling of purposelessness of existence or an extremely pronounced sense of self guilt; decreased mental activity and ability to concentrate; inability to make a decision; suicidal thoughts or thoughts of death. In some patients, depression is chronic. It can last for several years without reaching significant gravity. Sometimes depression is limited to physiological symptoms without any clear emotional manifestations, and clinical and laboratory studies do not reveal any organic changes (Molchanova, 2018, p. 51-56; Жарматова, 2022).

The relevance of the chosen topic is due to the fact that depression is currently one of the most one of the most common mental disorders, affecting more than 264 million people worldwide from all age groups. The World Health Organization (WHO) compares depression to an epidemic that has swept through all of humanity (WHO, 2022).

The problem of depression is gradually taking a leading place among the pressing problems of psychiatric Sciences. According to WHO, depression is currently is the most common mental disorder that affects approximately 350 million people. One of the main problems in the fight against depression is considered to be a low level of patients asking for specialized help (Прупец, 2021, p. 167-170).

Depression (from Latin - suppression, oppression) is characterized by pathologically low mood (hypotymia) with a negative assessment of oneself, one’s position in the surrounding reality and one’s own future. Symptoms of depression include anhedonia (loss of the ability to experience pleasure), feelings of emotional overwhelm, hesitation moods during the day, anxiety, sleep disorders, loss of appetite, cognitive and motor retardation. In severe cases, suicidal thoughts and suicide attempts are noted. According to the severity of clinical symptoms, three degrees of depression are distinguished: mild (subdepression), moderate and severe (Смулевич, 2012, pp. 4-11).

Depression is common a form of mental pathology - it affects about 5% of the planet's population. Depression is the reason for about 10–20% of calls to a general practitioner. Among patients with chronic somatic diseases the prevalence of depression reaches 20–60%, significantly exceeding its prevalence in the general population. Depressive symptoms in patients non-psychotic register can develop as a consequence of the patient’s personal reaction to an existing somatic disease, or as somatization of primary depressive disorder (somatized depression) (Грехов, 2017, p. 35-43).

Depression is a serious emotional disorder that affects people of all ages, including children and adolescents. It is characterized by a stable state of sad and irritable mood and loss of interest and pleasure in life. These feelings are accompanied by a number of additional symptoms that affect appetite and sleep, activity and concentration levels, as well as well-being. Depression is one of the most common mental disorders. According to WHO estimates, it suffers from more than 300 million people of all age groups. In adolescence, the overall prevalence of depression ranges from 15 to 40%. In extreme cases, depression can lead to suicide, one of the leading causes of death among young

people aged 15-29 years old. According to WHO forecasts, depression may come out on top in the world, overtaking today's leaders — infectious and cardiovascular diseases [1]. There are endogenous and exogenous depression, the most severe is endogenous depression, in which it is necessary to consult specialists. There are effective types of treatment depression, such as medication and psychotherapy (Fang H. 2019y. 2324-2332c). The student youth falls into the risk group for depression and is the target group with which it is necessary to carry out preventive work for the early active detection of this disease (Головачева, 2015, pp. 55-61). In general, it can be argued that depressive states significantly reduce a person's quality of life, vitality and interest in life.

With severe depression and moderate depression, students spend more time only with themselves and their own thoughts, their own problems. During this difficult period, the personality undergoes a restructuring of the psycho-emotional sphere, adapts to new conditions, and develops new coping strategies. Coping strategies mean behavioral strategies, which are characterized by flexibility and purposefulness. The study of the level of depression and attitudes towards depression in a sample of students of the Faculty of Medicine is especially important due to the high academic load, longer studies compared with students of other specialties. In the study of N.V. Chistyakova, P.S. Frolova during the COVID-19 pandemic, with an adequate level of responsibility, difficulties in making vital decisions are characteristic for young people aged 23 to 30 years important decisions against the background of uncertainty of life prospects. It should be noted that there are not enough studies on the specifics of coping strategies among medical students and studies on the specifics of coping behavior of medical students have been conducted mainly abroad. An additional risk factor is the epidemiological situation associated with coronavirus infection.

Thus, the problem of studying the occurrence and spread of depressive disorders at a young age is relevant today. Hence there is an acute need to study the attitude to depression among students and determine the level of depression in the student environment. This topic is also relevant in connection with the spread of depressive disorders, the ongoing coronavirus pandemic and the creation of preventive measures at early stages to normalize the psycho-emotional state of students, increase awareness of depressive disorders.

In a number of studies, medical students show high levels of anxiety more often than other people in the same age group. There is no doubt that mental well-being is important both for medical students and for their future medical practice. Medical students suffering from depression are more likely to think about quitting their studies, they have reduced criticism of their own health.

The loads typical for studying at a medical university create additional conditions for predisposition to diseases (high intensity of information supply, a large number of pairs (4) per day, the need for constant transfers from one clinic to another in a short period of time).

Considering the above, we consider it important to consider the problem of anxiety and depressive states in 5th year students of the International Medical Faculty.

**The purpose of the study:**

To study the main factors of anxiety and depressive states in students that affect the designated mental state.

**Materials and methods of research:**

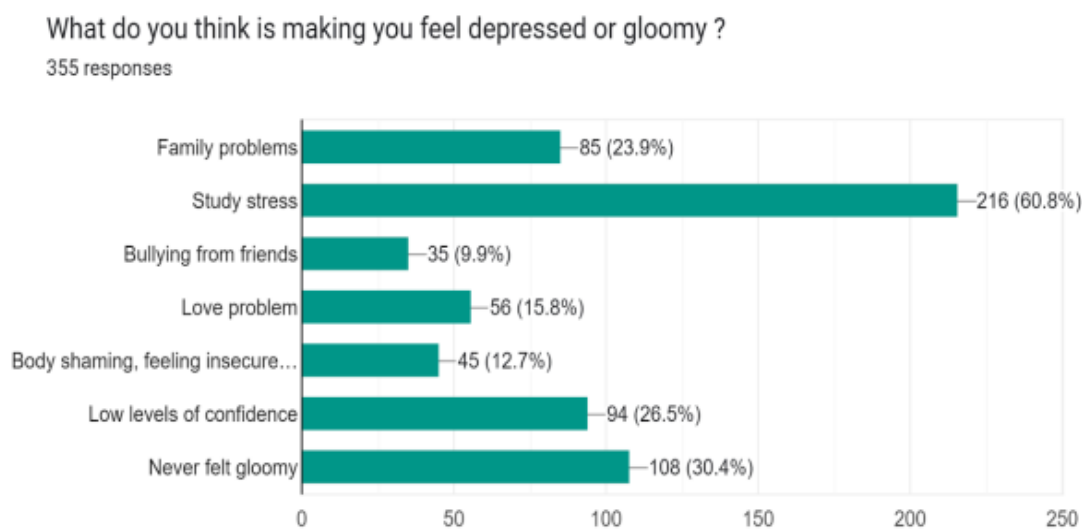
In order to identify factors affecting the mental state of students, a study was conducted in the

form of an anonymous questionnaire among students, which was attended by 355 5th year students of the International Faculty of OSH State University. A total of 190 (53.5%) male respondents and 165 (46.4%) female respondents participated in the study. The questionnaire included questions regarding factors affecting the development and course of depressive states, satisfaction with the level and quality of life, as well as ways to address the elimination of such conditions.

During the study, it was found that students are familiar with the symptoms of depression and most correctly assess the impact of depression on their health, the surveyed students are insufficiently informed about the treatment of depression and are cautious about antidepressants. Symptoms of depression are observed in younger students in greater numbers than in older students. It was found that students cannot adequately assess their condition and determine the presence of depression. It should be noted that students know the symptoms of depression, but they do not perceive it as a serious disease and it is necessary to conduct psychosocial work with students.

### The results of the study and discussion:

The analysis of the data obtained during the survey showed a high prevalence of anxiety and depression among 5th year students of the International Medical Faculty. Anxiety indicators were especially high in 216 (60.8%) participants, where the main reason was academic workload, insufficient ability to concentrate and lack of opportunity to fully relax (Figure 1).

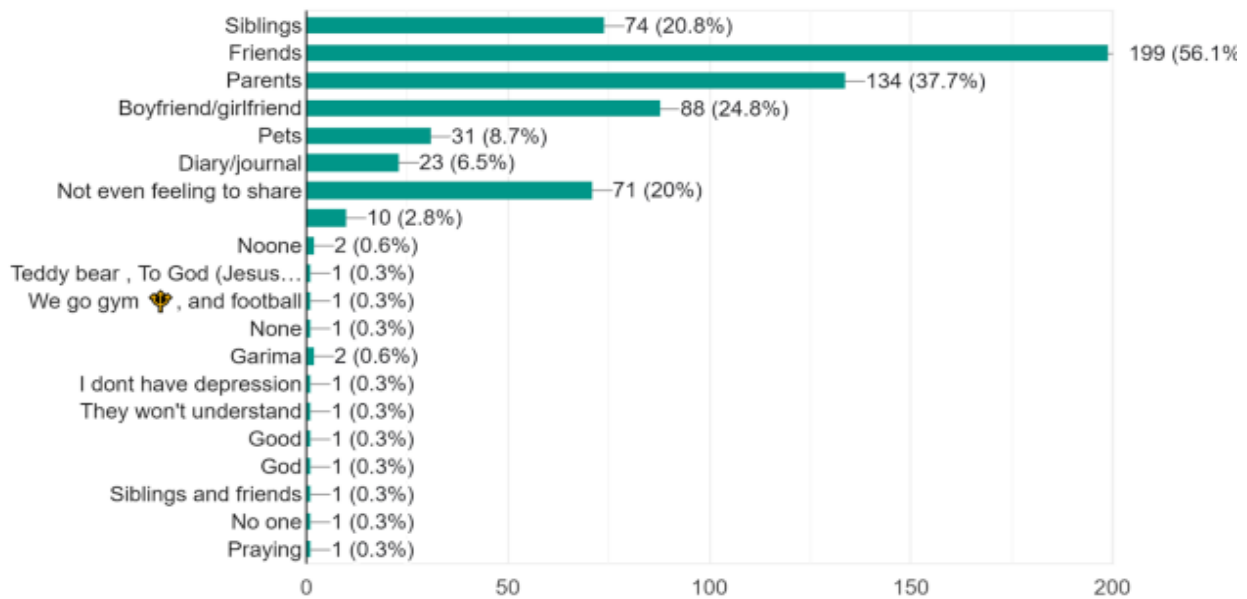


**Figure 1.** Survey taken from the 5th year students of the International Medical Faculty showed a high prevalence of anxiety and depression.

To the question "Who do you usually share your thoughts with when you feel depressed?" 56.1% (199) of participants answered "with friends" and 37.7% (134) of respondents share their condition with their parents and only 1 participant did not feel depressed (Figure 2).

With whom do you generally share your thoughts with when you feel depressed

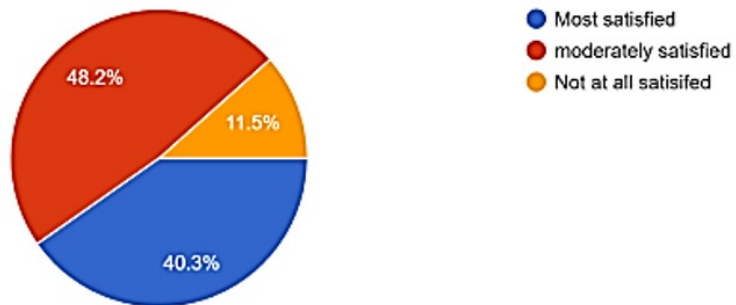
355 responses



**Figure 2.** Answers to the question "Who do you usually share your thoughts with when you feel depressed?" surveyed among the 5 th year students.

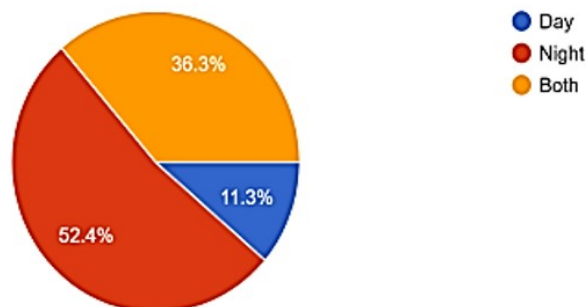
Are you satisfied with your life or lifestyle

355 responses



At what time do u generally overthink or feel depressed

355 responses



**Figure 3.** Number of responses to the questions "Are you satisfied with your life or lifestyle?"

and "At what time do you generally overthink or feel depressed?".

As can be seen from the Figure 3, 48.2% of the participants are moderately satisfied with their standard of living, and 40.3% of the participants are most satisfied with their lifestyle.

### **Sleep and mental health**

Overthinking at night is largely down to the brain processing what has happened to us during the day. To the question " At what time do you usually think too much or feel depressed? 54.3% of the participants answered "at night", which indicates that for a large flow of information during the day, we do not have breaks to process our thoughts during the day. And only at night, when they go to bed, all thoughts begin to spin in their heads. Chronic sleep deprivation can raise levels of anxiety, depression, overthinking and negative thinking which in the longer run can lead to depression (Fang, 2019, pp. 2324-2332).

Researchers found that people who reported frequent sleep disturbances tended to fixate on negative emotions more. The less sleep the people had, the longer it took them to get over a negative emotion. While some people naturally tend to fixate on things more than others, poor sleep makes fixation worse. Repetitive negative thoughts caused by sleep deprivation may lead to depression and anxiety disorders.

To date, decreased neuroplasticity considered as a key pathophysiological mechanism of depression. Also, patients with depression experience disturbances in the metabolism of fatty acids and lipids, which are important "participants" in the processes of neuroplasticity. The World Mental Health Day is celebrated around the world on October 10 every year. It was established in 1992 in order to tell the world about the problems of mental illness, the causes of their development and methods of treatment (Головачева, 2015, pp. 55-61).

### **Treatment of depressive and anxiety disorders**

It is important to remember that treatment of coexisting depressive disorder needs to be taken in parallel with the treatment of somatic pathology, and that it has a positive effect on the course of somatic disease. In addition, effective treatment of depressive disorder significantly improves quality of life of a person, as it alleviates or reduces the severity of depressive symptoms. First question, which a doctor encounters when a patient with depression comes to him - hospitalize the patient or treat on an outpatient basis. Direct indications for hospitalization are the risk of suicide, persistent refusal to eat, and the need for additional diagnostic procedures (Королева, 2009, pp. 82-84).

Anxiety and depressive disorders are closely related forms of psychopathology, from the point of view of general risk and etiological basis, they have pronounced variability within families and between generations. Therefore, depressive and anxiety disorders are successfully treated with antidepressants, in particular selective serotonin reuptake inhibitors (SSRIs), which act through the same biological mechanisms, although they are used in different dosages for these disorders.

The pharmacological effects of antidepressants are associated with an increase in the synaptic availability of biogenic monoamines such as serotonin and norepinephrine, based on the monoamine theory of depression. Antidepressants can inhibit the reuptake of serotonin, norepinephrine, dopamine, or all neurotransmitters simultaneously. Some new antidepressants have multimodal neuroreceptor activity, for example, agomelatin and vortioxetine. Persistent resistance to psychopharmacotherapy is formed in about 20-30% of patients, which requires additional

electroconvulsive therapy, transcranial magnetic stimulation or deep brain stimulation (Bergfeld I.O. 2018г. 362-367с). One of the problems with the use of antidepressants is the slow reduction of depressive and anxiety symptoms in the patient. Most antidepressants develop an effect after 3-4 weeks. Treatment, however, in some cases, improvement occurs over a longer period of time and it is necessary to wait from 4 to 6 weeks to achieve a clinical effect or longer. A persistent antidepressant effect is associated with the formation of receptor hypersensitivity and requires long-term adaptation of synaptic transmission systems in the brain (Witkin, 2018, pp. 2556-2563). Antidepressants, tranquilizers, atypical antipsychotics, anticonvulsants, and beta blockers are used in the treatment of anxiety disorders. Patients with anxiety disorders often need treatment with various anxiolytics — from benzodiazepines, which have a wide range of pharmacological activity (combination of anxiolytic effect with sedative, hypnotic, anticonvulsant, vegetonormalizing, muscle relaxant effects), to atypical anti-anxiety drugs of a new generation, in which the anxiolytic effect is combined, on the contrary, with a stimulating effect in the absence of hypnotic and sedative effects, negative effects on attention and reaction rate.

In general, medical practice, it is preferable to use such anxiolytics in patients with anxiety disorders, since there is a concept of the limited therapeutic possibilities of tranquilizers and the validity of their effective use only in the presence of a fairly simple structure of anxiety symptoms proposed by L. Mekhilane in 1986. If there is a decrease in the therapeutic effectiveness of anxiolytics or the addition of phobias, obsessions, senestopathies, conversion symptoms, then it is necessary to include neuroleptics, antidepressants and other medications in therapy. Meanwhile, the insufficient effectiveness of anxiolytics in patients with anxiety disorders within 60-70% can be explained by the multiplicity of mechanisms of anxiety regulation.

Non-pharmacological treatment of anxiety and depression includes psychotherapeutic effects, physical activity, and breathing training. Psychosocial interventions for anxiety and depression, such as cognitive behavioral therapy (CBT), have demonstrated positive effects in the treatment of both anxiety and depression. The beneficial effect on both disorders can be explained by the effect on common developmental mechanisms (for example, negative maladaptive cognition). CBT has some common elements in the treatment of anxiety and depression (in particular, cognitive restructuring, problem solving ability), but the same therapy may be unique for the treatment of anxiety (for example, relaxation training) and depression (for example, behavioral activation) (Higa-McMillan, 2015, pp. 1-23).

## **Conclusion**

The analysis of the data obtained during the survey of students revealed the following main factors influencing the mental state: a pronounced level of anxiety is associated with academic workload, a low level of self-confidence and problems in the family. Also, for students, the triggers are the transition from parental home to adulthood, deadlines, exams and financial difficulties. According to theories of change, depression is one of the inevitable stages of adaptation, few people manage to avoid it. But its depth and duration will depend on the student's personal qualities, including adaptive abilities and ability to withstand stress.



## References

1. Головачева, В.А., Парфенов В.А. (2015). “Депрессия в неврологической практике: распространенность, диагностика, стандарты лечения и новые возможности фармакотерапии”. *МС. №5*. с. 55-61.
2. Грехов, Р.А., (2017) “Медико-биологические аспекты депрессии”. *Природные системы и ресурсы*. - № 7 (2). - С. 35–43.
3. Жарматова, Э. К. Стресс социалдык-психологиялык көйгөй катары / Э. К. Жарматова, А. Д. Эсеналиева // Вестник Ошского государственного университета. – 2022. – No. 3. – P. 149-156. – DOI: 10.52754/16947452\_2022\_3\_149. – EDN: H1WPKY.
4. Королева, Е. Г., и Шустер Э. Е. (2009). “Депрессии в общесоматической практике”. *Журнал ГрГМУ. №4 (28)*. С. 82-84.
5. Прупес, М.В. и Харькова, О.А. (2021). “Причины появления депрессивного состояния на основе анализа индивидуального случая”. *Инновационная наука*, № 3, с. 167–170.
6. Смулевич, А.Б., Дубницкая, Э.Б., и Читлова, В.В. (2012). “Расстройства личности и депрессия”. *Журнал неврологии и психиатрии им. С.С. Корсакова. №9*, с. 4-11.
7. Bergfeld I.O., Mantione M., Figuee M. et al. (Eds). (2018). “Treatment-resistant depression and suicidality”. *J Affect Disord*. 362–367. <https://doi.org/10.1016/j.jad.2018.04.016>
8. Fang H., Sheng J., & Shao, A. (Eds). (2019). “Depression in sleep disturbance: A review on a bidirectional relationship, mechanisms and treatment”. *Journal of cellular and molecular medicine*. <https://doi.org/10.1111/jcmm.14170>
9. Higa-McMillan C.K., Francis S.E., Rith-Najarian L. (Eds). (2015). “Chorpita B.F. Evidence Base update: 50 years of research on treatment for child and adolescent anxiety”. *J Clin Child Adolesc Psychol*. 45(2), 1–23. <https://doi.org/10.1080/15374416.2015.1046177>
10. Molchanova I.V., Skvortsov V.V., Indichenko M.A., Zotova A.V., Lugovkina A.A. (Eds). (2018). *Assessment of the readiness of nurses to use the human caring theory in practice. Meditsinskaya sestra*. (In Russian). <https://doi.org/10.29296/25879979-2018-03-13>
11. Witkin J.M., Knutson D.E., Rodriguez G.J., Shi S. (Eds) (2018) *Rapid-Acting Antidepressants*. *Curr Pharm Des*. 24(22):2556–2563. <https://doi.org/10.2174/1381612824666180730104707>
12. ВОЗ (2023). *Депрессия* (<https://www.who.int/ru/news-room/fact-sheets/detail/depression> Пайдаланылган күнү: 12.12.2023)