

DISCLOSURE

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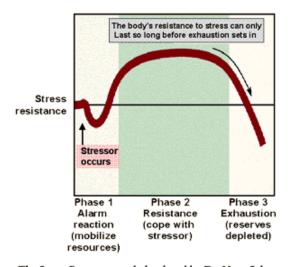
Consulting fees: None

Other (including employment): EBMA, iCognitus









The Stress Response graph developed by Dr. Hans Selye



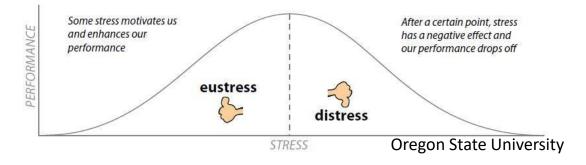
INITIAL ADAPTIVE STRESS PROLONGED (MALADAPTIVE) RESPONSE STRESS RESPONSE Adrenalin, Epinephrine, Cortisol Immune System Memory & Learning Sexuality: Impotence & Anovulation Energy Mobilization & Use Cognition & Performance ▼ Pain Tolerance Cardiovascular Tone Insulin Resistance & Weight Cardiopulmonary tone Stress Analgesia/Pain Tolerance Fatigue Stress Hypertension Respiratory Problems Immune System Opportunistic Infections Digestion Sexuality & Reproductive Hormones Anhedonia & Depression Bone Decalcification → Growth Addictions Somatic Syndromes

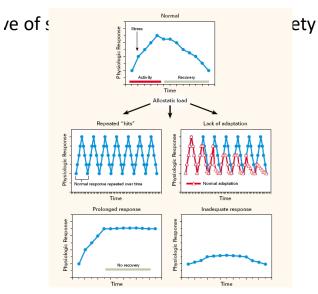


- Performance anxiety is a common phenomenon affecting students' performance in a test administration.
- It is also known that students' psychological traits, namely anxiety, affect their performance in a test.

Don't worry, you're not the only one.

Everyone is anxious about tests, of course. If you weren't, you wouldn't try. It's fairly obvious that too much stress is a problem. However, a certain amount of stress before the test is good. It acts as a motivator and can enhance performance.





McEwen B, NEJM, 1998



- Stressors that affect academic performance typically are related to major life events
 - Lack of social support (particularly relevant in international and displaced students)
 - Disrupted living arrangements
 - Economical difficulties
 - Natural catastrophes



- Medical school dependent stressors may have an impact as well
 - School workload
 - Performance pressure
 - Medical School structure, administration and faculty
 - Lack of career planning and concerns about the future
 - Grading system (P/F vs tiered)
 - Curriculum revisions



Well-Being of Students

Systematic Review of Depression, Anxiety, and Other Indicators of Psychological Distress Among U.S. and Canadian Medical Students

Liselotte N. Dyrbye, MD, Matthew R. Thomas, MD, and Tait D. Shanafelt, MD

Acad Med. 2006; 81:354-373.

Depressive Symptoms in Medical Students and Residents: A Multischool Study

Deborah Goebert, DPH, Diane Thompson, MD, Junji Takeshita, MD, Cheryl Beach, PhD, Philip Bryson, LCSW, Kimberly Ephgrave, MD, Alan Kent, PhD, Monique Kunkel, MD, Joel Schechter, PhD, and Jodi Tate, MD

Conclusions

Medical school is a time of significant psychological distress for physicians-intraining. Currently available information is insufficient to draw firm conclusions on the causes and consequences of student distress. Large, prospective, multicenter studies are needed to identify personal and training-related features that influence depression, anxiety, and burnout among students and explore relationships between distress and competency.

Conclusions

Depression remains a significant issue for medical trainees. This study highlights the importance of ongoing mental health assessment, treatment, and education for medical trainees.

Acad Med. 2009; 84:236-241.

Silva et al. BMC Medical Education (2017) 17:184 DOI 10.1186/s12909-017-1006-0

BMC Medical Education

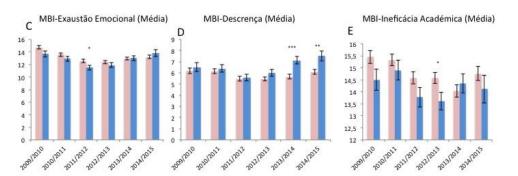
RESEARCH ARTICLE

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Depression in medical students: insights from a longitudinal study

Vanessa Silva^{1,2*}, Patrício Costa^{1,2}, Inês Pereira¹, Ricardo Faria¹, Ana P. Salgueira^{1,2}, Manuel J. Costa^{1,2}, Nuno Sousa^{1,2}, João J. Cerqueira^{1,2} and Pedro Morgado^{1,2}



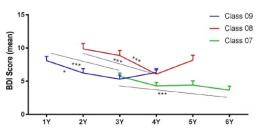


Fig. 2 BDI score for class and school year with representation of significant differences obtained by means of multiple comparisons using the Bonferroni correction (*p < 0.05, **p < 0.01, ***p < 0.001)

The prevalence of depression in the 6year duration of the course oscilates betweem **12,7 e 20,5%. Suicidal ideation** varied between **2,6 e 6,2**%. The most commonly reported symptoms were sleep and tiredeness ranging from 42,4-64,4% and 51,9-74%, respectively.

Sleep measures in medical students: association with brain functional correlates at rest

Liliana Amorim^{1,2,3}, Paulo Marques^{1,2,3}, João Fevereiro^{1,2}, Carlos Portugal-Nunes^{1,2,3}, Nuno Sousa^{1,2,3}, Nadine Correia Santos^{1,2,3}

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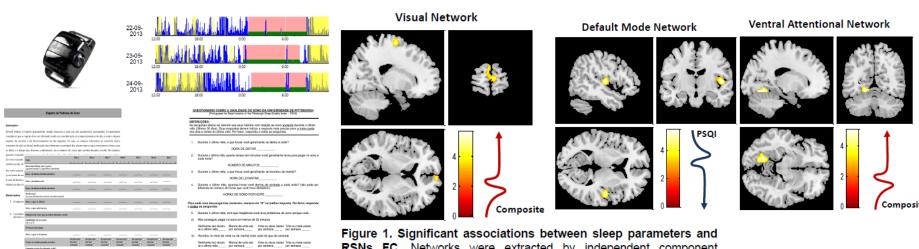


Figure 1. Significant associations between sleep parameters and RSNs FC. Networks were extracted by independent component analysis and results were considered significant if p<0.05 corrected for multiple comparisons.

PSQI total score is negatively associated with FC in DMN; the sleep composite was positively associated with FC in the ventral attention network (VAN) and the visual network (VN).

The interaction between sleep quality and academic performance

K. Ahrberg a, M. Dresler a, S. Niedermaier b, A. Steiger a, L. Genzel a,*

Journal of Psychiatric Research 46 (2012) 1618–1622

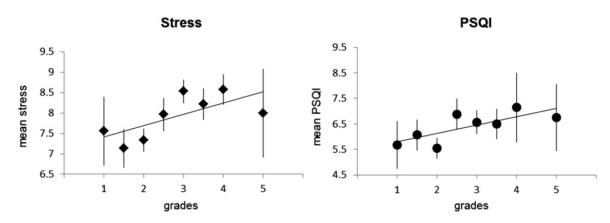


Fig. 1. Shown are the significant correlations between stress pre-exam (left panel) and subjective sleep quality pre-exam (PSQI, right panel) with the academic performance (grade). stress: r = 0.276, P < 0.001; PSQI: r = 0.158; P < 0.03. Note that low performance (1 is the best grade) meant low sleep quality (high PSQI) and high stress. PSQI and stress are presented as the mean and SEM of the 144 students for the different possible grades (1–5 in 0.5 steps).

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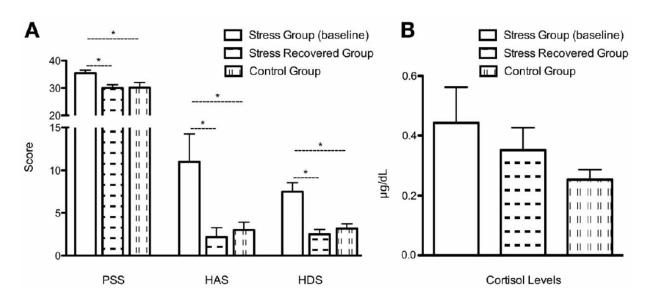
frontiers in **HUMAN NEUROSCIENCE**

ORIGINAL RESEARCH ARTICLE published: 27 December 2013 doi: 10.3389/fnhum.2013.00919

Plasticity of resting state brain networks in recovery from stress

José M. Soares^{1,2,3}*, Adriana Sampaio^{1,4}, Paulo Marques^{1,2,3}, Luís M. Ferreira^{1,2,3}, Nadine C. Santos^{1,2,3}, Fernanda Marques^{1,2,3}, Joana A. Palha^{1,2,3}, João J. Cerqueira^{1,2,3} and Nuno Sousa^{1,2,3}

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³ Clinical Academic Center, Braga, Portugal

Citation: Transl Psychiatry (2012) 2, e131, doi:10.1038/tp.2012.59 © 2012 Macmillan Publishers Limited All rights reserved 2158-3188/12

www.nature.com/tp

Stress-induced changes in human decision-making are reversible

JM Soares^{1,2,3,5}, A Sampaio^{1,4,5}, LM Ferreira^{1,2,3}, NC Santos^{1,2,3}, F Marques^{1,2,3}, JA Palha^{1,2,3}, JJ Cerqueira^{1,2,3} and N Sousa^{1,2,3}

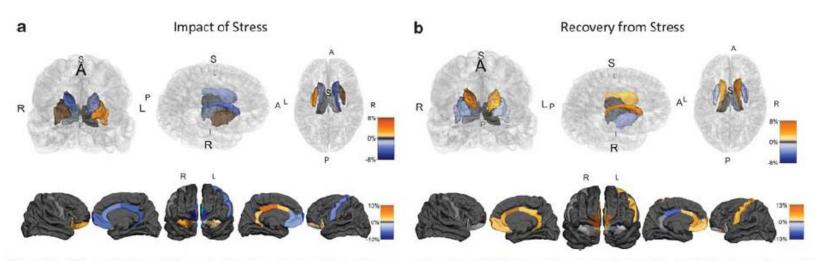


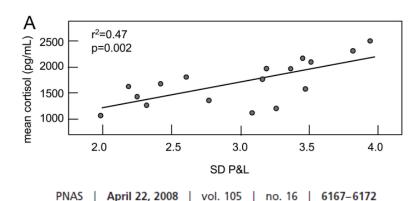
Figure 3 Volumetric changes in the brain after stress exposure (a) and after recovery from stress (b). Upper panels represent changes in subcortical regions, whereas the lower panels represent volumetric variations in cortical regions. (a) The impact of stress in the structure of corticostriatal loop. The color changes illustrate variations in volumes of stressed subjects in contrast to controls. (b) The amount of recovery from the impact of stress in the structure of cortico-basal ganglia loop. The color changes illustrate variations in volumes in stressed subjects after recovery from stress.

Endogenous steroids and financial risk taking on a London trading floor

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Edited by Bruce S. McEwen, The Rockefeller University, New York, NY, and approved November 6, 2007 (received for review May 1, 2007)



Journal of Psychosomatic Research 77 (2014) 420-425

Saliva pH as a biomarker of exam stress and a predictor of exam performance

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- b School of Nursing, Zefat Academic College, Zefat, Israel



RESEARCH ARTICLE

How does the quality of life and the underlying biochemical indicators correlate with the performance in academic examinations in a group of medical students of Sri Lanka?

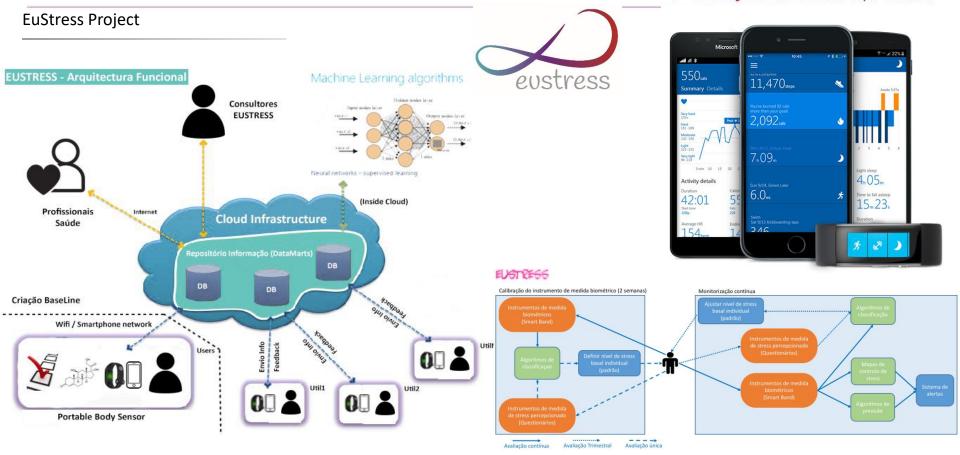
Manjula Hettiarachchi^{1*}, Chathuranga Lakmal Fonseka¹, Priyanka Gunasekara², Prasanjanie Jayasinghe¹ and Dasun Maduranga¹

¹Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka; ²Coronary Care Unit, Teaching Hospital, Karapitiya, Galle, Sri Lanka



Medical Education Forum

7-9 May 2019 Kraków, Poland



Investigate and develop an information system (SI) that monitors and evaluates, in a continuous and real time, the stress levels of the individual, also predicting chronic stress.

1

Determine stress profile types to classify medical students.

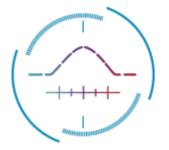
3

Interpret the individuals stress reactivity patterns and predict stress states.

Key ideas

2

Establish associations between biochemical data, neuropsychological information and biometric records.



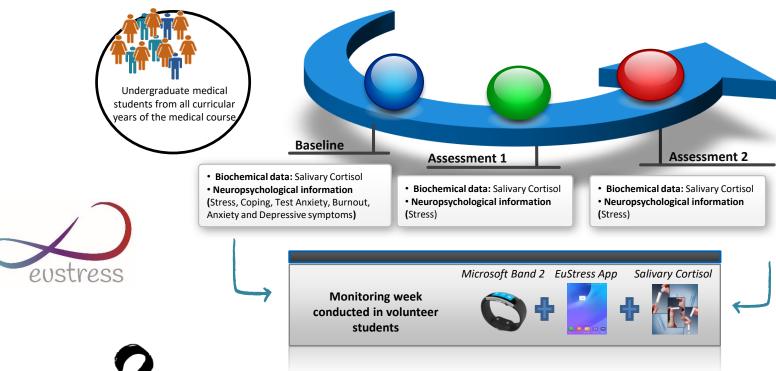




The EuStress Project: monitoring and evaluation of stress levels of medical students

Teresa Costa Castanho, Ana Mónica Pereira, Patricio Costa, Victor Carvalho, José Miguel Pêgo

<u>EuStress main goal:</u> Investigate and develop an information system (SI) that monitors and evaluates, in a continuous and real time, the stress levels of the individual, also predicting chronic stress.





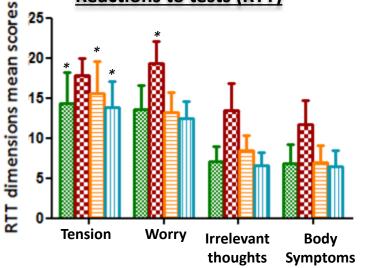
• How each individual is affected by stress? There is a specific profile?



Medical students population sample: curricular year (2017/2018)

N Percer							
Sex							
15	21.1						
56	78.9						
71	100						
Curricular year							
20	28,2						
20	28,2						
15	21,1						
16	22,5						
71	100,0						
	\$ex						

Reactions to tests (RTT)



1st year 2nd year 3rd year 3rd year PA

Coping style: Brief Cope Inventory

TOTAL SAMPLE	N	Mean	SD
Active Coping	61	3,61	0,954
Planning	60	0,35	0,606
Emotional support	61	1,80	1,108
Social support	61	2,70	0,715
Religion	61	3,05	1,575
Positive reinterpretation	61	2,02	0,764
Self-blame	61	4,02	1,025
Acceptance	60	1,97	1,149
Venting	61	2,82	1,385
Denial	61	2,89	1,253
Self-distraction	61	2,08	1,295
Behavioval disengagement	61	3,18	1,245
Substance use	61	3,02	0,991
Humor	61	2,08	1,441

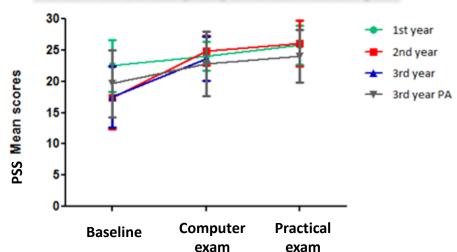
• Differences between Gender and coping styles

Social Support: t (59) = 2.028; p< 0.05; Males M= 3.09, SD= .701

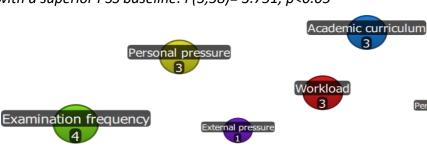
Denial: t (59) = 2.115; p<0.05; Females M= 3.04, SD= 1.245; **Behavioval disengagement:** t (59) = 2.203; p<0.05; Females M= 3.34; SD= 1.255

• Differences between Curricular year and coping styles **Substance use:** F(3,57) = 3.466, p<0.05; 1st year \uparrow M=3.40, SD = .828

Perceived Stress (PSS) and Curricular year



• 1st year with a superior PSS baseline: F(3,58)=3.751, p<0.05



Perceived Stress and total sample

PSS Baseline								
Mean (SD)	Median	Range	25th Percentile	50th Percentile	75th Percentile			
19.34±5.191	19.50	9-31	15.00	19.50	24.00			
PSS Computer Exam								
23.95±3.410	24.00	17-33	21.00	24.00	26.00			
PSS Practical Exam								
25.36±3.718	26.00	15-32	23.00	26.00	28.00			

•Associations between PSS application moments and coping styles

- PSS Baseline / Active Coping (-.273*) and Venting (-.258*)
- PSS Computer Exam/Substance use (.268*)

Learning environment

- PSS Practical Exam / Positive reinterpretation (-.331*) and Acceptance (.324*)

*p<.05

What are the main stressors during the medical course?

Medical course and personal life conciliation

Prior and regular lessons preparation

Amount of material to study

Evaluations moment and the exam itself

Using Mouse Dynamics to Assess Stress During Online Exams

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Using Mouse Dynamics to Assess Stress During Online Exams

Absolute Sum of Degrees (ASD) - *

Average Distance of the Mouse to the Straight Line (ADMSL) - *

Average Excess of Distance Between Clicks (AED) - *

Click Duration (CD) - *

Distance Between Clicks (DBC) - *

Distance of the Mouse to the Line (DMSL) - *

Excess of Distance Between Clicks (ED) - *

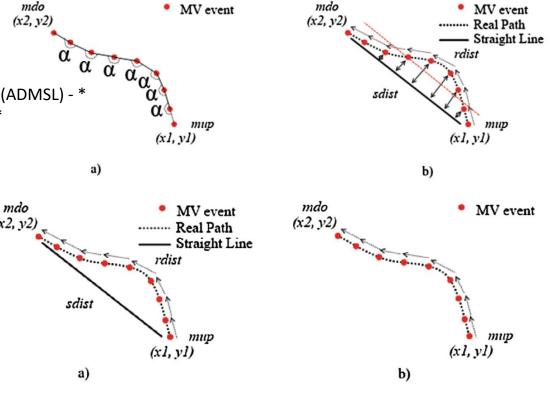
Mouse Acceleration (MA) - **

Mouse Velocity (MV) - **

Time Between Clicks (TBC) - *

* - increasing value = decreasing performance

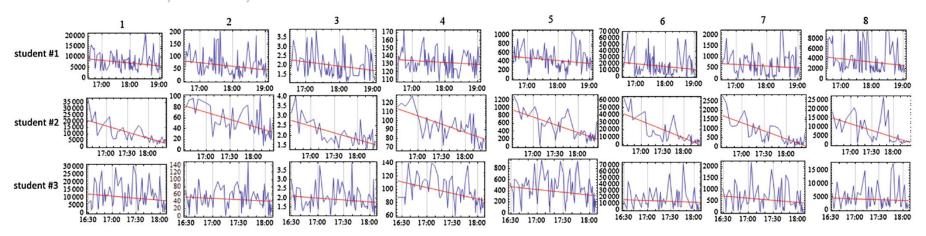
** - variable meaning

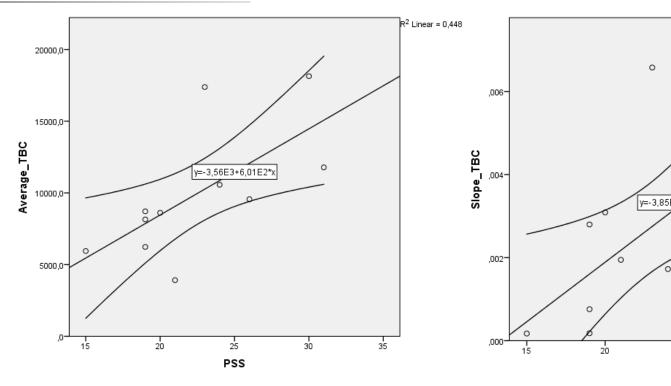


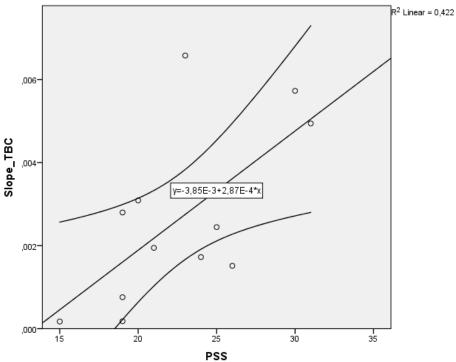


Using Mouse Dynamics to Assess Stress During Online Exams

Fig. 4. Time plot of the features for three arbitrary students. The negative correlation with time is visible for all features. Lines depict three different students. Columns depict the following eight features: 1 - ASA, 2 - ADMSL, 3 - AED, 4 - CD, 5 - DBC, 6 - DMSL, 7 - ED, 8 - TBC.



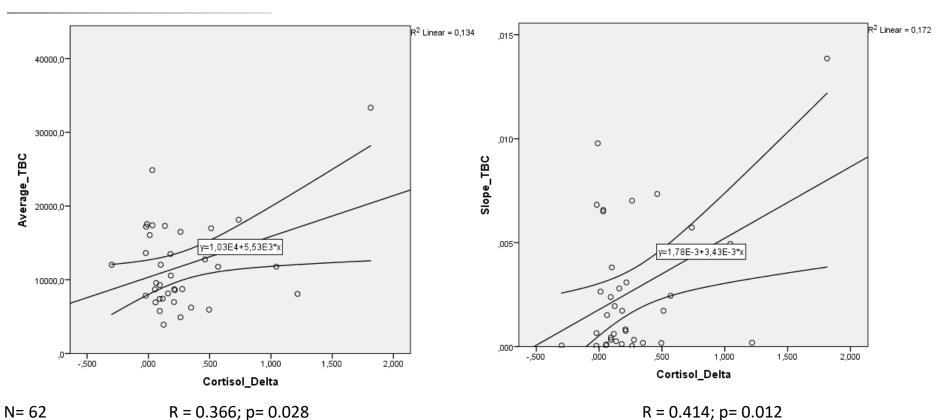


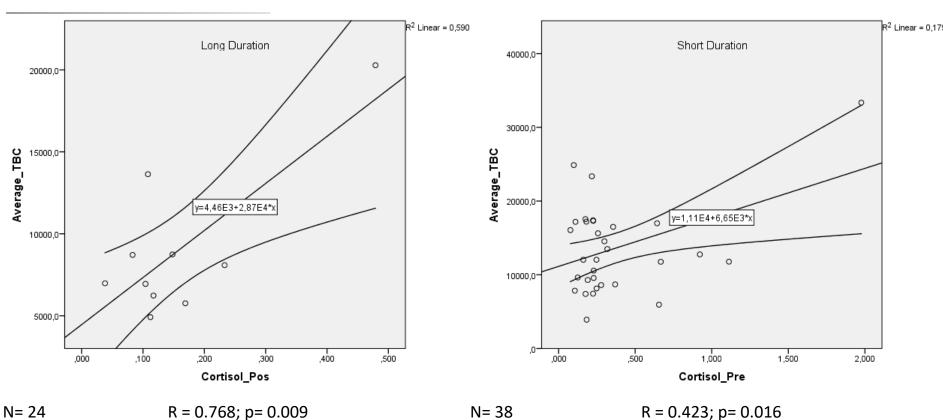


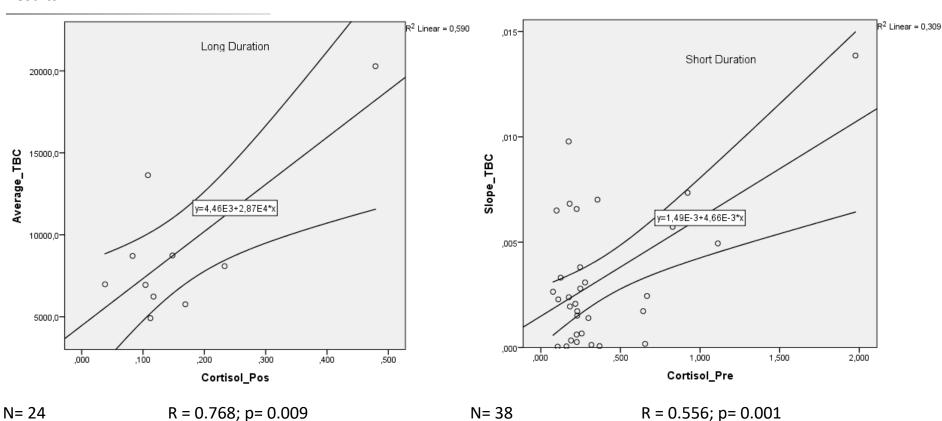
N= 62

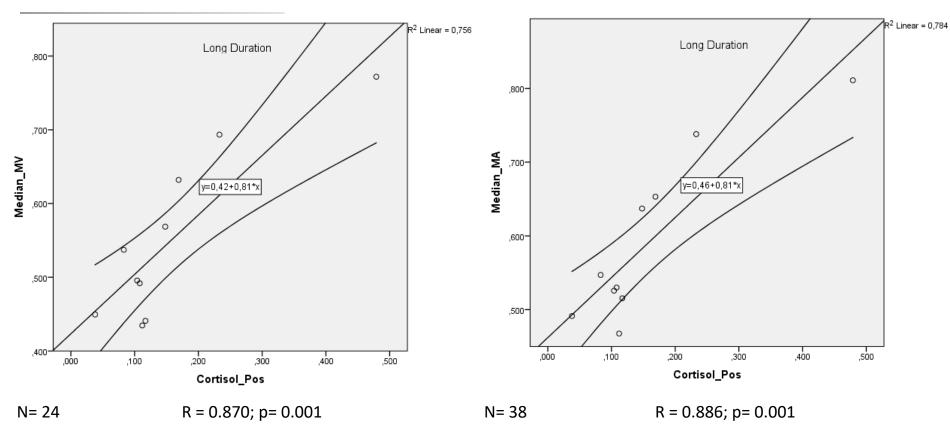
R = 0.669; p= 0.017

R = 0.650; p= 0.022

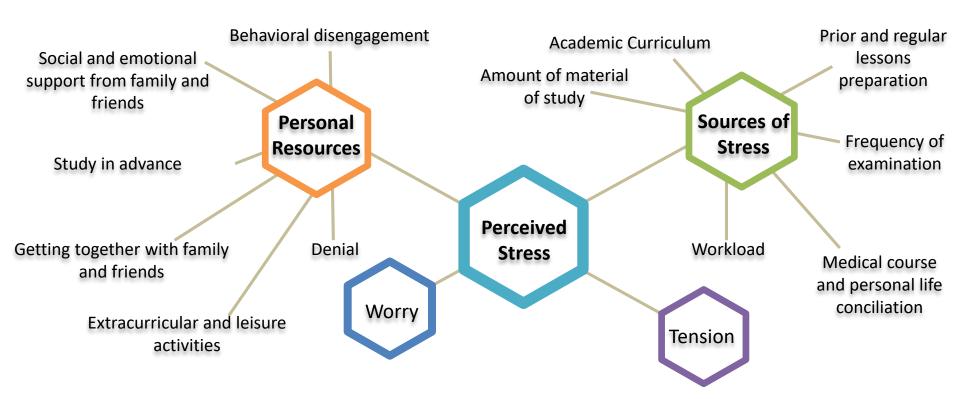












 Pointing out how each individual is affected by stress, future results will support the medical school to act on each student by providing coping strategies and personalized training and thus train the future professionals for a practice with quality and a healthy mental status.















