



Awareness about Using Becks Depression Inventory among Dental Students in Clinical Practice

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ABSTRACT

Depression is seen as a response or symptom of life stress or physical change and is not usually considered to reflect a mood disorder. There are many reasons for depression- Familial and Genetic influences. It is the tendency which makes people bring them into a negative behaviour. The aim of the study is to assess the awareness about using Becks Depression inventory among dental students in clinical practice. A cross-sectional study was done with a self-administered questionnaire with ten questions circulated among 100 dental students. The questionnaire assessed the awareness about depression, the clinical manifestation of depressive illness, psychological stress etiology of oral mucosal diseases, usage of BDI questionnaire in practice. The responses were recorded and analysed. 54% were aware of depression, and 46% were not aware of depression. 26% were aware of the clinical manifestation of depressive illness. 32% were aware of physiological stress etiology of oral mucosal diseases. 0 % use BDI questionnaire in practice. The awareness of BDI questionnaire usage in clinical practice among dental students was found to be low in this study. Our findings emphasize the importance of incorporating several educational and training programs to dental students to sensitize them to look for psychological etiology of certain orofacial diseases.



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INTRODUCTION

The term depression covers an assortment of negative states of mind and conducts changes. Some are typical temperament vacillations, and others meet the meaning of clinical issues. The temperament changing might be impermanent or dependable (Bech and Coppen, 2012; Lloyd et al., 2012).

They are a few parts of depression like incidentally discouraged disposition, durable descending or pessimistic state of mind that may meddle just gently with compelling conduct and seriously discouraged mind-set joined by a stamped yet typically transitory failure to work effectively. People utilize the term depression to depict a pity that originates from a demise in the family (Beck et al., 1974). After the demise of somebody, they care profoundly about, most survivors experience a discouraged state of mind that is generally called grief (Snaith, 1993). These sentiments of depression are entirely normal. The basic highlights of misery incorporate physical distress, for example, moaning, the snugness of throat, an unfilled inclination in the mid-region and sentiment of solid shortcoming. What's more, there might be distraction with the visual picture of the dead individual alongside the blame, sentiments of misfortune and physical side effects step by step disappear (Beck et al., 1988). Depression is of numer-

ous types: dysthymic issue; significant burdensome disorder; major burdensome scene; intermittent significant burdensome disorders; major burdensome scene with maniacal features (Beck, 1979).

Stressful life occasions like losing an employment, being turned down for a master’s level college program or loss of everything in a fire may likewise welcome on sentiments of depression. Depression is as a reaction or manifestation of an actual existence stress or physical change, and it isn’t typically considered to mirror a state of mental disorder (Keedwell and Snaith, 1996). The term depression is so much a piece of our language, and in light of the fact that essentially everybody has encountered issues, one after another or other numerous individuals don’t see depression as an issue requiring treatment (Carroll, 1973). Depression is a significant contributory factor for a few psychosomatic ailments and mucosal sores in the oral cavity. Hence this study was done with the aim to assess the awareness about using Becks Depression inventory (BDI) among dental students in clinical practice.

MATERIALS AND METHODS

A cross-sectional study was done with a self-administered questionnaire with ten questions circulated among 100 dental students. The questionnaire assessed the awareness about depression, the clinical manifestation of depressive illness, psychological stress etiology of oral mucosal diseases, usage of BDI questionnaire in practice. The responses were recorded and analysed.

RESULTS

54% were aware of depression, and 46% were not aware of depression (Figure 1). 26% were aware of the clinical manifestation of depressive illness (Figure 2). 32% were aware about psychological stress etiology of oral mucosal diseases(Figure 3). 0 % use BDI questionnaire in practice (Figure 4).

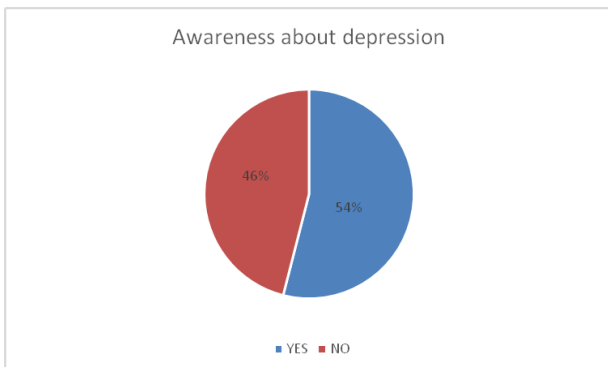


Figure 1: Awareness about depression

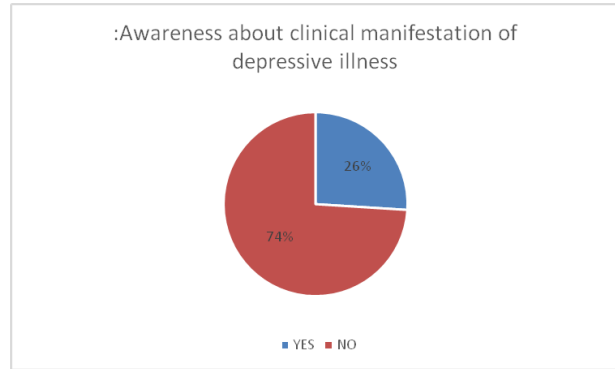


Figure 2: Awareness about the clinical manifestation of depressive illness

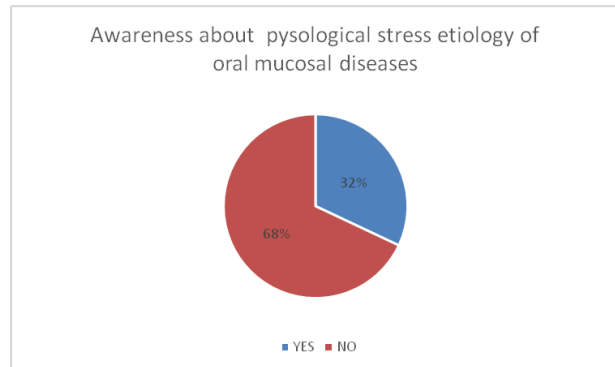


Figure 3: Awareness about psychological stress etiology of oral mucosal diseases

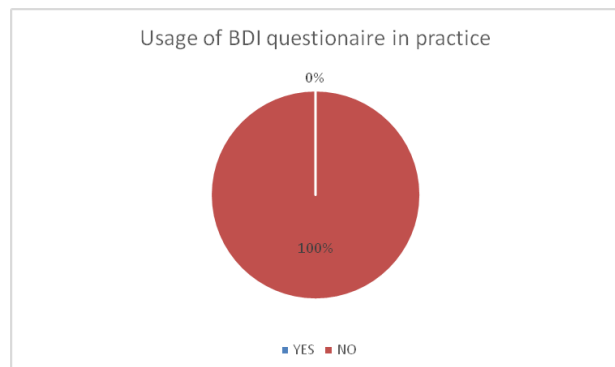


Figure 4: Usage of BDI questionnaire in practice

DISCUSSION

The current trial has been led to assess the degrees of mindfulness about utilizing BDI among dental understudies while rewarding patients. Depression is viewed as a reaction or manifestation of an actual existence stress or physical change and isn’t normally considered to mirror a disposition issue. It is the propensity which makes individuals to bring them into a negative behaviour. Assessing enthusiastic insight causes us to distinguish qualities and shortcomings in people and in bunches which is the initial move towards individual or gathering facilitation. The hazard factors incorpo-

rate organic vulnerabilities, factors in the earth and the nearness or nonappearance of elements that advance resiliency (Derogatis *et al.*, 1973). Hazard factors influencing depression incorporate heredity, age, sexual orientation and absence of social support (Hamilton and White, 1959).

A significant hazard factor is a hereditary makeup. Studies propose a hereditary part of both significant depression and bipolar disorders (Feighner *et al.*, 1972). There is a lot more serious danger of building up a significant depression if one's indistinguishable twin has had this issue if ones parent, sibling or sister has encountered it (Zauszniewski and Bekhet, 2009). Some of the indications of burdensome issue incorporate disappointment and uneasiness changes in craving, rest and psychomotor capacities; loss of intrigue and vitality sentiments of blame, considerations of death and reduced concentration (Fendrich *et al.*, 1990).

Manifestations of depression are additionally liable to happen in bipolar disorder (Pickard *et al.*, 2004). Consequently, the term unipolar confusion is frequently utilized while talking about various kinds of burdensome issue to recognize individuals who have encountered at least one scenes of depression yet no hyper or hypomanic scene and the individuals who have a previous history that incorporates at any rate one scene of insanity or hypomania. Individuals who have at least one scenes of craziness or hypomania just as times of depression are analyzed as having bipolar disorder (Fendrich *et al.*, 1990).

The hazard factors incorporate natural vulnerabilities, factors in the earth and the nearness or nonattendance of components that advance strength. Hazard factors influencing depression incorporate heredity, age, sex and absence of social support. A significant hazard factor is a hereditary makeup. Studies recommend a hereditary segment in both significant depression and bipolar disorders (16). There is a lot more serious danger of building up a significant depression if one's indistinguishable twin has had this issue if ones parent, sibling or sister has encountered it (Carroll, 1973; Hamilton and White, 1959).

A portion of the indications of burdensome issue incorporate disappointment and nervousness changes in hunger, rest and psychomotor capacities; loss of intrigue and vitality sentiments of blame, contemplations of death and reduced concentration. Indications of depression are likewise prone to happen in bipolar disorder. Consequently, the term unipolar confusion is regularly utilized while examining various sorts of the burdensome issue to recognize individuals who have encoun-

tered at least one scenes of depression yet no hyper or hypomanic scene and the individuals who have a previous history that incorporates in any event one scene of madness or hypomania. Individuals who have at least one scenes of insanity or hypomania just as times of depression are analyzed as having bipolar disorder.

Proof collected over the most recent two decades bolsters that mental stress and mental disease can alter immunological functions. Some of the investigations have indicated that patients with Oral Lichen Planus display more significant levels of tension, more prominent depression, and expanded helplessness to the mystic issue. Oral Lichen Planus patients with erosive Lichen Planus have found to show higher depression scores than patients with non-erosive Lichen Planus. Psychological mediation might be justified given the way that the degree of tension and salivary cortisol of Oral Lichen Planus patients are high, supporting the relationship of Oral Lichen Planus with stress. However, this study observed the dental students treating such mucosal diseases were not aware of the diagnostic tools to diagnose depression and other kinds of Psychiatric illness. Hence more intensive educational programs explaining the importance of mental health as an important causative of several diseases should be initiated.

CONCLUSION

The awareness of BDI questionnaire usage in clinical practice among dental students was found to be low in this study. Symptoms of Psychological stress were associated with depression. Our findings emphasize the importance of incorporating several educational and training programs to dental students to sensitize them to look for psychological etiology of certain orofacial diseases.

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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