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**СРЫВЫ И РЕЦИДИВЫ У СТУДЕНТОВ МЕДИЦИНСКИХ
ВУЗОВ: МЕХАНИЗМЫ И ПРОФИЛАКТИКА
BREAKDOWNS AND RELAPSES AMONG MEDICAL
STUDENTS: MECHANISMS AND PREVENTION**

Аннотация. Срывы и рецидивы у студентов медицинских вузов представляют собой острые состояния нарушения психоэмоционального равновесия, часто обусловленные нарастающим стрессом, вызванным интенсивной учебной нагрузкой. Актуальность исследования обусловлена тем, что учебный процесс в медицинских образовательных учреждениях является высокоинтенсивным, что способствует накоплению психического напряжения.

Abstract. Breakdowns and relapses in medical students are acute conditions of impaired psychoemotional balance, often caused by increasing stress caused by intensive academic workload. The relevance of the study proves that the educational process in medical educational institutions is highly intensive, which contributes the accumulation of mental stress.

Ключевые слова: Срывы, рецидивы, профилактика, иностранные языки, образование, здоровье, студенты-медики.

Keywords: Breakdowns, relapses, prevention, foreign languages, education, health, medical students.

The academic workload in medical universities is significantly higher than in other higher education institutions, which typically use a combination of lectures, laboratory work, seminars, clinical internships and self-education. In average, medical students spend from 30 to 40 academic hours per week and this quantity remains relatively constant throughout the six-year course of study.

An important feature is the necessity to master several disciplines with different methodologies simultaneously and formats of presenting the information. This requires students to switch fast to highly specialized knowledge in various fields of medicine, which further strains their cognitive resources. As a result, the educational process creates significant psycho-emotional stress [2].

The academic stress experienced by medical students manifests itself not only in changes in their psychological state, but also in a deterioration of their physical well-being. In particular, students often complain of chronic fatigue, headaches, sleep disturbances, indicating the systemic impact of the academic pressure.

The mental health of students under the influence of academic stress is characterized by increased anxiety, decreased motivation and concentration, as well as depressive symptoms. These conditions contribute to a decrease in cognitive function and impair the ability to learn new material effectively. Additionally, emotional instability negatively affects interpersonal relationships, reducing the quality of communication with both teachers and peers [5].



Physical health is also at a significant risk. Regular stress leads to a weakened immune system, making the body more susceptible to infectious diseases. Students experience an increase in the frequency of colds and exacerbation of chronic conditions. Poor diet and lack of time for proper rest exacerbate these problems, creating a vicious cycle of poor health.

Somatic manifestations of stress are often accompanied by functional disorders of the cardiovascular and digestive systems. High blood pressure, heart failure and gastrointestinal discomfort are common among students without obvious diseases, indicating the influence of psychological factors. These symptoms can negatively impact overall productivity and quality of life [4].

It is also necessary to pay attention to the impact of emotional burnout, which is developing because of constant exposure to stressors and leads to a decrease in the body's adaptive resources. Burnout manifests itself in the feelings of fatigue, mood swings and distraction from the learning process, which is a threat to the professional development of future doctors.

Understanding the biological basis of the body's response reveals the causes of breakdowns. In medical students, the sympathoadrenal system is primarily activated during emotional stress, providing a rapid response to stressful stimuli. This involves the immediate release of norepinephrine and adrenaline from the adrenal glands, leading to rapid heart rate, elevated blood pressure, and the mobilization of energy resources through the release of glucose into the bloodstream. These changes prepare the body for intensive activity, is often called «fight or flight» response.

At the same time chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis elevates cortisol levels, which disrupts metabolism, suppresses immunity, and harms the central nervous system.

The impact of stress on the functional state of the brain is particularly significant. It increases the activity of the amygdala, which is responsible for threat recognition, and reduces the activity of the prefrontal cortex, which is responsible for emotional control and cognitive functions. This reorganization of neurochemical processes reduces the ability to think rationally, increasing the possibility of emotional outbursts [3].

In addition, prolonged exposure to stress can lead to an imbalance between neurotransmitters such as dopamine, serotonin, and norepinephrine, which can cause mood changes, anxiety, and depressive symptoms. These neurochemical shifts can contribute to the development of persistent psychological responses and reduce resilience to new stressors.

Physiological reactions also affect the autonomic nervous system, leading to sleep disturbances, changes in appetite and a decrease in the effectiveness of the body's regenerative processes. All these changes influence the development of chronic fatigue and increase the risk of breakdowns and relapses among medical students [1].

There are a lot of ways to overcome or prevent these complicated processes, but the most effective are the following ones.

The first one is the «Lifeline» method.

1. Draw a time line

2. Mark key events: (from the first symptoms to the present day).

For example, the most difficult periods, taking medication during treatment, relapses and breakdowns, stages of progress (even small ones).

3. Analyze: What triggered the deterioration? (stress, trauma, diets); What helped in remission? (therapy, support, new hobbies). Why is it necessary?

Understand that relapses are not random, but are related to specific triggers.

See the resources that have helped you in the past.

The second one is the technique of «Weighing decisions». This technique helps to clarify motivation.

1. Divide the sheet into 2 columns:

«If I give in to a breakdown» (pros/cons),



«If I choose recovery»

2. Fill in honestly: (pros/cons).

For example, in the breakdown column: «Temporary relief from anxiety», «Feelings of guilt, and poor health».

3. Discuss the contradictions:

«Why are there more disadvantages of relapse than the advantages?»

«What scares you about recovery? How can you change it?»

The third one is the «STOP» method, which purpose is to break the automatic trigger chain.

1. Stop, please. Physically freeze (if necessary, say «Stop!» outloud). You can use an «anchor» (for example, a rubber band on your wrist that you can snap).

2. Three deep breaths or inhale 4 times → hold for 2 → exhale for 6. Focusing on breathing switches the brain from panic.

3. Review the situation. Ask questions: «What am I feeling now?» (anger, anxiety, hunger?). «What happened during last 30 minutes?» (trigger: argument, stress?). «Is this hunger or emotions?»

4. Action plan: choose an alternative to a breakdown from the crisis plan. Example: If the trigger is loneliness, call a friend.

The last one is the technique «5-4-3-2-1», which returns to «here and now».

Its purpose is to distract the brain from obsessive thoughts through sensory perceptions.

1. 5 objects that you see

«I see a cup, a curtain, a shadow on the wall, a pattern on the carpet, my hand».

2. 4 sounds that you hear

«The noise of the refrigerator, voices outside the window, the creaking of a chair, my breathing».

3. 3 tactile sensations

«I can feel the fabric of the couch under my hand, the coolness of the air, and the beating of my heart».

4. 2 scents

«The smell of tea, the aroma of cream» (if you can't smell it, think back to a recent scent).

5. 1 taste: «The taste of toothpaste» or take a sip of water.

It goes without saying, that following all these strategies will give a chance to recover soon. Mentioned recommendations for reducing stress demonstrate their effectiveness when used in combination with cognitive-behavioral techniques, self-regulation skills, and changes in the educational process.

To conclude, the main provoking factor of breakdowns and relapses is a high and continuous educational process, which creates a stable psychological pressure and overloads the body's adaptation reserves. Stress reactions affect both the mental and somatic spheres, which is confirmed by biochemical and neurophysiological changes leading to the development of anxiety, emotional exhaustion, and functional disorders.

The research highlights the importance of implementing comprehensive measures aimed at preserving the mental and physical health of medical students. Adaptive and supportive educational environment will improve the effectiveness of medical education and reduce the risks of professional burnout in the medical field.

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