Prevalence and Trajectory of Depressive Symptoms Among Sexual Minority Physicians During Training

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Background

- Medical training is a period associated with high stress and risk of depression
- The LGBTQ+ population experiences higher rates of depression compared with their heterosexual peers
- Sexual minority physicians may be at particularly high risk of depression
- No previous work has directly studied depressive symptoms in sexual minority interns
- Questions: Is there a difference between sexual minority and heterosexual peers?

Methods

Measures
- Depressive symptoms: PHQ-9 every 3 months
- Self-reported sexual orientation at baseline

Analysis
- t-tests to assess for differences in depressive symptoms at each time point
- Linear mixed model to assess differences in trajectories between sexual minority and heterosexual interns

Results

- 2016, 2017, 2018 Intern Health Study cohorts
- 8201 participants from 537 different institutions
- 7.2% “sexual minority” (”gay or lesbian”, “bisexual”, “other”), 92.8% “heterosexual”

Sample

- Sexual minority physicians experience higher rates of depressive symptoms compared with their heterosexual peers
- The difference in PHQ-9 scores increased from 0.8 at 3 months into intern year to 1.4 at the end of internship
- Trajectories of depressive symptoms differed significantly between sexual minority and heterosexual physicians, even when controlling for specialty, sexual orientation, work hours, sleep hours, and sex in our linear mixed model
- This indicates that there is a difference in experiences during intern year between sexual minority and heterosexual physicians
- Implications for this include greater burnout of sexual minority physicians and a less diverse pool of physicians for patients to choose from

Discussion

- Sexual minority interns came into internship with higher PHQ-9 scores than their heterosexual peers
- The difference in PHQ-9 scores increased from 0.8 at 3 months into intern year to 1.4 at the end of internship
- Trajectories of depressive symptoms differed significantly between sexual minority and heterosexual physicians, even when controlling for specialty, sexual orientation, work hours, sleep hours, and sex in our linear mixed model
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Future Applications and Next Steps

- Determine the specific causes and risk factors of this disparity (eg., workplace environment or effects of sexual orientation diversity in the workforce)
- To give all physicians equal chances of success, and all patients the chance to select their physicians from a diverse pool, it is essential that the disparity is addressed

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data

Table 1: Outcome of linear mixed model. Sexual minority physicians experience greater increases in depressive symptoms over the course of intern year (Time*LGB status), even when accounting for sex, specialty, work hours, and sleep hours.