CAPSULE COMMENTARIES

Capsule Commentary on Neto et al.: Effects of a Required Large-Group Mindfulness Meditation Course on First-Year Medical Students' Mental Health and Quality of Life: a Randomized Controlled Trial

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The mental health and wellbeing of medical students is an area of growing interest and concern, primarily because high prevalence of both depressive symptoms and suicidal thoughts have been identified in medical students in North American and throughout the world.¹ Presumably, these symptoms lead not only to tragic outcomes such as suicide, but also to reduced ability to learn, and possibly worse patient care interactions. For instance, as demonstrated by Dyrbye, residents with increased symptoms of burnout demonstrated increased implicit and explicit racial bias, which could drive disparities in delivery of patient care.²

Neto et al. contribute to the growing literature exploring whether required interventions to prevent or treat stress can improve mental wellbeing among medical students.³ [Mindfulness-based interventions come in a variety of forms (for instance, mindfulness-based cognitive therapy, mindfulness-based stress reduction, and mindfulness meditation) and are evidence-based treatments for conditions such as depression, anxiety, and stress.] The authors conducted a study of 141 matriculating first-year Brazilian medical students who were randomized to either a 6-week mindfulness training curriculum or a control general information curriculum. At the end of the intervention (approximately 8 weeks into the school year), there were no significant differences in rates of depression, stress, or anxiety, or in measures of quality of life among the students who participated in the mindfulness course and those who did not.

Several factors may contribute to the negative outcomes, including the short duration of the study period, the relatively young age of the Brazilian students, or the timing of the course in the curriculum. There is some evidence that presenting mindfulness-based interventions during times of higher stress,

such as intern year, might have greater impact.⁴ The pre-clinical years of medical school may be more convenient times for mindfulness-based curricula, but may not be the most effective in terms of either preventing or treating stress and depression. The study of Neto et al. and others also suggest that elective participation may be of more benefit, by allowing interested students (or perhaps distressed students) to self-select. Medical schools should continue to pursue student-centered approaches to addressing medical student distress.

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Conflict of Interest: The author has no conflicts of interest with this article.

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