The paper by Aragão et al. (2018) is worth reading and provides insight into the way that students struggle to adapt to their curricula. It does not, however, show a statistically significant difference in depression between students from problem-based learning (PBL) and traditional curricula (their Table 1). The lack of a statistical significance in the prevalence of depression dependent on the curriculum style has been shown elsewhere, most notably in a systematic review by Dyrbye and co-workers (2006), but also by Hayes and co-workers (2004) who considered anxiety and Kiessling and colleagues (2004) who were looking specifically at stress and support in new students.

For some years there has been an understanding that the greater regular contact between students and faculty that usually obtains in a PBL curriculum leads to more effective support, and consequently less anxiety Singaram et al., (2008). In making this statement it is important to remember that there are many different implementations of PBL curricula, and the student experience is dependent upon the style of PBL and the training given to both staff and students (Bate et al., 2013).

Many of us are concerned about the prevalence of depression in our medical students, and echo the comments raised by the students in this correspondence. The evidence shows, though, that it is not possible to say that PBL curricula themselves provide less support for students, or in any other way contribute to stress and anxiety.

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David Taylor

Director of the Liverpool BEME International Collaborating Centre

Gulf Medical University, United Arab Emirates