ORIGINAL ARTICLE

Ocular, Medical and Psychological Effects in Medical Students who use Smart Phones

ARIF HUSSAIN¹, HIJAB FARRUKH², ARIF GULZAR³, KISHWAR NAHEED⁴, HAFIZA FATIMA MISHAL⁵, ZOYA ARIF⁶

¹Head of Department Professor of Ophthalmology, Pak Red Crescent Medical & Dental College Dina Nath.

²Assistant Professor of Community Medicine, Pak Red Crescent Medical & Dental College Dina Nath

³Associate Professor of Medicine, Pak Red Crescent Medical & Dental College Dina Nath

⁴Professor of Obstetrics & Gynaecology, Pak Red Crescent Medical & Dental College Dina Nath

⁵House Surgeon, Azra Naheed Medical College Lahore

⁶House Officer, Jinnah Hospital/Allama Iqbal Medical College, Lahore

Correspondence to: Dr. Arif Hussain, Email: rfhussain@gmail.com

ABSTRACT

Aim: To observe the number of times the medical students use smart phones and find its correlation with their ocular, systemic and behavioral changes.

Methods: This study was conducted jointly at Ophthalmology and medicine departments in Pakistan Red Crescent medical and dental college w.e.f. January 2020 to December 2020. Students who were willing to participate in the study were enrolled. The students willing for study were given proformas to be filled by themselves .After words , each of them underwent complete ocular medical and psychological examination ..

Results: Out of120 students, 20(16.7%) were male and 100 (83.3%) were female. Mean age of students taking part in study was 20.8 years (Range 18-24 \pm 1.61).Each participant on average dialed/received 2.73 calls per day (Range 0-7 \pm 0.18).Mean number of SMS sent/ received was 76.37(Range 2- 300 \pm 85.34).Mean age of starting use of smart phone 16.7 years (Range 12-19 \pm 1.48).Mean time spent by participants per day on smart phone was 4.63 hours (Range 0.5-12 \pm 2.61). Regarding ocular manifestations eye strain was present in 67 (55.83%) participants, redness in 89(77.5%), irritation in 48(40%), watering in 52(43.3%), photophobia in 15(12.5%) and blurred vision in 16(13.3%). Thirty students complained that they were in habit of squeezing eyes. Regarding physical manifestations headache was present in 83(69.17%), neck and shoulder pain in 68(56.7%), backache in 64(53.3%), text claw in 52(44.17%) and hearing problems in 28(23.3%). Fifty students complained of weight gain due to use of smart phones. Regarding psychological manifestations 69(57.5%) complained that they had serious addiction of smart phones. Memory loss was present in 60 (50%) of them, anxiety/depression in 67(55.83%), sleep disorders in 61(50.83%) and attention deficit in 80(66.7%).

Conclusions: the results show many health hazards in medical students and these hazards increase with increase in time the students use these devices. Students should not use these devices for longer times to avoid health problems.

INTRODUCTION

Use of these small visual device are normal part of our lives now a days. But their excessive use is hazardous to our health and may cause ophthalmic , medical behavioural problems^{1,2}. Watching the small devices for longer periods may cause eye stresses and asthenopia^{3,4}. Many studies show that hazardous light coming out of these phones can have deleterious effects on retina and also may cause myopia⁵ As blue lights emitted from these devices disrupts the circadian rhythm of sleep by inhibiting the release of melatonin⁶. These radiation from mobiles might increase risk of developing cancer by two folds on the side of the head the patient is lying while watching these devices by increasing brain activity⁷, damging nerves near to ear and the blood brain barrier⁸. The other studies also show that the people who frequently use these devices for longer periods may deteriorate their health and and also they suffer from medical and psychological effects⁹. The study has been conducted to find out the time period the medical students under study use these devices and correlate the findings with their ophthalmic, medical and behaviour changes.

Received on 13-09-2020 Accepted on 28-11-2020

MATERIALS AND METHODS

This study was conducted at Department of Ophthalmology and medicine Pak Red Crescent Medical and Dental College Dina Nath district Kasur wef January 2020 to December 2020. One hundred and twenty students who gave their consents were enrolled. The participants with eye diseases and with some procedure on eyes and those using contact lenses were not included and also those with some chronic medical and psychological illness were not included. A performa was filled by every student regarding their presenting problems and nature and average time period they used device. Afterwords they were examined in departments of Ophthalmology and medicine where complete ocular, medical and psychological examinations were performed

RESULTS

Out of 120 participants 20(16.7%) were male and 100(83.3%) were female. Mean age of participants was 20.8 years (Range 18-24 \pm 1.61). Table 1 shows patterns of smart phone usage. Ocular, physical and psychological manifestations of smart phone use are shown in tables, 3 and 4 respectively.

	Mean	Range	Std. Deviation
Number of calls dialed/	2.73	0-7	0.18
received per day			
Number of SMS	76.37	2-300	85.34
sent/received per day			
Age of starting smart	16.7	12-19	1.48
phone use in years			
Daily time spent on smart	4.63	0.5-12	2.61
phone in hours			
Number of smart phones	1.03	1-2	0.18
possessed			

Table 1: Patterns of smart phone usage

Table 2: Ocular manifestations

	Frequency	Percentage
Eyestrain	67	55.83 %
Redness	89	77.5 %
Irritation	48	40 %
Watering	52	43.3 %
Photophobia	15	12.5 %
Blurring of vision	74	61.67 %
Squeezing of eyes	37	30.83 %

Table 3: Physical manifestations

	Frequency	Percentage
Headache	83	69.17 %
Migraine	43	35.83 %
Weight gain	53	43.3 %
Text claw	52	44.17 %
Hearing problems	28	23.3 %
Neck and shoulder pain	68	56.7
Backache	64	53.3 %

Table 4: Psychological manifestations

	Frequency	Percentage
Serious addiction	69	57.5 %
Withdrawal is painful	53	44.17 %
Memory loss	60	50 %
Anxiety/ depression	67	55.83 %
Sleep disorders	61	50.83 %
Attention deficit	80	66.7 %
Isolation	45	37.5 %

DISCUSSION

Prevalence and association of Patterns of smart phone use and ocular systemic and behavioural effects have been noted in many studies ⁽¹⁰⁾. The same observations were found in our study as a large percentage of medical students were found to be effected from excessive use of smart phones.

Watching smart screens for longer periods may effect accommodation, convergence by decreasing blink rate¹¹ and, comparatively decreased distance for smart phone use¹² may contribute to eye strain. Our results are in accordance with another study which found blurring of vision ,conjunctivitis, eye watering with mobile phone use¹³. Smart phone use has been found a risk factor for asthenopia in Chinese college students^{3,4,14}.

The physical symptoms as headache and migraine with increased exposure to these devices were found in our study correspond to other international studies^{15,16,17}. Backache and neck and shoulder pain and claw (pain involving wrist hands due to texting, gaming and scrolling may cause tendinitis and cause aching numbness and loss of strength) found in our study probably associated with posture and duration of use of smart phones corresponds to other studies¹⁸.

The weight gain and obesity related to screen exposure time seen in this study also corresponds to other studies¹⁹. The inner ear effect (due to electromagnetic radiations) causing hearing problems noted in our study also correlate with other studies²⁰

The smart phone use in a large participants of study admitted loss of concentration and attention deficits Acharya JP¹

Amnesia, stress/ depression, sleep disturbances, attention deficit and loneliness were found in large proportion of cases in our study which correspond to other international studies²¹⁻²⁵

CONCLUSIONS

Smart phones use may have serious ocular medical and behavioural hazards. so the students must limit the use of their mobile phones, as these problems may not only hinder their studies but also affect their vision , physical and mental health. So they must minimize their use for good health preserve their vision and improve their academic knowledge.

REFERENCES

- Acharya JP, Acharya I, Waghrey D (2013) A study on some of the common health effects of cell-phones amongst college students. J Community Med Health Educ 3: 214.
- 2. Khan MM. Adverse effects of excessive mobile phone use. IJOMEH 2008; 21(4):289-93.
- 3. Han CC, Liu R, Liu RR, et al. Prevalence of asthenopia and its risk factors in Chinese college students. Int J Ophthalmol2013; 6:718-22.
- Kim JD,LimYC,GuN, Park YC.Visual fatigue induced by viewing a tablet computer with a high resolution display.Korean J Ophthalmol2017;31(5):388-93.
- Shang Y-M, Wang G-S, Sliney DH, Yang C-H, Lee L-L. Light-emitting-diode induced retinal damage and its wavelength dependency in vivo. International Journal of Ophthalmology. 2017;10(2):191-202.
- Al-Khlaiwi T, MeoAS.Association of mobile phone radiation with fatigue, headache, dizziness, tension and sleep disturbance in Saudi population. Saudi Medical Journal 2004; 25 (6): 732-736.
- 7. Hardell, et al.Cellular and cordless telephones and the risk for brain tumors;Eur.J. Cancer, Prev2002; 11:377-386
- EberhardtJL, Persson BR, Brun AE, Salford LG, Malmgren LO. Blood-brain barrier permeability and nerve cell damage in rat brain 14 and 28 days after exposure to microwaves from GSM mobile phones.ElectromagnBiol Med. 2008; 27(3):215-29.
- 9. JamalA, Sedie R, AbdulHaleem K, Hafiz N. Patterns of use of 'smart phones' among female medical students and selfreported effects. Journal of Taibah University Medical Sciences; 2012: 7 (1) 45-49.
- 10. Munshi A, Dutta D, Tike P, Agarwal JP. Questionnaire survey to assess the pattern and characteristics of cell-phone usage among Indian oncologists. J Can Res Ther 2016; 12:1138-43.
- PortelloJK, Rosenfield M, Chu CA. Blink rate, incomplete blinks and computer vision syndrome. Optom Vis Sci 2013; 90:482-7.
- Bababekova Y, Rosenfield M, Hue JE, Huang R R. Font size and viewing distance of handheld smart phones. Optom Vis Sci 2011; 88:795-7.
- Küçer N. Some ocular symptoms experienced by users of mobile phones. ElectromagnBiol Med. 2008; 27:205–9.

- Kim J, Hwang Y, Kang S, Kim M, Kim TS, Kim J, Seo J, Ahn H, Yoon S, Jun Pil Yun JP, Lee YL, Ham H, Yu GH& Sue K. Park Association between Exposure to Smartphones and Ocular Health in Adolescents, Ophthalmic Epidemiology; 2016 23:4, 269-276.
- Chia ES, Chia PH, Tan SJ.Prevalence of Headache among Handheld Cellular Telephone Users in Singapore: A Community Study. Environ Health Perspect 2000;108:1059– 1062.
- Balikci K, CemOzcan I, Turgut-Balik D, BalikHHA. Survey study on some neurological symptoms and sensations experienced by long term users of mobile phones.PatholBiol (Paris) 2005; 53(1):30-4.
- Montagni I, Guichard E, Carpenet C, Tzourio C, Kurth T. Screen time exposure and reporting of headaches in young adults: a cross-sectional study.Cephalalgia. 2015;36:1020– 1027.
- Kim SY, Koo SJ.Effect of duration of smartphone use on muscle fatigue and pain caused by forward head posture in adults.JPhysTher Sci. 2016; 28(6):1669-72.
- 19. Robinson TN, Banda JA, Hale L, et al. Screen Media Exposure and Obesity in Children and Adolescents. Pediatrics. 2017;140(Suppl 2):97-101.
- 20. Velayutham P, GovindasamyGK, Raman R, Prepageran N, Ng KH. High-Frequency Hearing Loss Among Mobile Phone

Users. Indian Journal of Otolaryngology and Head & Neck Surgery. 2014; 66(Suppl 1):169-172.

- 21. Sara T, Annika H, Mats H () Mobile phone use and stress, sleep disturbances and symptoms of depression among young adults-a prospective cohort study. BMC Public Health. 2011; 11: 66.
- 22. Choi SW, Kim DJ, Choi JS, et al. Comparison of risk and protective factors associated with smartphone addiction and Internet addiction. J Behav Addict 2015;4:308-14.
- 23. Munezawa T, Kaneita Y, Osaki Y, Kanda H, Minowa M, Suzuki K, Higuchi S, Mori J, Yamamoto R, OhidaT. The association between use of mobile phones after lights out and sleep disturbances among Japanese adolescents: a nationwide cross-sectional survey. Sleep. 2011 Aug 1; 34(8):1013-20.
- Bian M, Leung L.Linking Loneliness, Shyness, Smartphone Addiction Symptoms, and Patterns of Smartphone Use to Social Capital. Social Science Computer Review2014; 33(1): 61 – 79.
- 25. Roberts, J., Yaya, L., &Manolis, C. (2014). The invisible addiction: Cell-phone activities and addiction among male and female college students. Journal of Behavioral Addictions.2014