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Letter to the Editor

Do breast cancer survivors visit their General Practitioner for psychological problems? Reply to: Heins et al.: For which health problems do cancer survivors visit their General Practitioner?

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To the Editor,

With keen interest we read the recent article of Heins et al.¹ published in the European Journal of Cancer. The authors examined reasons for increased primary health care use among patients with breast, prostate and colorectal cancer 2–5 years after diagnosis, when compared to non-cancer controls. They concluded that primary health care use in cancer survivors is mainly higher for common acute symptoms, such as back or abdominal pain and common infections. Furthermore, they concluded that the number of General Practitioner (GP) contacts related to psychosocial problems is also slightly increased in cancer survivors, but is not a major cause for the increase in health care use. However, breast cancer patients had more contacts with the GP for sleep problems and depression than controls.

In a recently published study,² we observed increased primary health care utilisation among breast cancer survivors. Just as in the study of Heins et al. diseases and symptoms were coded using the ICPC-I (International Classification of Primary Care). As GPs might have

recorded the cancer diagnosis in consultations, instead of the diagnostic code for psychological problems, we examined prescribed medication classified according to the ATC (Anatomical Therapeutic Chemical) system. We found that during the first year of the follow-up period (starting 1 year post diagnosis), more patients than controls had face-to-face contacts for psychological reasons, while frequencies of women prescribed nervous system drugs (e.g. analgesics and psycholeptics) remained higher among patients until the third year of the follow-up period. Also, an increased prescription of psychotropic medication was found in breast cancer patients treated with endocrine therapy.³ In another study among long-term survivors of breast, colorectal and prostate cancer, there were no differences in consultation behaviour for depression and anxiety compared to controls, but breast cancer survivors were more likely to receive at least one prescription for an antidepressant.⁴ These findings are supported by studies on the long-term psychological impact of breast cancer and its treatment.^{5,6}

Based on the results of all studies, we do not agree with the conclusion of Heins et al. that psychosocial problems are not a major cause for the increase in primary health care use among breast cancer survivors. As they did not examine prescribed medication they might underestimate health care use for psychological

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problems. Furthermore, their finding that breast cancer patients had more contacts with the GP for sleep problems and depression than controls is in line with the other studies.

Conflict of interest statement

None declared.

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