

Letters to the Editor

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Complementary and Alternative Therapies for Breast Cancer

Original Article: Treatment of Breast Cancer

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Available at: <http://www.aafp.org/afp/2010/0601/p1339.html>

TO THE EDITOR: We were very interested to read this update on breast cancer treatment. Although the authors presented an excellent review of the oncologic and surgical considerations in the management of breast cancer, we feel there was a missed opportunity to educate primary care physicians on research supporting the benefits of complementary and alternative interventions, such as stress reduction, acupuncture, and yoga.

Mindfulness-based stress reduction is an eight-week standardized intervention based on a validated curriculum. The curriculum includes mindfulness meditation, relaxation training, and hatha yoga techniques, and has been shown to improve multiple end points in a variety of disease states. A recent randomized controlled trial (RCT) showed that mindfulness-based stress reduction resulted in a significant reduction in depression and anxiety levels and an improvement in energy and physical functioning in patients with breast cancer.¹ A critical review of published literature found consistent improvement in psychological functioning, reduced stress symptoms, and enhanced coping and well-being in outpatients with cancer who participated in mindfulness-based stress reduction.²

Acupuncture has been studied extensively and has shown a significant benefit in reducing postoperative pain,³ chemotherapy-associated vomiting,⁴ and hot flashes associated with anti-estrogen treatment⁵ in patients with breast cancer. A recent RCT compared acupuncture with venlafaxine (Effexor) in patients with hormone receptor-positive breast cancer and found that both

interventions reduced vasomotor symptoms equally well, but acupuncture had no adverse effects and a longer sustained benefit, as well as the advantage of increasing sex drive and energy levels.⁵

A recent RCT involving yoga demonstrated a significant improvement in social functioning and emotional and spiritual well-being in patients with breast cancer who participated in a 12-week yoga intervention.⁶

Breast cancer often is an overwhelming and anxiety-provoking diagnosis. Most patients will seek information about complementary therapies as they proceed with conventional cancer treatment options. Therefore, primary care physicians should become familiar with the entire spectrum of effective interventions for these patients.

CHRISTOPHER V. FLORES, MD

BETH MULLIGAN, BS, PA-C

DEIDRE BRAUN, MS, LAC

Rancho Mirage, Calif.

E-mail: c_flores_md@yahoo.com

Author disclosure: Nothing to disclose.

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Original Article: Treatment of Breast Cancer

Issue Date: June 1, 2010

Available at: <http://www.aafp.org/afp/2010/0601/p1339.html>

TO THE EDITOR: This is an excellent article on the treatment of breast cancer. Unfortunately, it fails to address the positive effects of physical activity and fitness. Recent studies highlight the beneficial association of physical activity and fitness with a markedly decreased risk of initial and recurrent breast cancer in women of all ages.^{1,2} The results of one prospective study are particularly convincing because the participants' fitness levels were measured with treadmill exercise stress testing rather than self-reporting, the latter of which tends to exaggerate leisure time activity and does not account for other types of activity (or lack thereof) in participants' daily lives.¹

DAVID L. WELDY, MD, PhD, FAAPP

Toledo, Ohio

E-mail: david.weldy@utoledo.edu

Author disclosure: Nothing to disclose.

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IN REPLY: We appreciate the interest in our review on the treatment of breast cancer. Both of these letters make excellent points regarding the importance of understanding the potential benefits of complementary and alternative interventions as adjuncts to conventional medical, surgical, and radiation therapies for breast cancer. One of our roles as family physicians is to be a resource to our patients about their treatment options as they are making decisions about initial treatment and as they are learning to live with cancer.

As the letter authors detail, some well-conducted studies have found decreased depression and anxiety and increased energy and physical functioning in patients using

mindfulness-based stress reduction, and improved social functioning and a sense of well-being in patients doing yoga. A systematic review of randomized trials was unable to conclude that exercise during adjuvant treatment for breast cancer improved fatigue or other treatment-related adverse effects.¹

The improved prognosis for women diagnosed with early breast cancer makes helping women live the best life they can with cancer a fertile ground for research into complementary as well as conventional therapies.

KAREN L. MAUGHAN, MD

PETER S. HAM, MD

Charlottesville, Va.

E-mail: KLM2E@hscmail.mcc.virginia.edu

Author disclosure: Nothing to disclose.

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Screening Recommendations Are Not Always "One Size Fits All"

Original Article: Lead Poisoning in Children

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TO THE EDITOR: I am concerned about increasingly popular "one-size-fits-all" screening recommendations. Dr. Warniment and colleagues provide an excellent overview of lead poisoning in children and correctly list all of the cited screening recommendations as Strength of Recommendation Taxonomy evidence rating level C. However, I encounter a practical and ethical problem many times a year. I practice in a county with a less than 0.1 percent rate of lead poisoning, according to the Centers for Disease Control and Prevention (CDC). Yet, most of my young patients are enrolled in or eligible for Medicaid. How is it being a good steward of tax dollars to order two blood tests for every child on Medicaid, regardless of his or her risk? How is this practicing good, evidence-based medicine?

My practice remains the same, despite Medicaid laws and the CDC's recommendations. I ask the child's parents or guardians about sources of exposure. If there are no likely sources, I explain to the caretakers that I'm "supposed" to recommend these tests, but that the chances are greater than 1,000 to one (less than 0.1 percent prevalence) that I would be subjecting their child to unnecessary tests. Some caregivers choose to go through with the test anyway and I make arrangements for them to do so, but most agree with me and do not have the tests performed. Consequently, our practice loses revenue because Medicaid often denies most or all of our claim for the well-child visit if we do not order lead screening tests.

What can family physicians do to better educate ourselves, our lawmakers, and the parents of our young patients?

MATT VIEL, MD

Edgerton, Minn.

E-mail: Matthew.Viel@pcmhealth.org

Author disclosure: Nothing to disclose.

IN REPLY: I appreciate the attention Dr. Viel shows to the effective use of resources for lead screening in the care of his patients. Our article does not recommend a "one-size-fits-all" approach; rather, targeted screening is recommended, and there is more than one way to achieve this goal. The recommendation to screen all children who are Medicaid-enrolled or -eligible is based on strong historical data, and targeted screening of this group was recommended in 1997 (a change from true universal screening of all children that began in 1978). This recommendation

has been strongly supported by the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC).

However, the CDC has released revised guidelines urging local and state health officials to update screening recommendations for lead poisoning in Medicaid-enrolled or -eligible children based on state and local data rather than on insurance status alone.¹ Recent data suggest that the incidence of elevated blood lead levels is decreasing among the Medicaid population in certain areas, approaching the lower risk seen in children not enrolled in or eligible for Medicaid. For example, Minnesota and Wisconsin are among the first states to report less of a disparity in elevated blood lead levels between children who are Medicaid-enrolled or -eligible and those who are not. In areas where disparities persist, the CDC continues to classify these children as higher risk and recommends that we continue to perform targeted screening until there are enough data to indicate that it is safe to change this practice across the nation.

CRISTA B. WARNIMENT, MD

Nellysford, Va.

E-mail: cnw9k@hscmail.mcc.virginia.edu

Author disclosure: Nothing to disclose.

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