## Depression in family practice

I am indebted to Dr Rachelle Sender, who wrote this haiku[1]:

Fifteen minute slot
A lifetime's stored sorrow spilled
Next: child with sore ear

Depression is life-threatening at any age. Because of a shortage of available psychiatrists, family physicians do most of the treatment, under difficult circumstances.

Like most family physicians, I am comfortable seeing 4 or 5 routine patients each hour. Unexpected longer visits for supportive psychotherapy breed chaos and resentment for other patients piling up in the waiting room. We must ignore the grumbling, because this first visit for a severely depressed patient is crucial. I call this the *Kleenex moment,* first for the patient during the visit and then for me after the visit when I look into the waiting room.

The follow-up can be done at a quieter time when there are fewer distractions, usually as the last appointment of the morning or afternoon. This is still less than ideal, because by this time we are hypoglycemic and suffering from information overload, having made our usual multiple inquiries and examinations with the other 15 or so patients seen by then. An apple before the visit goes a long way here. Even so, this requires a change in attitude and the patience to listen far beyond the usual 10- or 15-minute time period.

Family physicians who practise psychotherapy full time have the luxury of the 50-minute hour, with just 3 or 4 patients per half-day. The rest of us do our best.

*—David Rapoport MD CCFP FCFP*
*Toronto, Ont*

**Competing interests**
None declared

**Reference**
1. Sender R. Family practice haiku. *Can Fam Physician* 2010;56:135.

## The tragic trajectory

Thank you to Anne Katz for again raising the issue of prostate-specific antigen (PSA) screening for prostate cancer.[1]

The most recent meta-analysis of PSA screening[2] showed no benefit of screening in 387 000 people. The Canadian Task Force on Preventive Health Care recommends against PSA screening (grade D, "fair evidence against").[3] The US Preventive Services Task Force recommends against screening.[4] These are our people—family physicians, epidemiologists, and statisticians who have weighed the evidence fairly. So why do we persist in screening with PSA testing? The answer is pressure from outspoken and powerful advocates (ie, urologists); pressure from media and society groups whose enthusiasms have been stirred by crusading urologists; and pressure from patients, and especially from their spouses, who have been influenced by the media to see this as a simple issue with a simple right decision.

People see anyone who advises against or anyone who declines the test as lacking in courage in the "battle" against cancer. Foremost in the minds of patients and physicians alike is the unquestioned dogma that early detection is always and self-evidently an advantage in the treatment of any disease. To get across to people that, in the case of prostate cancer, later is better and not at all is better still is just too much of a stretch.

My practice contains many men who were stampeded into doing the test, having the biopsies, and having radical prostatectomies, and who are now left with substantial urinary and sexual dysfunction. Many have given up on their sex lives altogether. Maybe some lives were saved, but how would we know, as we cannot predict who will progress and who will not?

When doing periodic heath examinations I still try to present the pros and cons of PSA screening evenhandedly, but mostly I should save my breath—people

just want it done. Variations on "my wife told me to do it" and "all the guys at work have done it" are the clinchers. Rarely does anyone decline the test.

So that is what we are up against, Anne Katz. Eventually men will engage with this issue, just as women did in the 1990s over hysterectomy. Our job as family physicians is to continue to present the evidence that aggressive treatment of prostate cancer offers little if any survival advantage over no treatment, that it entails the likelihood of erectile dysfunction and possibility of incontinence, and that therefore men should think carefully before doing the test.

*—Robert Burn MD CCFP*
*Calgary, Alta*

**Competing interests**
None declared

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