

Radon gas

I thank Dr Garcia-Rodriguez for raising the important public health issue of radon gas and its role in lung cancer in the July issue of *Canadian Family Physician*.¹

In addition to the information shared in the article,¹ I encourage family physicians to implement radon screening as they would other screening interventions. This includes discussing the risks of the screening intervention with patients.

There are 2 substantial risks to radon screening that I believe are important to convey to patients. First, physicians should be aware of the applicable real estate law as it relates to property disclosure statements in their province. A patient who is aware of high radon levels in his or her home might have a legal obligation to disclose this information to potential buyers, which might affect property value. Second, physicians should understand if their patients have the financial means to undertake radon mitigation should levels be elevated. This is imperative with respect to informed decision making.

I agree with Dr Garcia-Rodriguez that advocacy with the federal and provincial government to support health equity in access to radon mitigation strategies continues to be important.¹

—Jessica Hopkins MD MHS CCFP FRCPC
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Competing interests
None declared

Reference

1. Garcia-Rodriguez JA. Radon gas—the hidden killer. What is the role of family doctors? *Can Fam Physician* 2018;64:496-501.

Not my quality

It was with pleasure that I received my June copy of *Canadian Family Physician* with a picture of a beautiful laughing woman on the cover followed by the title “Quality of life after breast cancer.” Turning to the article’s page, I was very disappointed to see that the article was not about what I think of as “quality of life after breast cancer” but about surgical options for breast reconstruction.¹ I am a breast cancer survivor, diagnosed 18 months ago after what was supposed to be a prophylactic bilateral mastectomy. I have completed 6 months of chemotherapy and a year of trastuzumab, and am now back to work full time with great hair. I also have a wonderful boyfriend who

unreservedly supports my decision not to have reconstruction. I was very happy to get rid of my double *Ds*—I can throw on a T-shirt and go for a run! And my posture is better than it ever has been. I understand that for many women, having breasts is an important part of their feeling like a woman, but I am thankful to be alive, well, and flat chested! Not having breasts can be a sexy empowering choice too. I recommend the website www.breastfree.org for anyone thinking about this issue.

—Jane Upfold MD CCFP
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Competing interests
None declared

Reference

1. Somogyi RB, Ziolkowski N, Osman F, Ginty A, Brown M. Breast reconstruction. Updated overview for primary care physicians. *Can Fam Physician* 2018;64:424-32 (Eng), e255-64 (Fr).

Nortriptyline safer than amitriptyline?

The review of the Canadian Pain Society’s recent consensus statement on chronic neuropathic pain that appeared in the November 2017 issue of *Canadian Family Physician* reads as follows:

When prescribing TCAs [tricyclic antidepressants], secondary amines (nortriptyline, desipramine) are usually better tolerated in terms of sedation, postural hypotension, and anticholinergic effects when compared with tertiary amines (amitriptyline and imipramine) with comparable analgesic efficacy.¹

The reference cited for this statement by the Canadian Pain Society is a review published in 1996.² We combed through this review and could not find any evidence to substantiate this claim. On the matter of adverse events, it finds that “The two reports with dichotomous data on comparisons of different tricyclics did not show any significant difference.”²

The 2015 Cochrane systematic review of nortriptyline for neuropathic pain reiterates the general view that “nortriptyline is sometimes preferred to amitriptyline because it reputedly has a lower incidence of associated adverse effects.”³ The reviewers subsequently describe the state of adverse event reporting in nortriptyline trials as “inconsistent and

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