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## Prostate specific antigen

### Dear Editor

I would like to commend the article 'Prostate specific antigen'<sup>1</sup> by Professor Tom Brett (*AFP* July 2011). I am a medical student in my second last year of medical school and breathed a sigh of relief after reading this article, which succinctly explained the facts behind the controversial topic of PSA as a screening test and emphasised its importance for the surveillance of various prostate pathologies.

The article provided the fundamental information requiring consideration prior to PSA testing such as timing, indications, contraindications and significance of patient counselling and management post-results. It also highlighted the significance of applying methods to improve the predictive value of the test results by combining PSA testing with digital rectal examination and considering age specific ranges, free-to-total PSA ratios and prostate specific antigen velocity. I especially enjoyed the case studies which reiterate the importance of considering the clinical context in the interpretation of a raised PSA and its usefulness across various clinical scenarios.

My only disappointment is that the article didn't come along sooner, as I have found it extremely beneficial for my understanding of the PSA test. I recommend it as a useful learning resource for medical students and medical professionals.

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### Reference

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## Prostate cancer testing

### Dear Editor

The Royal Australian College of General Practitioners (RACGP), the Royal College of Pathologists Australasia and the Urological Society Australia and New Zealand currently have conflicting guidelines on prostate cancer testing. It is therefore, I believe, important that the RACGP and its peer review journal, *Australian Family Physician* (*AFP*), provide consistent, evidence based and up-to-

date information about prostate cancer testing.

The medicolegal consequences of differing opinions were summed up by Mahar,<sup>1</sup> who concluded: 'The decision by a GP to order a PSA test, whether opportunistically or at the patient's request, has not been made easier following the inconclusive and conflicting results of recent randomised controlled trials. Authoritative medical opinions in Australia differ in their approach to PSA testing, and GPs have an ongoing duty to determine their own position in this regard. Nonetheless, whether a GP orders a PSA test or not, such an act or omission is unlikely to be considered negligent so long as it is supported by a responsible body of medical opinion'.

Unfortunately the responsible body of opinion within general practice is currently providing inconsistent information about prostate cancer testing, which may be placing GPs at medicolegal risk. For example, a PSA test patient information sheet<sup>2</sup> recently published in *AFP* (July 2011) stated, 'The use of PSA as a screening test for prostate cancer remains controversial because trials have not shown PSA testing for early detection of prostate cancer leads to a reduction in deaths'. While I agree that prostate cancer testing is controversial, this statement is at odds with an earlier *AFP* article<sup>3</sup> which quoted the European Randomised study for Screening in Prostate Cancer (ERSPC) showing an advantage in survival to men who were screened, with a relative reduction in death from prostate cancer by 20%.

In addition, the *AFP* patient fact sheet failed to outline many of the risks and uncertainties of prostate testing as documented in the fact sheets attached to the current RACGP guideline.<sup>4</sup>

At present, it is very difficult for GPs to give their patients a fully informed choice about prostate cancer testing and treatment, within the time limitations of consultations without evidence based resources. In order to allow authors to fully present the controversies surrounding the detection and treatment of prostate cancer in a balanced way, I would respectfully suggest that *AFP* allocates a future edition to the topic of prostate cancer, a common cancer diagnosed in 1 in 5 Australian men.

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### References

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2. Brett T. What is a PSA test? *Aust Fam Physician* 2011;40:501.
3. Izard M. Early management of prostate cancer. *Aust Fam Physician* 2010;39:61–2.
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## Anxiety disorders

### Dear Editor

Regarding the article, 'Anxiety disorders – assessment and management in general practice'<sup>1</sup> (*AFP* June 2011), I am concerned at the amount of time it took for the two 'case study patients' to get better with psychological help in the absence of medication; several months for a significant response, and up to 6 or more months in case 1. The patients described in both cases had significant and distressing symptoms; both patients describe being unable to leave the house, even for work, and the second patient had symptoms of depression; severe enough for a diagnosis of a major depressive episode. In both cases, medication should have been prescribed early.

In my experience as a GP, medication plus behavioural therapy could have reduced the time taken to achieve a significant response to 4–6 weeks. Unfortunately, both cases waited far too long to see a result through behavioural therapy alone. As GPs we should not be encouraging the early referral of such patients to psychologists without the prescription of an appropriate medication and close medical follow up.

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### Reference

1. Kyrios M, Moulden R, Nedeljkovic M. Anxiety disorders: assessment and management in general practice. *Aust Fam Physician* 2011;40:370–4.

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