

Pulse

Older and wiser?

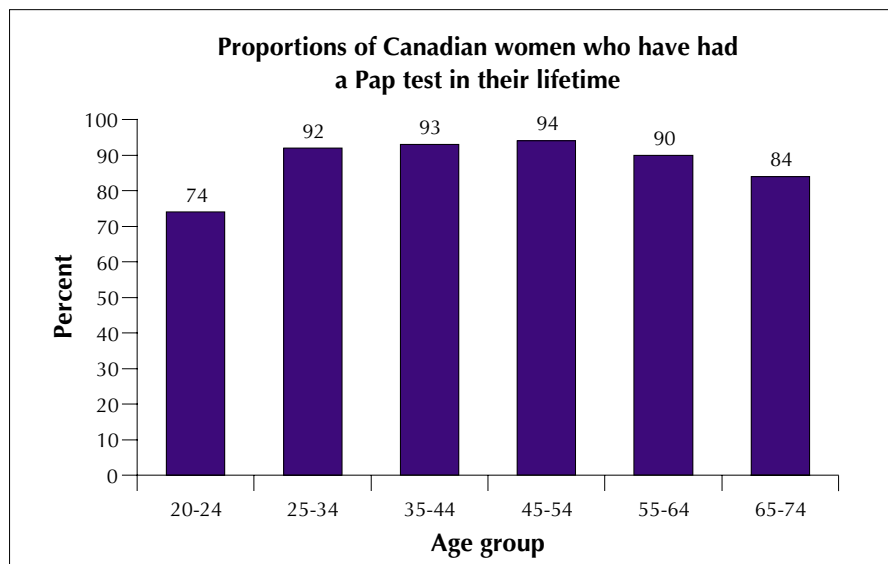
Data from Statistics Canada's National Population Health Surveys (1994/95 and 1996/97) reveal that the likelihood of women practising certain health behaviours varies over the life cycle.

Younger women are less likely than older women to try to reduce the amount of fat in their diet, with 64% of women aged 20–24 and 65% of those aged 25–34 reporting having taken ac-

tion, compared with 77% and 80% in the 45–54 and 55–64 age groups. Older women are also somewhat more concerned about increasing the levels of starch and fibre in their diet: 37% of those aged 45–54 and 44% of those aged 55–64 have taken action in this regard, compared with 28% of those in the 20–24 age group and 30% of those in the 25–34 age group. These differ-

ences are perhaps not unexpected, given that the likelihood of being overweight increases with age. Only 19% and 31% of women in the 20–24 and 25–35 age groups are overweight, compared with 46% and 53% of those aged 45–54 and 55–64.

Age is also a factor in the likelihood of women ever having had a Pap test, and having had a Pap test according to the recommended schedule (every 3 years). Women aged 75+ and 20–24 are the least likely to ever have had a Pap test (67% and 74%), while 90% or more of those aged 25–34 through 55–64 have had the test at some point in their life. However, among women who have had the test, younger women were more likely to have had it within the past 3 years (98% of those aged 20–24 and 94% of those aged 25–34, compared with only 74% of those aged 55–64). — *Shelley Martin*, Physician Survey Analyst, CMA



Readers may send potential research topics to Patrick Sullivan (sullivan@cma.ca; 613 731-8610 or 800 663-7336 x2126; fax 613 565-2382).

“If everybody lived like Canadians do, we’d need 5 more planets”

The current emphasis on global economic development is a “form of brain damage,” Canada’s best-known environmentalist says. Speaking during the Sixth Canadian Conference on International Health in November, David Suzuki said it’s impossible to separate economic interests from the environment. “The economy is based on the idea that we can have steady growth forever, and if we don’t it’s a disaster. But only 2 things believe in growth forever: the economy and

cancer cells. Both result in death.”

The environment was a mainstream concern during the 1980s, says Suzuki, but by the early 1990s the economy ruled again. Ironically, this re-emphasis came on the heels of a 1992 document signed by 1600 senior scientists warning that “there is a collision course for life on the planet.”

Suzuki says mankind is destroying the earth at an unprecedented rate, with a minimum of 35 000 species becoming extinct each year. Meanwhile,



Suzuki: Economic interests and the environment are one

Canadians consume more and more. In the last 40 years, the average family size decreased by 50% while the aver-

age size of a house doubled. "If everybody in the world lived the way we do in Canada," he said, "we would need the resources of 5 more planets." And science isn't helping, because "for most of humanity, life is not getting better." Suzuki laughed at the notion of managing a forest "scientifically. They are taking about a plantation,

not a forest. Only nature and time can grow a forest."

Meanwhile, Ontario family physicians and the David Suzuki Foundation are speaking out on the health effects of air pollution and global warming in an attempt to raise public awareness about the issues. "Air pollution can be deadly for some, and all of

us are affected by even very low levels of pollutants," Dr. David Mathies, president of the Ontario College of Family Physicians, said as he launched the campaign in November. "We see the effects of air pollution on people's health day after day, and prevention is part of our jobs." — *Barbara Sibbald, CMAJ*

Research Update

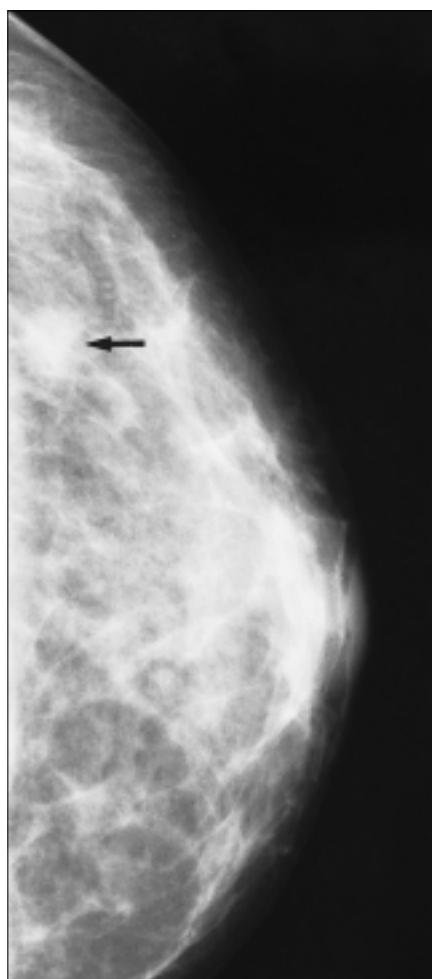
Is mammography screening effective?

A controversial new study of mammography screening for breast cancer has concluded that the procedure may not be effective in reducing overall mortality rates. The study, conducted by researchers at the Nordic Cochrane Centre in Denmark, was published in *The Lancet* (2000;355:129-34).

"We are sceptical whether mammography is justified," says principal researcher Dr. Peter Gøtzsche. "The [beneficial] effect is doubtful. If there is an effect we believe it would be considerably smaller than those numbers we have been traditionally told."

The European investigators were prompted to examine this issue after a Swedish study found that there had been no decrease in breast cancer mortality since the introduction of a national screening program in 1985. They examined the results of 8 published trials that had randomly assigned women to either a mammography-screening group or a non-screening group. Of these trials, the researchers felt only 2 — a Canadian study published in *CMAJ* and a Swedish study — met the criteria for randomization. The effect of screening on breast cancer mortality was calculated separately for these 2 studies.

Evidence from the Canadian and Swedish studies revealed that there was no significant effect on mortality as a result of mammography screening, the researchers concluded. The other studies, however, showed that screening reduced



Mammogram shows lump (later diagnosed as carcinoma) in the breast of a 36-year-old woman. Reproduced from Samuels et al, "Gestational breast cancer" (*Can Assoc Radiol J* 1998;49:175).

the risk of death by approximately 25%. There is also a "dark side" to screening that is often overlooked, notes Gøtzsche. "False positives are not often talked about. Some of the tumours you find are false positives, or are so small and grow so slowly they would not have been found in the patient's lifetime."

In a response to the controversial study, published in the same issue of *The Lancet*, Dr. Harry de Koning, a member of the Rotterdam Department of Public Health, notes that, although the link between screening and mortality is important, the researchers "have disregarded the fact that other factors probably have a more important part in lowering the mortality rate through screening." He also points out that the rate of breast cancer in Dutch women aged 60 to 69 is now falling, although no significant decline in mortality was experienced during the first 9 years the screening program was in operation throughout the Netherlands.

Gøtzsche and his colleagues have written to the researchers involved in the 8 studies that were examined inviting them to collaborate on further analysis. "We intend to look more closely at the studies to see if there are data that can be used from the 6 non-random trials and if additional information from other trials exists. We will get more data [but] we are highly doubtful about the benefit of screening." — *Donalee Moulton, Halifax*