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To cite this article: Magne Nylenna (1984) Fear of Cancer among Patients in General Practice, Scandinavian Journal of Primary Health Care, 2:1, 24-26, DOI: [10.3109/02813438409017697](https://doi.org/10.3109/02813438409017697)

To link to this article: <https://doi.org/10.3109/02813438409017697>



Published online: 12 Jul 2009.



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Fear of Cancer among Patients in General Practice

by
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ABSTRACT. The general practitioners dealing with cancer has other parameters than statistics of incidence and prevalence. In 400 consecutive interviews with patients in general practice when asked if the consultation was brought about because of fear or thoughts of cancer, eight % answered "yes" and 11 % "partly". When asked if they thought about or feared cancer, a total of 47 % answered "yes" or "sometimes".

Many more women than men expressed fear of cancer. The fear did not increase with age in contrast to the increasing incidence of the disease.

For every new case of diagnosed cancer there are many patients in whom malignancy has been suspected but not verified. Almost every tenth patient in this study was investigated further due to possible cancer.

KEY WORDS: Cancer. General practice.

INTRODUCTION

Cancer accounts for more than 20 % of all deaths in Norway. In spite of this, malignant diseases are seen infrequently by the individual general practitioner. According to the Cancer register (1), there were 14847 new cases of cancer in Norway in 1980. This means that the incidence of cancer in Norway is three point six cases per 1 000 inhabitants per year. If these cases were equally distributed in the population and if most of them were seen by a general practitioner, an average Norwegian general practitioner serving 2 000 inhabitants would see approximately seven new cases per year.

A report describing patients in general practice in Norway shows that in one percent of the consultations the patients had cancer (2). The prevalence of cancer in general practice varies from six to 19 per 1 000 (3). Because of the serious nature of cancer and the consequences of overlooking the disease the problem of cancer in general practice is much greater than these figures indicate. Many patients see doctors just because of fear of cancer, and often the doctor's

task is to remove this fear of suspicion. The aim of the present investigation was to study these problems more closely by means of 400 patient-interviews.

METHOD

The study took place in Smøla, an island district in Western Norway with 3 000 inhabitants, served by a group practice run by three general practitioners. 400 consecutive patients (200 in the spring, and 200 in the autumn of 1982) were interviewed at the end of the consultation about their fear and thoughts regarding cancer. The patients were told that this was a research project without any connection with the symptoms and problems presented by the patients, and they were asked if they were willing to answer two questions:

1. "Is this consultation brought about because of fear of or thoughts of cancer?"

The patient was asked to answer yes, partly or no.

2. "Do you generally think of, or fear cancer?"

The patient was asked to answer yes, sometimes or no.

The doctor recorded age and sex of the patients, and whether the consultation had resulted in further investigations regarding cancer.

RESULTS

No patient refused to answer the questions. Of the patients 58% were females, and 42% males. The average age was 50 years, 25% were under 30, 54% between 30 and 69, and 22% were 70 years or more.

The answers to the first question are shown in table I: 32 patients (22 women and 10 men), (eight % answered "yes". Another 42 patients (29 women and 13 men) (11 %) answered "partly". The difference in "yes"-answers between men and women is not statis-

Table I. Answers in percent to the question: "Is this consultation brought about because of fear of or thoughts of cancer?"

	Yes	Partly	No
Women (N = 233)	9	12	79
Men (N = 167)	6	8	86
Total (N = 400)	8	11	82

tically significant, but if the alternative "partly" is added the sex-difference becomes significant ($p < 0.05$ using Chi square test). Among the patients aged 20 to 39 years 15% answered "yes" to the first question against nine 1% between 40 to 59, and eight % 60 years or older.

The answers to the second question are shown in table II: 35 women (15%) and eight men (five %) answered "yes" ($p < 0.001$); 143 patients (36%), slightly more women than men, answered "sometimes". When the answers are correlated with age 19% aged 20 to 39 answered "yes" against 12% aged 40 to 59, and 11% aged 60 years or more. Thus, in both questions there was a tendency towards decreasing fear of cancer with age.

Table II. Answers in percent to the question: "Do you generally think of or fear cancer?"

	Yes	Sometimes	No
Women (N = 233)	15	38	47
Men (N = 167)	5	32	63
Total (N = 400)	11	36	53

In 37 patients (nine %) the doctor found a reason for further investigation or controls suspecting a possible cancer diagnosis. Two were under 30 years, seven between 30 and 49, 20 between 50 and 69, and eight were 70 years or more. The most frequent reasons were either pathological laboratory values (eight patients) or symptoms from the gastro-intesti-

Table III. The correlation between the patients' fear of cancer and the doctors' suspicion of malignant disease

		Patients' fear of cancer		
		Yes/partly	No	Total
Doctors' suspicion of cancer	Yes	22	15	37
	No	52	311	363
		74	326	400

naltract (nine patients). Five patients had suspected cancer mammae, and five suspected skin cancer. In ten patients other or unspecified reasons were recorded. Table III shows the correlation between the patient's fear of cancer and the doctors suspicion of malignant disease. Of those who answered "yes" or "partly" when asked if the consultation was brought about because of fear of cancer, the doctor suspected a malignant disease in 28% against five % of those who answered "no".

DISCUSSION AND CONCLUSIONS

It was surprising that it was possible to carry out such a study with 100 % participation in spite of the rather personal questions asked. It seems that patients are willing to answer almost any question the doctor asks.

The distribution of sex and age among those interviewed corresponds well with other reports from general practice in Norway (2, 4).

Eight % answered that the consultation was brought about because of fear or thoughts of cancer, and 11 % answered that this was partly the reason for their contact. Compared with the low incidence of cancer, these figures are high and probably reflect the general fear of cancer in the population.

The difference in answers between men and women is interesting. To a greater extent than men, women say that the consultation was precipitated because of fear of cancer. When asked if they were generally thinking of cancer, the difference between the sexes was even more striking, in spite of the nearly identical cancer incidence among men and women in Norway (1). At an open cancer "prevention-detection"-clinic in USA, 66% of the patients were female (5). It was assumed that the specific female types of cancer had been much more openly discussed than other types of malignant disease. There have been more screening and information programs regarding cancer mammae and gynecological cancer than for other types. Though cancer incidence increases rapidly with increasing age (1) the answers do not reflect a similar rise in the fear of cancer. On the contrary there was a lower proportion thinking of cancer in the age group of 60 years or more compared to the younger. In a way this is similar to the experience of screening programs for cancer where the participation is low in age groups with high cancer incidence and vice versa (6). On the other hand it is not surprising that illness and death represent a greater threat to the younger than the older.

In nine % the doctor found reasons for further investigation because of suspected malignancy. Compared with the low cancer incidence in general practice, this shows the dimension of diagnostic work regarding cancer, and how the mere existence of the disease influences our work. The study also showed that among patients under 50 years of age five % were suspected against 12% over 50 years. Considering how rare cancer is before the age of 50 (12.5% of all new cases in Norway in 1980 (1)) there seems to be a lower threshold for suspecting cancer in younger than in older patients. The consequences of overlooking a malignant disease are greater in the younger patients. The study shows, that it is more likely that the doctor will carry out more investigations in patients who fear cancer, than in those who do not. The study does not answer why this is so, but it is reasonable to believe that the patient's fear is in itself of importance in the management.

In spite of the low incidence of malignant diseases, cancer nevertheless makes up a large part of the daily work of the general practitioner. He will often see patients whose reason for the encounter is fear of cancer. It is important to be aware of this phenomenon and to pay attention to it in day-to-day practice.

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