

Breast examination of older women in a teaching hospital

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(Index words: Attitudes of women patients and doctors)

Abstract

Introduction Breast examination during routine physical examination may help detect breast cancer and effect early treatment.

Objective To determine whether doctors routinely perform breast examination in older women, and to assess attitudes of patients and doctors to this examination.

Methods A questionnaire based survey of 150 women over 65 years attending a teaching hospital, and 51 doctors working in this hospital.

Results Very few women had a breast examination performed by a doctor. All thought breast examination was important, and would give consent for this examination. Although the great majority of doctors thought breast examination should be done routinely only very few do so.

Conclusion Older women have a positive attitude towards breast examination, but this is not reflected by the practice of doctors. There is a need for change in attitudes and training among doctors so that breast examination would be performed routinely.

Introduction

The percentage of the population aged over 60 years in Sri Lanka is expected to increase rapidly from 8% currently, to reach 13% in 2010, and 21% in 2025 (1). Age is most important risk factor for breast cancer in women, and screening 65 to 69 year olds confers benefits similar to those seen in 50 to 64 year olds: a 25% reduction in breast cancer mortality (2). Unfortunately, there is no women's breast screening policy in Sri Lanka. Breast examination during routine physical examination, especially in older women, may help detect breast cancer and effect early treatment.

Breast examination is an intimate examination, and the attitudes of older women and doctors to this procedure, especially if the presenting problem is apparently not related to the breasts, have not been established in Sri Lanka.

Methods and results

The study was approved by the Ethics Committee of the Faculty of Medicine, University of Kelaniya. 160 women over 65 years of age who had been examined by a doctor in a teaching hospital within three months of the

interview date were selected randomly from three public health midwife areas (population of 14 627) for the survey. All underwent a brief cognitive assessment with the Mini Mental State Examination (MMSE) to establish normal cognitive function. The cut-off score for cognitive impairment was taken as 17 out of 30, and ten women who scored below 17 were not taken for the survey. The 150 women (mean age = 67.2 years; SD = 6.17) who scored ≥ 17 out of 30 suggesting normal cognitive function were given a questionnaire, and responses were recorded.

Sixty-six doctors working in the same teaching hospital were also given a questionnaire; 51 doctors responded. Non-responders could not be ascertained as the replies were anonymous.

Review of 150 questionnaires showed that only 4 women had a breast examination (one had a breast lump). Of 6 women with a history of backache, only one had a breast examination, while 3 with weight loss had no breast examination. There were 4 women with a family history of breast cancer, none of whom had a breast examination. None of the women surveyed were aware that the risk of breast cancer increases with age, or of the value of screening, and only 2 had ever done a self-examination of their breasts.

Although 26 women would feel uncomfortable if a male doctor performed the examination, none would be offended if they were asked to undergo a breast examination. All thought that breast examination was important and would give permission for this examination. All 150 women had not had mammography or a breast examination by a doctor previously. None of the women had ever refused to undergo a breast examination.

Of the 51 hospital doctors (male 27, mean number of months after qualifying = 18.1; SD = 23.1) who responded to the questionnaire, only 4 said that they would routinely do a breast examination on women over the age of 50 years, although 38 thought breast examination should be a routine part of the physical examination, and 48 were confident of detecting a breast lump if there was one. Only 4 doctors (all males) felt uncomfortable in performing breast examinations, and 31 (all 27 men included) would insist on a third person being present during breast examination. The great majority of doctors (45) did not think that women would be offended by breast examination, but 8 (all men) would be deterred from performing it because of the possibility of being accused of indecent assault.

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Comment

The value of screening for breast cancer either by routine mammography or breast examination, for early detection and treatment, is well established (3). About 40% of women with breast cancer are aged over 70 (4), and early treatment can enable them to reach a 5-year survival rate similar to that for younger women (4). In the absence of a breast screening policy in this country, performing breast examination in women as part of routine physical examination is important, particularly in older women.

Very few women in our study had a breast examination by a doctor, and none had undergone mammography. Even though a significant number of them would feel uncomfortable to have their breasts examined by a male doctor, all regarded breast examination as an important component of physical examination, and would give permission to do so.

Although more than 70% of doctors thought breast examination should be done as a part of routine physical examination, only few would do it in women over 50 years of age. This omission is not because of fear of offending patients or due to ignorance. There may be a number of reasons why doctors do not routinely perform breast examination: some may lack confidence or feel uncomfortable, a few may have a misconception that breast cancer in elderly

women is less aggressive than in younger women, and some are deterred by possible claims of indecent assault.

Our study suggests that older women have a positive attitude towards breast examination. Unfortunately, this is not reflected in the attitudes and practices of hospital doctors. We conclude that there is a need for change in attitudes and training of doctors and for patient education, so that older women do not miss out on early diagnosis and treatment of breast lumps.

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