

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

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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.

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Competing interests
None declared

Reference

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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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fragmented.”³ However, in a contemporary neuropathic pain trial involving randomization to nortriptyline, dry mouth (a classic anticholinergic harm) seems to us remarkably common—affecting almost 60% of participants receiving the drug.⁴

This leads us to a couple of questions:

1. If nortriptyline is the principal active metabolite of amitriptyline,³ is it likely that nortriptyline offers a meaningful safety advantage?
2. Do tricyclic antidepressants even “work”? The 2015 Cochrane systematic review for nortriptyline identified 6 trials enrolling just 310 participants.³ The reviewers write, “The studies were methodologically flawed, largely due to small size, and potentially subject to major bias.”³

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Competing interests

None declared

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Kratom case report

I thank Drs Mackay and Abrahams for the rare and very good case report of maternal and neonatal kratom dependence and withdrawal in the February 2018 issue of *Canadian Family Physician*.¹ Kratom, also known as *ketum* or *herbal speedball*, is crushed or pulverized leaves of the kratom tree (*Mitragyna speciosa*) that grows in Thailand, Malaysia, Indonesia, Philippines, Myanmar, and Papua New Guinea, and is mainly offered via the Internet. This past year, Health Canada and the US Food and Drug Administration repeatedly warned against the use of kratom-containing products.^{2,3}

Mackay and Abrahams mention that apart from their new case report, kratom withdrawal in neonates has so far only been reported in Thailand¹; however, this is not entirely correct. I would like to point out that such cases have also recently been documented in the United States.^{4,5} Interestingly, a case report on neonatal abstinence syndrome after maternal regular use of kratom tea has also been published recently in the official journal of the Canadian Paediatric Society.⁶

I fully agree with the authors¹ that the increasing prevalence of kratom use with serious health risks should not be underestimated, and further case reports will certainly follow. Yes, it is extremely important that primary care physicians or practitioners, as well as other front-line health care professionals, generally determine the use of dietary and herbal supplements in their anamnesis.⁷

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Competing interests

None declared

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