

# Depression and anxiety not linked to delayed resolution of abnormal mammograms, Pap tests

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In what is believed to be the first study of its kind to examine the relationship between pre-existing depression (with and without anxiety) and the amount of time to diagnostically resolve an abnormal mammogram and/or Pap test, researchers from Boston University School of Medicine (BUSM) have found suffering from depression was not associated with a prolonged time to diagnostic resolution in a vulnerable population of urban women. These findings currently appear in the *Journal of General Internal Medicine*.

Delays in care after abnormal cancer screenings contribute to disparities in cancer outcomes. Women with psychiatric disorders are less likely to receive [cancer screening](#) and may also have delays in diagnostic resolution after an abnormal screening test. Vulnerable populations of women, as defined by low income or with racial/ethnic minority status, are less likely to receive standard preventive health care, which contributes to worse breast and cervical cancer outcomes. Depression is prevalent in these populations, and may lead to worse healthcare outcomes.

The BUSM researchers conducted a retrospective chart review of electronic medical records to identify women who had a diagnosis of depression or anxiety in the year prior to the [abnormal mammogram](#) or [Pap test](#). They used time-to-event analysis to analyze the outcome of time to resolution after abnormal cancer screening.

Of the women with abnormal mammogram and Pap tests, the researchers found 19 percent and 16 percent, respectively, suffered with depression. The median time to resolution was 27 days for women with abnormal mammograms and 85 days for women with abnormal Pap tests. However, there was no difference in time to diagnostic resolution between depressed and not-depressed women for those with abnormal mammograms or Pap tests.

The researchers believe that documented mood disorders are not an additional barrier to resolution after an abnormal cancer screening test in this vulnerable population of women who already had barriers to receiving healthcare. "Although we found delays in diagnostic resolution after abnormal cancer screening, women with a depression diagnosis did not have increased delays compared to those who were not depressed," explained lead author Andrea Kronman, MD, MSc, assistant professor of medicine at BUSM.

"Pre-screening the [electronic medical records](#) of women for mood disorders may not be the most reliable approach to identify a group of patients at higher risk of delayed diagnostic resolution of abnormal cancer screening tests in a vulnerable population," added Kronman.

Provided by Boston University Medical Center

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