Table 1 - Specificity and sensitivity of pathologic cases reported in physician's and Behvarzes' physical exams.

Physical report / **Behvarzes report**	**+**	**-**	**Total**
+	162	8	**170**
-	7	1823	**1830**
Total	**169**	**1831**	**2000**

P<0.001 Specificity- 99.6%, Sensitivity - 95.8%, Kappa - 0.95
+ Cases with pathologic sign
- Cases without pathologic sign

trained health care auxiliaries in screening of breast cancer patients. This fact is in agreement with the results of some previous studies in our country that have been mentioned in the report of Ministry of Health. Treatment and Medical Education with regards to the states of breast cancer screening in Iran.[5] The mentioned studies have been performed in Shiraz, Tangestan and Bushehr, Iran and all of them show the importance of clinical breast examination and the important role of Behvarz in this regard. In a study carried out in order to evaluate the diagnostic values of mammography, BSE and CBE, 1044 women were followed up for 6 years. From the total number of subjects in this study, 381 cases were at high risk, 204 cases were at moderate risk, 401 cases were at low risk and 58 cases were not at risk for breast cancer. Data were collected every 3-6 months and during this time 24 cases of breast cancer were diagnosed of which 12 cases were in the high-risk group, 4 cases were in the moderate risk group and 8 cases were in the low risk group. The mean age at diagnosis was 47 (32-82) with the range of 32-38 years. The fact shows the great importance of care programs especially in women who are at high risk.[2]

Finally based on several studies and also the Cancer Institute report, Iran Breast Cancer studies and surgerists opinions, the common age of breast cancer in Iran is lower than that in Western countries. Moreover mammography is not recommended in young ages as it does not have an additional role in comparison to clinical exams, and even in cases that mammography has been suggested as the best screening test, due to unavailability of CBE, clinical exams by trained health care personnel under sufficient supervision can be considered as a valuable screening test.

All these studies regardless of their main aims suggest that all women should be trained for self-examination and secondly there should be some facilities for all women to have a yearly clinical breast examination by physicians. Moreover all women at high risk and in high ages should be followed up by mammography yearly or every 2 years. Since in our society referring to physicians for clinical breast examinations is not possible for all women and since the sensitivity of Behvarz diagnosis was high in our study the possibility of using trained health personnel instead of physicians in breast examination programs is suggested. Considering the results of these studies we can benefit from trained Behvarz in the screening of breast tumors, since they are in the line of health care programs and are present in all health care centers around the country, so that all people can refer to them easily. The program of breast tumor screening by Behvarz in order to increase the level of women health in our society is highly recommended.

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Type of personality in Iraqi patients with duodenal ulcer

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Duodenal ulcer is a common disease and current estimates suggest that approximately 10% of the population have clinical evidence of duodenal ulcer at some time of their lives. Although *Helicobacter pylori (H. pylori)* infection and use of non-steroidal anti-inflammatory drugs (NSAIDs) are critical factors in pathogenesis, other pathogenic elements must come into play for ulcer disease to develop. The importance of psychodynamic factors in the genesis of peptic ulcer remains controversial despite decades of study. It is necessary to correlate psychodynamic factors with pathophysiologic mechanisms against essential permissive factors such as infection with *H. Pylori*, adequate acid, secretary mass, smoking and NSAID use.[1] Stress and personality type interact, and in one study cognitive psychotherapy appeared to increase ulcer recurrence, suggesting that a psychotherapeutic process may exacerbate ulcers, symptoms or tolerance of symptoms by focusing on issues such as pain, marital difficulties, depression or anxiety.[2] Type A personality is generally regarded as a behavioral pattern or response

style rather than a fixed personality trait or attribute. It was defined to include the individual being excessively conscious of time, constraints and deadlines, driven, competitive, ambitious, aggressive, impatient, hostile and committed to vocational goals. This approach to life leads to sustained stress and interpersonal difficulties and may lead to coronary heart disease.[3] This study was conducted in the Endoscopy Unit of Al-Yarmouk Teaching Hospital, Iraq from June 2001 to January 2002. Forty Iraqi patients who were referred for esophagogastroduodenoscopy (OGD) because of gastrointestinal complaints and who proved to have duodenal ulcer by upper endoscopy using JIF-X Q230 Videoscope were included. Their personality was assessed by using a modifiable questionnaire,15 translated to Arabic to see whether they were of type A or B personality. The questionnaire contained 6 criteria, for each there were 3 questions, totaling 18. The answer of which was either yes or no, if 10 or more of the 18 answers were yes the subject was regarded as type A personality. Forty patients with normal endoscopy findings were assessed by the same questionnaire. The personality of both groups (duodenal ulcer and normal) was compared with the personality of 50 healthy persons (control) not attending the Endsocopy Unit and who had no gastrointestinal complaints by applying the same questionnaire. The study included 40 patients with duodenal ulcer, 30 males and 10 females with a male to female ratio of 3:1, their age ranged from 17-70 years with a mean of 43.5. The study also included 40 patients with normal endoscopy, 18 males and 22 females with a male to female ratio of 0.81:1, their age ranged from 15-65 years with a mean of 40. The control group included 50 individuals, 25 males and 25 females with a male to female ratio of 1:1 and their age ranged from 18-60 years with a mean of 39. The study revealed **(Table 1)** type A personality in 30 (75%) patients with duodenal ulcer, and type B in the remaining 10 (25%), while in those with normal endoscopy, 22 (55%) had personality type A and 18 (45%) had type B personality, and for the control, 23 out of 50 (46%) had type A and 27 (54%) had type B personality, these results were statistically significant with p value of 0.02.

Psychosocial factors in duodenal ulcer were studied and showed that a psychosomatic approach has evolved to a multifactorial schema in which stress and individual personality, Type A behavior, alexithymia, anxiety, depression and socioenvironmental factors (stress, life events, coping, social support) are analyzed and newer aspects such as probable stress influence on immunity and infection by *H.pylori* are considered.[4] Pain and personality in duodenal ulcer was studied and showed that patients with moderate to severe pain were significantly more tender minded and kind. In one study, duodenal ulcer patients who are atypical in terms of their conventional risk factors are likely to be emotionally fragile, under stress, or both, especially at the time of their first ulcer symptoms. A clinician diagnosing an ulcer in an individual who does not match the usual patient profile should be on the lookout for psychological factors.

Table 1 - Type of personality in different subsets of patients and control cases.

Type of case	Type of personality	n	(%)
Duodenal ulcer	Type A	30	(75)
	Type B	10	(25)
Normal endoscopy	Type A	22	(55)
	Type B	18	(45)
Volunteer	Type A	23	(46)
	Type B	27	(54)
X^2 - 7.83, d.f - 2, P - 0.0[2] (significant)			

Another study carried out by Catipovic et al[5] showed that duodenal ulcer patients, in comparison to acute coronary patients and healthy controls are sadder, more impulsive, take more risks and are more disorganized and dependent. Type A personality was more frequent in duodenal ulcer patients than in the coronary and control group. In our study, patients with duodenal ulcer had an increase in the incidence of personality type A (75%), more so than those in patients with normal endoscopy findings (55%). The incidence of whom in turn was higher than in volunteers (23%) which, can be explained as patients with normal endoscopy (but had gastrointestinal complaints for which they attended the endoscopy unit) may have some degree of obsessiveness regarding their health making them seek medical advice. With regard to sex in the duodenal ulcer and normal groups, there was no statistically significant difference in personality type.

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