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Table 1 - Showed side effects of tamoxifen in different doses.

Dose of Tamoxifen side effects	10 mg	20 mg	Total
Depression (%)	0	2	2
Dizziness (%)	2	4	6
Cephalalgia (%)	2	3	5
Total (%)	4	9	13

Tamoxifen effects on treatment fibrocystic breast disease in women

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Breast pain in women was first described in the early 19th century by Sir Astly Cooper, who suggested that women who sought advice for breast pain were “usually of a nervous and irritable temperament”.¹ This sentiment persisted despite reports by Harris et al,¹ who said that women with breast pain were no more psychoneurotic than those having an operation for varicose veins. Mastalgia remains poorly characterized and not a reason for breast consultation in general practice.¹ The term fibrocystic or cystic breast disease is not a distinctive disease, but rather a term used to represent a group of breast tissue abnormalities that may occur separately or together. While we associate this “disease” with the menstrual cycle, it is important to remember that women can experience palpable breast irregularities regardless of menstruation. Pathologic descriptions of the disease were recorded as early as the 1880 with the term chronic cystic mastitis identified a decade later. Tamoxifen (Nolvadex) has been in use for over 20 years and currently the most prescribed anti-cancer medication in the world. It is an orally effective, synthetic, non-steroidal, estrogen antagonist and agonist agent. In studies and trials, it has been shown to have only limited side effects. It has produced regressions in women with fibrocystic changes, including precancerous ones, and in those with metastatic breast cancer, where its benefits were first observed. It has increased disease free survival (DFS) and overall survival (OS) rates when given as

an adjuvant systemic type of therapy in women with early breast cancers, and it has reduced the incidence of contra lateral breast cancers.³

We examined the effect of tamoxifen therapy on several patients suffering from fibrocystic disease and mastalgia. The patients were followed and excluded those who had sonography and clinical examination that occurred at or subsequent to the diagnosis of fibrocystic disease. Sixty-two women underwent breast sonography for benign breast disease while in the trial; the remaining 202 women did not. We begin tamoxifen in doses of 10-20 mg daily for 2-4 months; during medication, one or 2 visits in a month is necessary. Over 3 years, tamoxifen treatment reduced the risk of benign breast disease and mastalgia by 78%, breast pain 21%, mild (deep palpation) and severe pain 19% (movement and rest) and moderate pain 38% (between 2). There were 62 women who underwent breast sonography, 85% showed cysts and fibrocystic change. Non-cyclic mastalgia (40%) and cyclical mastalgia (60%) were the most frequent. Thirteen percent of patients experienced some side effects, such as dizziness (6%), cephalalgia (5%) and depression (2%) (Table 1). Relief of pain and tenderness with a dose of 10 mg (11% of patients) and 20 mg (89% of patients) after 2-4 months treatment of tamoxifen were the most frequently reported. In addition, 3 (1.1%) patients discontinued the treatment and 78% of patients achieved pain control with the use of this drug. Sometimes referred to as fibrocystic disease, fibrocystic change, cystic disease, chronic cystic mastitis or mammary dysphasia is not a disease, but rather it describes a variety of changes in the glandular and stromal tissues of the breast. Symptoms of fibrocystic breasts include cysts (accumulated packets of fluid), fibrosis (formation of scar-like connective tissue), lumpiness, and areas of thickening, tenderness, or breast pain though sometimes painful, fibrocystic breast condition is not cancer. However,

fibrocystic breasts can sometimes make breast cancer more difficult to detect with mammography. Therefore, ultrasound may be necessary in some cases if breast abnormality is detected in a woman with fibrocystic breasts. According to the American Cancer Society, fibrocystic breasts affect at least half of all women at some point in their lives. Fibrocystic changes are the most common cause of breast lumps in women between 30 and 50 years old. Tamoxifen therapy also reduced the risk for fibroadenoma and fibrosis compared with the placebo group, the tamoxifen group had fewer biopsies and fewer women who underwent a biopsy for fibrocystic disease, hyperplasia, and metaplasia. This resulted in a reduction in the risk of biopsy in women treated with tamoxifen. This risk reduction occurred predominantly in women younger than 50 years.⁴ While in the past 100 years has introduced a variety of terms to describe the abnormality, a consensus for treatment has developed to treat this significant health problem. Any treatment of fibrocystic breast problem is designed to: 1. alleviate breast pain, 2. reduce or remove irregularity and 3. rule out the possibility of breast cancer. Medical treatment can include: 1. Use of sex hormones (estrogens, progestins, androgens). 2. Pharmaceutical use of vitamins (A, B1, E), diuretics, and tamoxifen (an anti-estrogen). In December 11, 2001, researchers from the National Surgical Adjuvant Breast and Bowel Project (NSABP) Breast Cancer Prevention Trial reported that tamoxifen is well described for its ability to reduce the risk of developing breast cancer by 50% in high-risk patients and apparently also dramatically lowers the risk of developing benign breast cancer.⁴ In a study presented by Tan-Chiu et al⁴ at the 24th Annual Meeting of the San Antonio Breast Cancer Symposium, that treatment with tamoxifen reduces adenosis, cysts, duct ectasia, hyperplasia, metaplasia, fibrocystic disease and other benign mass formation by up to 47%. We considered that use of tamoxifen would result in a reduced incidence of benign breast disease in tamoxifen-treated women. In our study, after 2-4 months with doses of 10-20 mg, we removed irregularities and alleviated breast pain in more than 78% of patients. These findings support the therapeutic effects of tamoxifen on breast fibrocystic changes.

A low incidence of side effects has been reported with tamoxifen, resulting in the proposal to use the antiestrogen as a preventive agent for breast cancer.² Tamoxifen is an effective treatment to control moderate to severe mastalgia and had a reduced incidence of clinically detected benign breast disease.

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Family medicine in Turkey. Need for trainers in general practice

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Growing development of family medicine (FM) in the world revealed the necessity of teaching and learning the philosophy and paradigm of the discipline. With this concern, training the teachers of the FM has become the basic interest of the pioneers of the discipline.¹ The European Academy of Teachers (EURACT) in general practice (GP) supports various training courses.² The objective of the EURACT Teaching the Teachers (ETC) teaching methods in general practice course, which is one of the basic courses of EURACT, is to train peculiar trainers for primary care on the basis of family medicine/general practice (FM/GP) discipline. Family Medicine in Turkey is established as a specialty program in 1985 at the training hospitals of the Ministry of Health (MOH) and spread to universities in 1993.³ Despite many countries, which FM/GP raised on the hands of general practitioners as a new and progressed definition of the discipline, Turkey Specialty Program is established by the government within the preparation in accordance with European community, whereas practitioners had no knowledge on the subject of being a discipline. The word "practitioner" is used for the physicians who works in primary care, without further training after medical school either any specialty including FM/GP or retraining program. However, health reforms in Turkey is also