Re: Depression as a Risk Factor for Cancer: Renewing a Debate on the Psychobiology of Disease

The editorial by Croyle (1) gave due credit to the findings of Penninx et al. (2) and discussed frequently presented arguments that discredit the hypotheses of self-regulation and cancer risk. Because studies have demonstrated that distress such as depression and hopelessness act as promoters of cancer and, thus, are associated with an increased risk of clinical manifestations of initiated, but dormant tissue neoplasia, earlier findings must be verified by adequately designed studies. In discussing arguments that either support or refute the findings of Penninx et al., Croyle states that the findings should be regarded as preliminary until they are replicated by real prospective studies with samples drawn from different populations because such studies are the most valid means to investigate the hypothesis. However, Croyle’s editorial seems to have missed several pertinent publications of the early 1990s that were based on true prospective studies and indicated the same association of cancer with depression and hopelessness in two independent populations.

The explanation that the papers were unnoticed perhaps because of their publication in journals that were not reviewed by cancer researchers is only partly true. We are aware that publications in the journals Psychological Reports, Personality and Individual Differences, and Behavior Research and Therapy (3–5) are not accessible, but one analysis that followed an international conference in Talloires, France (under the auspices of Tufts University), where the data were presented by one of the authors, has not been adequately credited, even after publication in a cancer journal Cancer Detection and Prevention (6). The paper showed an increasing risk of cancer in a 13-year follow-up when failure in coping was prevalent before outbreak of the disease. Hopeless, disappointed, and depressed persons had a threefold to ninefold risk of incident cancer if the degree of hopelessness and depression at the beginning of the observation period was strong to intolerable. Mortality from myocardial infarction, however, was not equally affected. The observation was that anger and excitement, as typical coping reactions to life events, were not equally associated with cancer but with cardiovascular diseases as a cause of death.

To further advance the field, investigators could add a specific questionnaire to concurrent prospective studies. The team at Institut National de la Santé et de la Recherche Médicale, Paris, has dem-
onstrated how this can be done by evaluating an effective questionnaire that not only identifies depression, like the one used by Penninx et al. (2), but also identifies the personality type and reason for long-term depression (7). This instrument (3) may decrease or replace the need to recontact an entire cohort every 3 years, because it measures stable behavioral traits.

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REFERENCES


NOTE

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EDITOR’S NOTE

Robert T. Croyle declined to respond to Rainer Frentzel-Beyme’s correspondence.