Social isolation linked to higher mortality rates in breast cancer

Women with breast cancer who are more socially isolated have higher rates of recurrence and mortality than women with larger social networks, new study results suggest.

Researchers in California studied 9,267 women who provided data on social networks within about two years of their diagnosis. Over a median follow-up of 10.6 years, there were 1,448 cancer recurrences and 1,521 deaths, 990 of which were from breast cancer. Compared with socially integrated women, the researchers found that those who were socially isolated had a 40% higher risk of recurrence, a 60% higher risk of dying from breast cancer and a 70% higher risk of dying from any cause. The associations were found to be stronger in those with stage I/II cancer.

They found specific associations differed by age, race/ethnicity and country of origin. Ties to relatives and friends predicted lower breast cancer-specific mortality in non-white women, while having a spouse predicted lower breast cancer-specific mortality in older white women. Community ties predicted better outcomes in older white and Asian women.

Lead study author Candyce Kroenke said: ‘These findings confirm the generally beneficial influence of women’s social ties on breast cancer recurrence and mortality. They also point to complexity: not all social ties are beneficial, and not in all women.’


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PHARMACOLOGY

Antipsychotic drug use raises risk of death in people with Alzheimer’s disease

The prescription of psychotropic drugs is associated with a sharply higher risk of falling among residents of nursing homes.

Antipsychotic drug use is associated with a 60% increased risk of mortality among people with Alzheimer’s disease, new study results suggest.

Researchers in Finland studied 57,755 people with Alzheimer’s disease, 27% of whom started antipsychotic drug use during the study, which ran from 2005-2011. They found that the risk was highest at the beginning of drug use and remained increased in long-term use. Using two or more antipsychotic drugs concomitantly was associated with an almost two times higher risk of mortality than monotherapy.

Haloperidol was associated with the highest risk of mortality, and the use of higher doses of haloperidol and risperidone were associated with an increased risk of mortality compared with low-dose risperidone use.

The study authors said the findings confirmed current recommendations that antipsychotic drugs should be used only for the most difficult behavioural symptoms of dementia, such as agitation or aggression, and the duration of use should be limited.