Letters to the Editor

Long-Term Psychological Outcomes of Induced Abortion

To the Editor: I applaud the authors of the article "Options for Unintended Pregnancies" for including parenting and adoption as viable options, particularly the listed resources for adoption.[1] I contend, however, that the authors inadequately answered the question of whether induced abortion is associated with poor long-term psychological outcomes. The authors referenced a single survey of 667 individuals, in which 99% of respondents indicated their abortions were the correct decision 5 years later, as proof of no poor long-term psychological outcomes. Not only does this study's outcome not actually address the psychological health of the survey respondents, the authors of the *AFP* article did not discuss the significant body of research that does answer this question.

The risk to psychological health following an abortion is well documented. A 2023 systematic review and meta-analysis of 15 studies with more than 18,000 participants found the pooled international prevalence of depression in women following abortions was 34.5%.[2] The National Longitudinal Study of Adolescent to Adult Health found that, compared with those who gave birth, women who underwent abortions had increased odds ratios of anxiety (1.23 vs 0.86), depression (1.30 vs 0.72), suicidal ideation (1.69 vs 0.43), and cannabis abuse/dependence (2.51 vs 0.73).[3] A 2025 cross-sectional survey of nearly 2,000 American women 40 to 45 years of age reported that those who underwent abortions were twice as likely to have attempted suicide than those who did not. Further, women who underwent abortions, particularly (but not exclusively) those whose abortions were coerced or unwanted, were significantly more likely to respond that pregnancy outcomes directly contributed to suicidal thoughts and behaviors.[4]

Feeling coerced or pressured to undergo abortion of an unintended pregnancy is not uncommon. According to a 2023 survey of 223 respondents, 61% reported "high levels of pressure" from sources such as male partners, family members, or financial considerations.[5] Finally, the American Psychological Association's Task Force on Mental Health and Abortion concluded that emotional attachment to the pregnancy or perceived pressure to terminate the pregnancy increases the odds of adverse mental health effects.[6]

The medical literature clearly delineates the mental health risks associated with abortion. Our patients deserve full disclosure when being counseled about the options for unintended pregnancies.

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In Reply: Thank you for your thoughtful feedback on our article. We appreciate your engagement with this important topic and recognition of the inclusion of parenting and adoption resources.

Your concern regarding the adequacy of the article's discussion of the psychological outcomes following induced abortion is noted. We acknowledge that the body of literature on this topic is broader and includes studies suggesting associations between abortion and mental health challenges in some populations. As you point out, variables such as coercion, emotional attachment, and pressure to terminate can significantly influence postabortion experiences.

We recognize the relationship between abortion and mental health and emphasized in our article the importance of ongoing postabortion care and support through the resources provided in Table 2. We will consider your points carefully in future updates and welcome continued dialogue from clinicians who share our goal of patient-centered care.

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When a Cat Bite Mimics Cancer: A Reminder to Consider Zoonotic Infections

To the Editor: A 66-year-old immunocompetent woman presented with several days of high-grade fevers, chills, night sweats, and significant fatigue. Physical examination revealed bilateral axillary and supraclavicular lymphadenopathy, which raised concerns for malignancy. Initial laboratory testing showed leukocytosis with neutrophilic predominance, and inflammatory markers were elevated. Computed tomography

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of the chest, abdomen, and pelvis revealed widespread lymphadenopathy with no identifiable primary lesion; this also raised suspicion for lymphoma or metastatic disease.[1]

Empiric broad-spectrum antibiotics were initiated. Surprisingly, blood cultures were positive for *Pasteurella multocida*. On further questioning, the patient recalled being scratched and occasionally bitten by her indoor cats, although she had no visible wounds. The diagnosis of zoonotic bacteremia shifted the clinical focus, but an axillary lymph node biopsy was performed due to the imaging findings. Histopathology confirmed CD10-positive small B-cell lymphoma. Ultimately, the patient had *P multocida* bacteremia and an underlying malignancy—a dual diagnosis that required careful, layered diagnostic reasoning.

This case highlights two key considerations for family physicians: (1) *P multocida* commonly colonizes in cats' mouths and can cause bacteremia in immunocompromised and immunocompetent patients, often without overt bite wounds[2]; (2) zoonotic infections can mimic malignancy by presenting with systemic symptoms and lymphadenopathy. Primary care physicians should be attuned to these possibilities and consider collecting detailed animal exposure histories when evaluating febrile patients with lymphadenopathy.[3] This case also emphasizes the value of obtaining a thorough history, especially when differentiating infection from malignancy in a patient presenting with nonspecific constitutional symptoms.

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Corrections

More than one correct answer choice in CME Quiz. The March 2025 CME Quiz (p. 206) included more than one correct answer choice for a question about the article "Pacifiers: Common Questions and Answers." The online CME Quiz has been corrected and there is now only one correct answer.

Incorrect symbol. The article "Vaccines for Measles, Mumps, Rubella, and Varicella in Children and Adolescents" (Cochrane for Clinicians, July 2025, p. 25) incorrectly included negative signs in relative risk values. The online version of the article has been corrected. ■