

Psychiatric Inpatient and Staff Attitudes Regarding Smoking Reduction

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Abstract: *Aims:* We assessed the interest of psychiatric inpatients and the staff in a smoking reduction program. *Methods:* Inpatients, nurses, social workers and psychologists at a university-affiliated psychiatric hospital completed questionnaires addressing attitudes towards smoking and the desire to reduce smoking. *Results:* 52% of the inpatients (N=160) and 37.3% of the staff members (N= 41) reported that they smoked. Mean number of cigarettes for patients was 21.4 cigarettes per day for men, and 18.8 for women; 74 patients (46.2% of the smokers) and 96 staff members (88% of the smokers) expressed interest in participating in a smoking reduction program. No correlation was found between the rate of smoking among the staff and the rate of smoking of the patients in any given department. *Conclusions:* Psychiatric inpatients and their caregivers who smoke are interested in reducing the number of cigarettes that they smoke. Further study regarding the initiation of therapeutic smoking reduction programs in inpatient settings is warranted.

Introduction

Smoking is a leading preventable cause of death (1). The prevalence of cigarette smoking in clinical samples of schizophrenia patients has been estimated between 58% to 88%, compared with about 23% in the general population (2, 3), with the highest incidence among psychiatric inpatients. These patients favor stronger cigarettes and may extract more nicotine from their cigarettes than other smokers (4).

As in other countries, Israeli legislation considerably limits smoking in public places (5, 6), although it has been suggested that schizophrenia patients should not be targeted for smoking cessation intervention, since smoking is one of their few subjective pleasures (7). The comorbid association of nicotine addiction with schizophrenia represents an important public health concern, especially given the elevated risk of smoking-related physical morbidity and already reduced life expectancy in psychiatric patients (8, 9). Schizophrenia patients also experience substantial financial repercussions of tobacco use due to their generally limited fixed incomes (10). Smoking two packets of cigarettes per day costs the patient about a third of his monthly National Insur-

ance pension, and significantly reduces the patient's already limited sources of income.

We surveyed the prevalence of smoking and the attitudes of the inpatient population and the staff of our mental health center regarding smoking, and whether or not they were interested in a program to reduce smoking, and whether or not there was a correlation between the rate of smoking among patients and the rate of smoking among staff members in any given department.

Methods

Using a questionnaire prepared expressly for this evaluation, we surveyed the patient population in our 300-bed psychiatric hospital, in order to determine the percentage of smokers and whether they felt the need for a smoking reduction program. Caregivers and the nursing staff were also canvassed. Taking into account patient turnover, there was a total of 360 inpatients in the hospital during the study period, and 305 inpatients (84%) agreed to complete the questionnaires. Clinical data was taken from the patient files. The questionnaire was completed with the assistance of a staff member in each

department, during face-to-face interviews, sometimes in more than one session. Staff members completed the questionnaires independently.

Statistical analysis was performed using t-test and χ^2 . Small discrepancies in the number of patients who answered each question were observed, but this did not affect the results significantly.

Results

Patients

One hundred and sixty patients, or 52.5% of those who completed the questionnaire, reported that they currently smoked.

Duration of smoking was 1–62 years, mean 22.7 years, SD 13.2. Mean age for beginning to smoke was younger for men than for women (17.4 years, SD=6.1 vs 22.7 years, SD=8.1, respectively). Mean number of cigarettes per day was greater for men (N=115) than for women (N=41), (21.4 cigarettes/day, SD 11.7 vs. 18.8, SD=13.2, respectively).

There were no between-diagnostic-group differences in terms of number of cigarettes per day, duration of smoking, and age at beginning of smoking.

Twenty-one patients had smoked previously, but stopped. Prevalence of smoking declined with age.

Though not significant, there was a tendency of younger smokers to want to participate in a smoking reduction program (Table 1).

Staff

Of the staff members, 110/150 (physicians, nurses, psychologists, social workers) completed the questionnaire. The incidence of smoking among the staff was 37.3%, (N= 41 /110 responders).

Most of the smokers (88%) were interested in a smoking reduction program for themselves. No correlation was found between the percentage of smokers in the staff of a specific department and the percentage of patients who smoked in the same department ($r=.003$).

Table 1. *Characteristics of smokers from among hospital inpatients (N=305)*

		Statistics
Men smokers/nonsmokers	116/187 (72.5%)	$\chi^2=17.8$;
Women smokers/nonsmokers	44/118 (22.5%)	$p=.001$
Mean age for smokers	43.5 (Sd=15.0)	$T=2.3$;
Mean age for non-smokers	53.6 (Sd=18.5)	$df=138$;
		$p=.02$
Mean age for starting to smoke	18.4 (Sd=6.6; range 7–50)	
Mean number of cigarettes daily	20.6 (Sd=12.2; range 1–70)	
Patients who stopped	21/145 (14%)	
Patients who expressed interested in smoking reduction program	74/160 (46.2%)	
Smokers/nonsmokers with schizophrenia	131/245 (52%)	
Smokers/nonsmokers with affective disorder	9/20 (45%)	
Smokers/nonsmokers with other mental disease	20/40 (50%)	
Mean age of patients wanting to participate in smoking reduction program	44.3 (Sd=15.3)	$T=1.83$;
Mean age of patients not wanting to participate in smoking reduction program	49.2 (Sd=18.4)	$df=168$;
		$p=.07$
Men who want to participate	51 (45.8%)	$\chi^2=3.3$;
Women who want to participate	23 (32.4%)	$p=.07$

Discussion

In our study, the incidence of smoking among inpatients and the psychiatric care-giving staff was higher than among the general population in Israel (52% vs. 37.3% vs 24.3%, respectively). The rate of smoking among psychiatric patients was slightly below the range of smoking usually reported for mentally ill patients worldwide (58%-88%) (2, 3), possibly due to the inclusion of psychogeriatric patients whose incidence of smoking is much lower than in the general hospital population.

Similar to the data from the general population, most of the smokers were men, and they began smoking earlier than the women.

Despite mental illness and hospitalization, 46.2% of the inpatient smokers in our survey expressed interest in a program to reduce smoking. Thus, introduction of a therapeutic smoking cessation program as part of the treatment agenda during hospitalization (11) may be appropriate.

Though staff attitudes have been found to influence the potential success of smoking cessation programs (12), we found no correlation between the incidence of smoking among patients and the rate of smoking among the paramedical staff.

Based on our findings that confirmed psychiatric inpatient interest in smoking reduction, further study regarding the feasibility of smoking reduction programs for psychiatric inpatients is warranted.

Limitations

Due to the nature of the survey, which was not intended to be a comparison between staff and patient smoking characteristics, some seemingly relevant questions were not presented to the staff. Staff involvement in the survey was specifically to assess the relationship between staff smoking and potential success of a smoking reduction program among the patients. The fact that many patients declared interest in such a program does not necessarily mean that they would be willing to invest the effort in adhering to it, thus conclusions should be drawn with caution.

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