STUDY ON SMOKING PATTERN AND KNOWLEDGE OF CESSATION METHODS AMONG PATIENTS ATTENDING A PULMONOLOGY CLINIC

Vinod Kumar Viswanathan[1], Junior Sunderesh[2], Bharakathul Reshma[3]

[1]Student (MBA Hospital Management), Annamalai University, DDE and Consultant Pulmonologist, Department of Pulmonary Medicine, Aswene Soundra Hospital, Chennai.
[2]Associate Professor, Department of General Surgery, Rajah Muthiah Medical College Hospital, Annamalai University Chennai.
[3]Associate Pulmonologist, Department of Pulmonary Medicine, Aswene Soundra Hospital, Chennai.

ABSTRACT

BACKGROUND

Tobacco is a public health problem globally and an important cause of preventable premature death in middle and low income countries. The government of India has taken several measures to ensure tobacco control and suggested that a systematic surveillance system is a key strategy in tobacco control. However the fact remains that people continue to smoke. This study was undertaken to understand the smoking patterns among patients attending a Pulmonology clinic and to assess their knowledge of smoking cessation methods. Data from this study can be used for planning and resource allocation of a smoking cessation clinic.

The aim is to study the smoking patterns and the knowledge of cessation strategies and to analyse the willingness of the patients to quit smoking in patients attending a Pulmonology clinic.

MATERIALS AND METHODS

Around 489 patients visiting the Pulmonology clinic for 15 days were screened and patients with history of smoking habit were included in the study. 133 such patients were assessed with a structured questionnaire and results were analysed.

RESULTS

The prevalence of patients with smoking habits was 27.2%. The mean age of smoking initiation was 20.9 years of age. Percentage of beedi smokers (52.6%) was much higher than the cigarette smokers (37.6%). The average number of cigarettes or beedis smoked per day was 16.6. Only 12.8% were aware of therapeutic options for nicotine de-addiction. Most of the patients had difficulty in smoking cessation.

CONCLUSION

Most of the patients lack health education regarding the ill effects of smoking or about smoking cessation strategies. Many of them still have inhibitions and fail to seek health services at the earliest, hence we should be able to bridge the gap and give due importance to information, education and communication (IEC) activities. Creation of smoking cessation clinics with trained personnel offering various cessation strategies such as psychological counselling, pharmacological therapies such as Nicotine replacement therapies will be useful to bring down the morbidity and mortality associated with tobacco use.

KEYWORDS

Smoking Cessation Clinic, Tobacco.

HOW TO CITE THIS ARTICLE: Viswanathan VK, Sunderesh J, Reshma B. Study on smoking pattern and knowledge of cessation methods among patients attending a Pulmonology clinic. J. Evid. Based Med. Healthc. 2017; 4(62), 3716-3719. DOI: 10.18410/jebmh/2017/741

BACKGROUND

In this modern era, smoking is one of the greatest threats to public health system and one of the leading causes of preventable death. Over 11 percent of 6.4 million deaths worldwide were caused by smoking in 2015 and 52.2 percent of them took place in China, India, USA, and Russia.[1] According to Global Tobacco Adult Survey (GATS), currently 14% of the adults in India are smokers with 5.7% adults being current cigarette smokers and 9.2% of adults, current beedi smokers.[2]

Smoking causes several ill effects. It increases the risk of coronary artery disease by 2 to 4 times and there is 25 times more chances of developing lung cancer in smokers than in non-smokers.[2] Lung injury from tobacco smoke leads to chronic obstructive pulmonary disease. Eight out of ten COPD patients are smokers.

Smoking has maximum ill effects on the lungs, so it is only right to assess the prevalence and smoking patterns in smokers attending a Pulmonology clinic. This study was aimed at analysing the prevalence and smoking pattern and also to survey the willingness of the smokers to quit smoking. Data obtained from this study is planned to be utilised for resource allocation and strategic planning for setting up a smoking cessation clinic.

Financial or Other, Competing Interest: None.
Submission 18-07-2017, Peer Review 23-07-2017,
Acceptance 30-07-2017, Published 01-08-2017.
Corresponding Author:
Dr. Vinod Kumar Viswanathan,
No. 63, Ashram Avenue Phase III,
Mugalivakkam, Chennai-600116.
E-mail: drvinodkumar76@gmail.com
DOI: 10.18410/jebmh/2017/741

MATERIALS AND METHODS

The study population comprised of 489 male patients visiting a Pulmonology clinic over a short period of 15 days. None of the females attending the Pulmonology clinic in this period had history of smoking. A structured questionnaire was given to all the patients with history of smoking. Questionnaire included sociodemographic variables like age and also smoking pattern including age of onset, number of years of smoking, form of tobacco usage, willingness to quit, the reasons to quit and awareness of therapeutic options for smoking cessation. Patients who did not consent to take part in the study were not included.

The above data were coded and entered into a spread sheet program and was subjected to analysis.

RESULTS

A total of 489 male patients were included in the study. Out of 489 patients, 133 (27.2%) had history of smoking.

Sl. No.	Age	Frequency	Percentage
1.	<20	0	-
2.	21-40	27	20.3%
3.	41-60	70	52.6%
4.	More Than 60	36	27.1%

Table 1. Age wise Distribution (n = 133)

This table shows that maximum patients presenting to Pulmonology clinic with smoking history were between the age 41 to 60. Also there were no cases in the age group of less than 20.

Sl. No.	Age of Onset	Frequency	Percentage
1.	10 – 15 years of age	28	21.1%
2.	16 – 20 years of age	60	45.1%
3.	21 – 25 years of age	26	19.5%
4.	More than 26 years of age	19	14.3%

Table 2. Age of Onset of Smoking

The age of onset ranged from as early as 10 years of age to as late as 52 years of age. Majority of the patients started smoking at less than 20 years of age. The mean age of onset was 20.9 years of age. Most of them started smoking due to peer pressure.

Sl. No.	Years of Smoking	Frequency	Percentage
1.	Less than 10 years of smoking	20	15.0%
2.	11 - 20 years of smoking	28	21.1%
3.	21 - 30 years of smoking	26	19.5%
4.	31 - 40 years of smoking	36	27.1%
5.	41 - 50 years of smoking	18	13.5%
6.	More than 50 years	5	3.8%

Table 3. Total Number of Years of Smoking

The years of smoking ranged from 1 year to 67 years with about 44.4% of patients smoking for more than 30 years.

Sl. No.		Frequency	Percentage
1.	Beedi	70	52.6%
2.	Cigarettes	50	37.6%
3.	Both	9	6.8%

Table 4. Form of Smoking

This table shows beedi smokers were predominant in our locality than cigarette smokers.

Tobacco chewing was noted in 15/133 (11.3%) of the patients.

The number of cigarettes/beedis per day ranged from 3/day to more than 100 per day.

Sl. No.	No. of Beedis/ Cigarettes per Day	Frequency	Percentage
1.	Less than or equal to 10	65	48.9
2.	11- 20	52	39.1
3.	21- 30	1	0.8
4.	31-40	11	8.3
5.	41-50	2	1.5
6.	51-60	1	0.8
7.	More than 61	1	0.8

Table 5. Number of Beedis or Cigarettes/Day

The average number of beedis or cigarettes per day in our study population was 16.6. This table shows that the most of the patients smoked less than 20 beedis or cigarettes per day (88%).

Willing to quit	105	79%
Not willing to quit smoking	28	21 %

Table 6. Willingness to Quit Smoking

28 patients were still not willing to quit in spite of social, economic and health ill-effects due to smoking. That constitutes to about 21%. 33% of this group had awareness about various modes of smoking cessation treatment and were still not willing to quit. All those who were aware belonged to the cigarette smoking population.

The educational qualification of these patients were as follows: Completed primary schooling only 72.9%, completed schooling 18.8% and having at least a degree 8.3%. Their occupation data: Farmers = 61/133 (45.8%), construction labourers = 49/133 (36.8%), professionals like IT, doctors, etc. = 11/133 (8.2%), carpenters and electricians each 5/131 (3.8%).

104 patients answered that they had quit prior to our visit, about 78.2%. But 80% of this group quit smoking only one month prior to the visit, most commonly due to the health related issues. 9.8% quit due to advice from doctors, parents and spouse.

17 of 133 patients had awareness about smoking cessation programs, that is only 12.8% had awareness regarding alternatives for tobacco or nicotine addiction. 88.2% of the patients who had awareness were educated and smoked cigarettes.

DISCUSSION

In our study, we screened 489 patients attending a Pulmonology clinic and found that 27.2% were either former or current smokers. This is comparable to the results obtained by Rani et al in 2003 where they reported 30% prevalence of ever smokers.[3] But in a large study conducted in four centres in India in 2006 reported prevalence of 15.6% ever smokers.[4] Knowledge that 25–30% of men are smokers gives us an insight into strategies needed for planning and establishing a smoking cessation clinic. It also shows large number of men continue to smoke despite the best efforts of Government and public awareness of the ill effects of smoking.

In the present study, about 61.2% started smoking at less than 20 years of age and the mean age of onset was 20.9 years of age. This was slightly less when compared to a study conducted in Dehradun in 2014, which reported 56.1% of smokers initiating smoking at or before 19 years of age.[5] 38.8% of patients started smoking at or after 21 years of age, which was quite comparable to the GATS survery 2009-2010, where 40.3% of the respondents started smoking after 19 years of age.[2] The average age of smoking initiation was 24.1 years of age in another similar study conducted in Chennai in 2014.[6] GATS reported 17.8 years as the average age of initiation of tobacco use. This data points out the need for educating school and college students on the ill effects of smoking and the need to concentrate on creating awareness on ill effects of smoking among this age group of people if we are to end the tobacco epidemic in the future.

In this study, the duration of smoking remains more or less the same which reflects that smoking continues to be a public health hazard. We should act now if we are to end the epidemic anywhere in the future. Creation of more number of smoking cessation clinics may be one step in this direction to end the menace of tobacco use.

In our study, 52.8% smoked beedi and 37.6% smoked cigarettes and 6.8% used both, which makes beedi smokers predominant in our locality. Similar findings were noted in the Dehradun study by Imtiaz et al, where they reported the prevalence of beedi smoking (17.6%) higher than cigarette smoking (3.4%).[5] GATS 2009-10 reported similar findings with 9.2% beedi smokers and 5.7% cigarette smokers.[2] Tobacco chewing was encountered in only 11.3% of patients in this study which could be a selection bias as sample was obtained in patients attending the Pulmonology clinic and not from the community.

The average number of cigarettes per day in our study was 16.6. This was consistent with the results obtained in Dehradun study, about 12 to 15/day in both urban and rural areas.[5]

78.2% of patients had quit prior to coming our clinic, 80% had quit just a month back. Among these patients, 56.7% quit due to respiratory system causes like breathlessness secondary to chronic obstructive lung diseases, pulmonary tuberculosis, haemoptysis, etc. Other causes included post myocardial infarction, post traumatic cases. A study in Chennai in Saveetha University reported 51% had tried to quit smoking.[6]

This study reveals the pattern of smoking among the patients attending a Pulmonology clinic. It also shows that almost 80% of smokers were willing to quit and that only 12% of smokers were aware of the therapeutic options available for smoking cessation. Establishment of smoking cessation clinics in the regular outpatient department is the need of the hour where awareness of the ill effects of smoking, counselling and therapeutic options can be offered so that the morbidity and mortality of smoking can be reduced in the future.

CONCLUSION

Most of the patients lack health education regarding the ill effects of smoking or about smoking cessation strategies. Many of them still have inhibitions and fail to seek health services at the earliest, hence we should be able to bridge the gap and give due importance to information, education and communication (IEC) activities. Creation of smoking cessation clinics with trained personnel offering various cessation strategies such as psychological counselling, pharmacological therapies such as Nicotine replacement therapies will be useful to bring down the morbidity and mortality associated with tobacco use.

Smoking cessation clinics need to be established in all outpatient departments so that awareness of ill effects of smoking and also awareness of smoking cessation strategies is disseminated with the goal of a Tobacco-free world.

REFERENCES

[1] GBD 2015 tobacco collaborators. Smoking prevalence and attributable disease burden in 195 countries and territories, 1990–2015: a systematic analysis from the global burden of disease. Lancet 2017;389(10082):1885-1906.

[2] Ministry of health and family welfare, government of India. Global adult tobacco survey: India report 2009-10. New Delhi, India, 2010. http://whoindia.org/EN/Section 20/ Section 25_1861.htm. [Last Accessed on 2011 Oct 22].

[3] Rani M, Bonu S, Jha P, et al. Tobacco use in India: prevalence and predictors of smoking and chewing in a national cross sectional household survey. Tob Control 2003;12(4):e4.

[4] Jindal SK, Aggarwal A, Chaudhry K, et al. Tobacco smoking in India: prevalence, quit-rates and respiratory morbidity. Indian J Chest Dis Allied Sci 2006;48(1):37-42.

[5] Imtiaz D, Kandpal SD, Juyal R, et al. A study on prevalence and pattern of smoking among rural population in Dehradun district of Uttarakhand. Natl J Community Med 2014;5(4):440-443.

[6] Harsha SS, Kumar PR. Assessment of smoking pattern among patients visiting a private dental hospital in Chennai, India. IOSR Journal of Dental and Medical Sciences. 2014;13(1):22-25.