View Point

SMOKING IN PSYCHIATRIC PATIENTS : NEED FOR A CONCERTED APPROACH

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Smoking is a growing concern within the Indian Population. Recent surveys indicate more than one-third of men smoke tobacco. There are about 120 million smokers in India ^{1,2}. Smoking kills about 900,000 people in India every year ³. It has been estimated that an average of 14 minutes of life is lost for each cigarette smoked.

The high prevalence of smoking amongst psychiatric patients is well documented in the literature. The prevalence of smoking among patients with mental disorders is estimated to be four times the rate in the general population ⁴. Almost one-half of all cigarettes purchased are consumed by persons with mental illness⁵. The prevalence of smoking among psychiatric outpatients is thought to be as high as 52% ⁶. Smoking decreases therapeutic effect and worsens side effects of many psychotropic drugs.

Despite the high numbers of psychiatric patients who are reported to be smoking, literature in this area is strikingly lacking. Similarly, any focussed intervention programmes are extremely rare. In spite of the availability of efficacious cessation treatments, a culture of care has existed within psychiatric facilities that tend to minimize the focus on smoking cessation. Many pre conceived notions hamper the delivery of appropriate services and care within this population.

Physicians often perceive the demands of treating other psychiatric and medical co-morbidities as more important than providing cessation services ⁷. There is perhaps a lack of training as well. There is also a fear that smoking cessation will exacerbate patients' psychiatric symptoms ⁸. There exists a false belief that tobacco cessation may compromise recovery ⁹. There is also an assumption that psychiatric patients are not motivated to quit. A belief also exists that quitting is too overwhelming a task to approach for

psychiatric patients ^{10,11,12}. Indeed, all this sometimes lead to a false assurance being given to the patient to delay quitting.

However all hope is not lost. Despite barriers, many patients with mental illness are interested in quitting and are successful in doing so ^{13,14,15,16}. With appropriate resources, expertise and support, it appears possible to apply smoking cessation interventions that are successful within the general population to mental health patients. Simple computer delivered smoking cessation interventions within community settings have shown to be a feasible approach in reducing smoking related morbidity and mortality ¹⁷. Hospital-initiated smoking cessation interventions that include transdermal nicotine replacement therapy can improve long-term quit rates in inpatients ¹⁸. Drop-in stop smoking clinics seem to be feasible and acceptable and associated with positive outcomes ¹⁹. Reinforcement of smoking cessation advice by more than one type of health professional has the potential to substantially increase quitting and readiness to quit in the population ²⁰. Proactive approaches by health professionals in helping governmental organisations in shaping policies encouraging smoking cessation can also play a pivotal role in helping reduce this huge impact and burden within the population which will filter on to this group as well. The tobacco control programme introduced in Taiwan in 2009 was associated with increases in quit attempt rate and annual cessation rate ²¹.

Mental health professionals need to include history of smoking in their routine query for illnesses and avail the opportunity provided to offer appropriate help and advice to this vulnerable population to improve both short and long term outcomes of psychiatric therapy as well as improve the quality of life of these individuals.

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