

SMOKING PATTERN IN PSYCHIATRIC PATIENTS

R. K. MAHENDRU¹

Most of the studies about smoking and psychology aimed to determine the relationship between smoking habits and personality traits, but not much attention has been given to examine the smoking profile of psychiatric patients as such. The habit of smoking which is generally associated with certain personality traits may also get influenced by the presence of psychiatric disorders.

The present study aims to investigate certain psychosocial variables and diagnostic characteristics of smoking psychiatric patients and compare the findings with a group of non-smoking psychiatric patients.

Material and Methods

The sample consisted of 86 male patients between the ages of 16 and 65 years attending psychiatric clinic of L. L. R. Hospital, Kanpur. The patients selected randomly, were further subjected to detailed clinical history and a thorough psychiatric assessment. The social and demographic variables and the details of the smoking habits were recorded on a specially prepared proforma. Enquiries were made about cigarette and Bidi smoking, the number of cigarettes smoked and the duration of smoking. Smoking habits were categorized on the ba-

sis of Medical Research Council (1960) either as non-smokers (those who had never smoked as much as one cigarette a day for a year), ex-smokers (those who had in the past smoked as much as one cigarette per day for as long as a year) or smokers (those who had smoked at least one cigarette per day in the preceding month).

Results

Of the 86 patients taken up for the study, 38 (44.0%) were smokers and 48 (56.0%) non-smokers. The age, social class and marital status did not influence the smoking habits of psychiatric patient. A higher proportion of schizophrenics (60.5%) were found to be smokers as compared to other diagnostic categories although this finding could not reach the level of statistical significance. Severity of smoking was not found to be different in the various diagnostic groups. About 50% patients with schizophrenic, neurotic and affective illnesses were smoking heavily. A significantly higher number of schizophrenics had been smoking for more than 3 years, while other diagnostic groups did not affect the duration of smoking (Table).

A considerably high proportion of patients with schizophrenia (65.2%) and

Table 1
Duration of smoking and psychiatric illness

Duration of Smoking	Schizophrenia N = 23		Neurosis N = 6		Affective Dis. N = 6		Miscellaneous N = 3	
	No.	%	No.	%	No.	%	No.	%
Less than one year	4	17.39	2	33.33	2	33.33	2	66.66
1 year to 3 years	4	17.39	1	16.66	2	33.33	-	-
More than 3 years	15	66.21	3	50.00	2	33.33	1	33.33
Level of Significance	P < .05		N.S.		N.S.		N.S.	

1. Reader in Psychiatry, G.S.V.M. Medical College, Kanpur - 208 002.

affective illness (66.6%) developed the smoking habit after the onset of psychiatric illness.

Discussion

In modern times, the whole concept that smoking may lead to serious health hazards is accepted with greater conviction than ever before. Since greater morbidity and mortality are associated with smokers than with non-smokers and since prevention can be facilitated, if more was known about associated factors, the present study was designed to assess the smoking habits of psychiatric patients. In the present sample 44% psychiatric patients were current smokers. Though estimates of smoking in general population vary widely but in our country the overall frequency of smoking in psychiatric patients does not seem to be higher than general population.

In view of the findings of the present study as well as those of Eastwood and Trevelyan (1971), it may seem probable that the smoking habits are not influenced by the presence of psychiatric disorders in general. But the smoking behaviour may get affected by the presence of a particular type of mental illness. In the present study, a high incidence of smoking was found in schizophrenics who mostly developed the cigarette smoking after the onset of illness. Unlike the findings of our report, Salmons and Sims (1981) much recently observed that neurotic patients were more likely to be smokers and concluded that neurotic patients have greater exposure to the poten-

tially toxic effects of cigarette smoking than non-neurotic individuals. The discrepancy may mainly be due to social and cultural factors.

Tobacco is a drug which is readily available, to which all the population are exposed and to which a large proportion succumb. Despite the known high risks of smoking, it remains a matter for personal enjoyment and source of psychologic comfort. The habit of smoking, though quiet common in our culture as well is still guided by our social, cultural, moral, religious and parental values. It is basically considered as a bad habit and sign of disregard for elders. The neurotic patient who has adequate emotional control and reality contact by and large continues to remain under the influence of cultural factors prevalent in our society and hence tries to refrain from smoking. The psychotic patient, who on the other hand has hardly any control over the emotions and has very little contact with reality, usually disregards moral, social and parental values and in order to attain temporary pleasure and relaxation either rapidly resorts to or continues smoking.

References

- EASTWOOD, M. R. & TREVELYAN, M. H. (1971), Smoking and neurotic illness. *Lancet*, i, 107.
- MEDICAL RESEARCH COUNCIL (1960): Standardized questionnaires on respiratory symptom. *British Medical Journal*, ii, 1665.
- SALMONS, P. & SIMS, A. (1981), Smoking profiles of patients admitted for neurosis, *British Journal of Psychiatry*, 139, 43.