

C. Iglesias¹
G. López¹
M. J. Alonso²

Effects of smoking ban in a general hospital psychiatric unit

¹ Psychiatry Department
Hospital Valle del Nalón
Langreo (Asturias) (Spain)

² Primary Care
Area V
Asturias (España) (Spain)

Introduction. Many psychiatric facilities allow patients to smoke cigarettes even though this habit is especially harmful for mental patients.

Methods. We studied the untoward effects produced by the smoking ban in 40 consecutive inpatients admitted to a psychiatric ward of a general hospital.

Results. A total of 52.2% out of 40 patients were smokers; the mean Fagerstrom score was 5.9. The most frequent diagnostic groups were: schizophrenia and delusional disorders; mood disorders; and personality disorders. There were only two untoward effects related with the smoking ban during the study period.

Conclusions. This study shows that the smoking ban can be successfully implemented in a general hospital psychiatric unit without causing unfavorable effects.

Key words:
Smoking. Prevention and control. Health education. Psychiatric admission.

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Efectos de la prohibición de fumar en una unidad de hospitalización psiquiátrica

Introducción. El consumo de tabaco está permitido en la mayoría de establecimientos psiquiátricos, a pesar de que este hábito es especialmente perjudicial para los enfermos mentales.

Métodos. Se estudiaron los efectos producidos por la prohibición de fumar durante la estancia en el hospital de 40 pacientes ingresados de forma consecutiva en una unidad de psiquiatría de un hospital general.

Resultados. De los 40 pacientes, el 52,2% eran fumadores, con una puntuación promedio en el Test de Fagerstrom de 5,9. Los diagnósticos más frecuentes fueron: esquizofrenia y otros trastornos delirantes, trastornos

afectivos y trastornos de la personalidad. Durante el período de ingreso de los 40 pacientes se observaron sólo dos incidentes leves relacionados con la prohibición de fumar.

Conclusiones. El presente trabajo muestra que la prohibición de fumar puede tener éxito en una unidad de hospitalización psiquiátrica de un hospital general, sin ocasionar efectos desfavorables.

Palabras clave:
Tabaquismo. Prevención y control. Educación para la salud. Ingreso psiquiátrico.

INTRODUCTION

Due to the situation created by the lack of application of the law that regulates tobacco smoking in Spain in most of the psychiatric establishments, it became necessary to conduct a careful review of the relationship between smoking habit and mental illness. Patients with serious mental illnesses have a greater prevalence of smoking than the general population¹. This is a generalized assumed fact even though the evidence that shows that tobacco is especially harmful for mental patients in the physical aspect as it is a risk factor that harms a poor health condition even more than in the general population² and in the psychic one, among other things, as it interferes with the metabolism of antipsychotics, decreasing their bioavailability³.

Furthermore, smoking in mental patients has special connotations: scientific due to the role that nicotinic receptors play in the pathophysiology of diseases such as schizophrenia⁴ and cultural, since smoking is somewhat established in the mental health services culture. Both the patients and staff⁵ generally have limited preparation and an unfavorable attitude to approach nicotine dependence⁶. Due to these circumstances, the problem of smoking has been negligently ignored, depriving mental patients of the necessary interventions for its prevention and control⁷. This is especially serious if it is taken into account what the data show, that is, that reduction in smoking or cessation is important to improve their quality of life and longevity⁸, and that smoking ban in psychiatric units does not produce adverse effects⁹.

Correspondence:
Celso Iglesias García
Servicio de Psiquiatría
Centro de Salud Mental de Langreo
Jove y Canella, 1
33900 Langreo (Asturias) (Spain)
E-mail: icelso@yahoo.es

Beginning with the principle of normalization of mental patients and the hypothesis that a smoking ban in an acute hospitalization ward would not pose any problems in the management of inpatient¹⁰, we studied the clinical consequences of the smoking ban in a psychiatric admissions unit in a general hospital.

METHODS

One month after smoking was banned in a regional hospital, the rules were extended to the psychiatry unit located on one floor of the hospital. This is a 12-bed short stay unit for acute patients. In 2005, the mean percentage of occupation was 84.9% and mean stay 14.45 days. The ban was made on the same terms as in the rest of the hospital areas: hospitalized patients had no smoking space within the hospital. This made it necessary for them to completely stop smoking during the hospitalization duration. All the patients who smoked were offered the possibility of nicotine replacement therapy (transdermal patches or gum). The first 40 patients admitted consecutively after the rule entered into force (enrolled over a 3 month period) were evaluated. The following were studied: sociodemographic variables, psychiatric diagnosis, variables related with tobacco consumption and addiction level (Fagerstrom test), consumption of nicotine substitute and incidences posed by the patients or relatives in relationship with the smoking ban. Recording of the incidences was done continually for 24 hours, the nurse in charge for each shift being responsible for this. Incidences were considered to be: any type of complaint, whether verbal or written or any type of violent verbal or physical behavior.

RESULTS

Of the 40 patients evaluated, 25 (62.5%) were men. Average age of the sample was 46.5 years (SD: 15.2), there being significant differences according to gender ($p=0.02$): mean age of the men was 42.4 years (SD: 12.9) and women 53.4 (SD: 16.6). Diagnoses on discharge were: schizophrenia and delusional disorders (30%), mood disorders (22.5%), personality disorders (17.5 %); Neurotic disorders, secondary to stressful situations and somatomorphic (15 %), substance abuse (7.5) and others (7.5%). A total of 52.5% of the sample smoked. Onset age of smoking was 16.8 years (SD: 5.1) and mean score on the Fagestrom test was 5.9 (SD: 2.9). By gender, significant differences were found in smoking prevalence, since 33.3% of women and 64% of men smoked ($p=0.05$). Men had a lower mean age of onset for smoking and greater duration of addiction than women, although the differences were not statistically significant. Among the smokers, 66% requested and received nicotine replacement therapy and the remaining 34% rejected this therapy.

During the time of the evaluation, only two incidents related with smoking were observed. In both cases, they were

related to complaints made by relatives who considered it to be unfair that the patient was forbidden to smoke. The explanations requested by the patients on the change of habits in the unit were not considered to be incidents. These demands for information were mostly posed by patients who had already been hospitalized in the unit at a time when they had been allowed to smoke and, above all, by patients from other psychiatric hospitalization units where smoking had been allowed. There was no refusal to be hospitalized or any discharge due to the smoking ban. No restrictive measures (isolation, restrain or use of tranquilizers against the patient's will) were required in relationship with the smoking ban.

CONCLUSIONS

The present work shows that the change in policy regarding smoking in a psychiatric unit is possible. The smoking ban was well accepted without observing the appearance of adverse effects in form of incidents or disruptive behaviors. However, it was necessary for the staff to make an effort to give extra information. This present work has two important limitations. In the first place, no specific instrument was used to evaluate evolution in the staff's attitude toward smoking. However, the informal observations orient toward the fact that the clinical staff of the unit anticipated that the ban would mean more problems than previous. In the second place, it must be indicated that the data only refer to the effect of the ban on the patients' behavior without evaluating one aspect of crucial importance, as is the effect that the ban, associated or not to any type of educational intervention, may have on the long-term maintenance or cessation of the smoking habit.

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