

## Original articles

### Smoking among psychiatric in-patients in Southampton

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Smoking accounts for 15–20% of all British deaths (Royal College of Physicians, 1983). Smoking-related diseases incur considerable cost to the NHS and smokers' materials cause 39% of accidental hospital fires (Batten, 1988).

Reports by the Royal College of Physicians (1983) have emphasised the health dangers associated with smoking. The College maintains the responsibility of all health care professionals to stand against smoking and recommends a no smoking rule on medical and surgical wards. Psychiatric wards have escaped such emphatic restrictions; smoking among psychiatric in-patients is still a grey area.

A recent study found significantly higher smoking prevalence rates among psychiatric out-patients compared to the general population (Brown, 1991). Our present study aimed to survey the prevalence of smoking among psychiatric in-patients, to determine the factors associated with smoking, and to enquire why patients smoke.

#### *The study*

One hundred and eighteen newly admitted psychiatric in-patients (74% of 159 consecutive admissions) were interviewed in the Department of Psychiatry (DOP) at the Royal South Hants (RSH) hospital in Southampton between 1 January and 21 March 1991. The DOP has three acute wards and one rehabilitation ward. Smoking is allowed in the day room only on two wards, in a games room only on one ward, and in a games room and at the end of a corridor in the other ward.

The questionnaire used was designed for the study and administered by a single interviewer (CC). Patients answered questions on home accommodation, employment status, number of admissions to psychiatric hospitals, length of illness and whether they smoked "now or ever".

Smokers were asked about their smoking histories and about any changes in the amount they smoked since admission. Other questions concerned patients'

health beliefs on smoking related topics, attitudes toward the restricted smoking areas and cost of smoking per week. Some factual details, including psychiatric diagnosis, medication and legal marital status were obtained from case-notes.

Patients were interviewed three to 28 days (usually within seven days) after admission. Of the 41 patients not interviewed, 27 patients were discharged before interview, nine patients refused and five were not seen for other reasons.

Of the 118 patients interviewed, 81 (69%) were smokers. Fifty-four of the 75 men (72%) and 27 of the 43 women (63%) smoked. Fifty per cent of patients smoked more than 20 cigarettes "yesterday" but only 30% smoked more than 20 a day "at home". The maximum number smoked at the DOP was 80 a day. The most common number smoked was 30 a day.

A significantly higher number of smokers than non-smokers had been admitted more than once to psychiatric hospitals (75% v. 50%) and lived alone (88% v. 61%). There was little difference between smokers and non-smokers for the following: legal marital status, home accommodation type, employment status, ward of admission, medication and main diagnosis.

The most common reason given for smoking, from 52 patients (64% of smokers) was "for relaxation, being calm, and helping stress and nerves." Forty-eight patients (59% of smokers) said they smoked more at the DOP compared with at home. Thirty-two patients said the reason for this was that they were bored. Fifty-two patients (64% of smokers) said the amount they spent per week on smoking was "a lot of money" for them. The maximum sum spent was £50.

Eighty-eight of all patients (75%) agreed with the smoking restricted areas designated, but 12 patients admitted to smoking in their bedroom/dormitory.

Ninety-six patients (81%) thought smoking was "bad" for smokers and 75 patients (64%) were aware of the dangers of passive smoking, but only 22 smokers (27%) said they would accept help to give up smoking in hospital.

### Comment

We found that 69% of psychiatric in-patients smoked; 72% of males and 63% of females. This compares with 50% of males and 42% of females in a psychiatric out-patient clinic (Brown, 1991), and 33% of males and 30% of females in the general population (OPCS, 1990). No other survey of psychiatric in-patients in Britain was found in our literature search, but one from the USA (Gritz *et al*, 1985) found the prevalence of smoking to be 70% more, a result similar to ours.

There is no doubt that smoking compromises health both for smokers and passive smokers. The author of the recent study concerning smoking among psychiatric out-patients (Brown, 1991) echoed the Royal College of Physicians' report discussing the responsibility of the medical profession to "offer help in this area," yet our study suggests that the smoking habits of psychiatric in-patients are set up during repeated admissions and that they smoke more on psychiatric wards than at home.

Psychiatric in-patients perceive definite benefits from smoking, chiefly the relief of anxiety and boredom. They would benefit from relaxing alternative activities to smoking while in hospital.

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