

Why Patients with Severe Mental Illness Smoke Cigarettes

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Introduction

Smoking rates are higher among those with schizophrenia compared to the general population and it is well-documented.

Several hypotheses have been explored to explain this phenomenon including self-medication theory, genetics, and differences in cognition in those with severe mental illness (SMI). However, there is limited research on the subjective reasons of why those with SMI smoke cigarettes.

We propose that the subjective reasons for smoking will remain consistent across those with SMI. However, the initial reason for smoking in those with SMI will be different than the reasons for why they continue to smoke currently.

Methods

We are conducting a survey questionnaire on patients with SMI at a community mental health clinic (CMHC) in Toledo, Ohio. Patients included current smokers who were over 18 years old, diagnosed with SMI, and being treated at CMHC.

The survey includes main reasons why the patients initially started smoking, why they currently smoke, effects on several emotions (as “more”, “less”, or “no change”), and smoking habits. The emotions are happy, calm, alert, concentration, activity and sociable. The choice of main reasons for smoking are pleasure, calm, necessity, addiction, habit, distraction, imitation, don’t know, or other. We also included gender, age range, and select questions from the Fagerstrom Test for Nicotine Dependence.

Results

	Happy	Calm	Alert	Concentration	Active	Sociable
Initial	No Change (68%)	More (60%)	No Change (68%)	No Change (57%)	No Change (46%)	More (46%)
	Happy	Calm	Alert	Concentration	Active	Sociable
Current	No Change (53%)	More (73%)	No Change (69%)	No Change (67%)	No Change (54%)	No Change (56%)

Table 1: Survey results of the emotional differences when initially smoking vs current smoking. Items (*more, less, no change*) represent what the majority of patients stated. Initially patients reported that smoking makes them feel calmer and more sociable. Currently, feeling calm is reported more often.

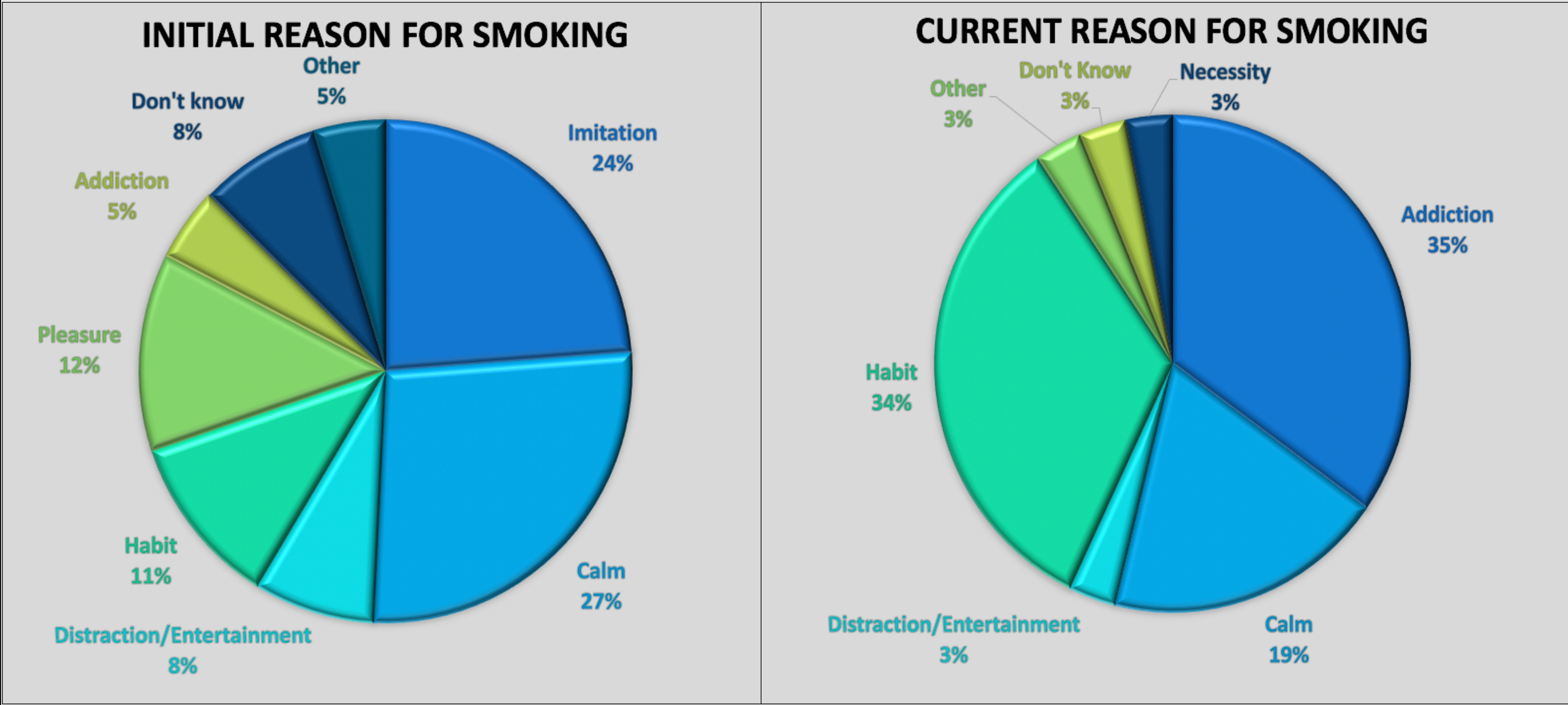


Figure 1: The primary reasons of initially smoking vs currently smoking. These results encompass all patients surveyed. The main initial reasons to smoke were feeling calm and imitation. The current main reasons to smoke are addiction and habit.

- ❑ 62 total patients surveyed.
- ❑ Schizophrenia and related disorders (n=16), bipolar disorders (n=16), depressive disorders (n=14), substance use disorders (n=11), other (n=5).
- ❑ Gender identity, age range, and smoking habits were found to not significantly impact outcomes.
- ❑ Patients were calmer (n=37) and more sociable (n=28) when they first started smoking.
- ❑ Patients were calmer (n=45) with their current smoking, with no change in other emotions.
- ❑ Calmness (27%) and imitation (24%) were the main reasons to start smoking.
- ❑ Addiction (35%) and habit (34%) were the main reasons for continued smoking.

Conclusion

Our study has shown that those with SMI initially started smoking primarily because of the calming effects, pleasure, distraction, and imitation of others. However, the reasons for their continued smoking changed to addiction and habit, with calming effect remaining a prominent feature.

Also, those with SMI felt more calm and more sociable when they first started smoking. And although they continue to feel calmer with their current smoking, they no longer feel more sociable.

Future Directions

Future studies should ideally combine both the subjective and objective data regarding increased smoking rates in those with SMI to find better ways to address smoking cessation in this at-risk population. Examples might include adjusting which medications a patient takes in order to increase the calming feeling they would normally get from smoking; or introducing additional therapies/medications that could provide the distraction, pleasure, or calming sensation that led to so many starting smoking in the first place.

References

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