

PRIMARY RESEARCH

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Antipsychotic medication and tobacco use among outpatients with schizophrenia: a cross-sectional study

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Abstract

Background: Many studies have shown that the prevalence of smoking in schizophrenia is higher than in the general population. Biological, psychological and social factors influence smoking in patients with schizophrenia.

Methods: The study was carried out in psychiatry outpatient clinics in a tertiary care hospital in Sri Lanka. Every third patient was selected using systematic sampling from patients diagnosed with schizophrenia according to ICD-10 clinical criteria. Smoking behaviours were assessed using self-reports. Severity of illness was assessed using Brief Psychiatric Rating Scale (BPRS). Fagerstrom Test for Nicotine Dependence assessed level of dependence. Readiness to Change Questionnaire assessed motivation to change smoking behaviour.

Results: The sample consisted of 306 patients with schizophrenia. Mean age was 38.93 years (SD 10.98). There were 148 males (48.4%). Mean duration of illness was 12.63 years (SD 8.38). Current medication was oral atypical antipsychotics 103, clozapine 136, oral typicals 29 and depot typicals 38. Prevalence of tobacco use among males was 30.41% (95% CI 22.91 to 37.90) and among females 1.90% (95% CI -0.25 to 4.05). Prevalence of current smoking among males was 20.27% (95% CI 13.72 to 26.82). None of the females smoked. Prevalence of smokeless tobacco use among males was 10.14 (95% CI 5.22 to 15.05) and among females 1.90 (95% CI -0.03 to 4.05). When patients treated with clozapine were excluded from the analysis, prevalence of tobacco use was 41.6% among males and 3.2% among females and prevalence of smoking was 29.9% among males. Prevalence of tobacco use was lowest in patients treated with clozapine 18.31 (95% CI 9.09 to 27.53) and highest in those treated with depot antipsychotics 47.83 (95% CI 25.74 to 69.91).

Conclusions: Prevalence of smoking was less than in many countries. This is influenced by prevalence in the general population and low affordability. Risk of tobacco use was significantly less among patients treated with clozapine.

Background

A recent report by the Royal College of Physicians and the Royal College of Psychiatrists in the UK highlights the problem of smoking among the mentally ill [1]. Many studies have shown that the prevalence of smoking in schizophrenia is higher than in the general population [2-6]. Smoking has health implications for patients with schizophrenia because it increases the risk of cardiovascular disease and malignancies and causes overall poor physical health and premature death. Smoking in patients with

mental illness is also important because it increases the metabolism of medication through induction of the liver cytochrome P450 enzymes. It is necessary to identify factors which increase risk of smoking in mental illness, in order to implement preventive measures in this population [7].

A meta-analysis of prevalence of smoking in patients with schizophrenia, in different cultures, shows strong association between schizophrenia and current smoking (weighted average odds ratio, OR = 5.9) [8]. The prevalence of smoking in different countries ranges from 14% to 88%, with majority reporting prevalence between 40% and 70%.

Biological, psychological and social factors influence smoking in patients with schizophrenia. There is evidence of increased genetic vulnerability [9]. The dorsal anterior

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