THE FREQUENCY OF SMOKING AMONG DOCTORS.

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ABSTRACT

Introduction: There are 1.1 billion smokers worldwide and 25 million in Pakistan. In Bahrain male doctors had a higher proportion of ever-smokers (45.3%), smokers (26.6%), ex- smokers (18.8%) and daily smokers (18.8%). In Rawalpindi, the frequency of smoking among health care workers was 28%. High prevalence of smoking was among male doctors (31%) and paramedical staff (44%). There was no smoker among female doctors and only three among 60 nurses. We conducted a survey at the department of Medicine Khyber Girls Medical College Peshawar to find out frequency of smoking among doctors in the three tertiary care hospitals (Khyber teaching hospital, Lady Reading hospital & Hyat Abad Medical Complex) in Peshawar.

Material & Methods: This descriptive cross-sectional survey was carried out by the department of medicine Khyber Girls Medical College Peshawar from April 2006 to September 2006 to find out the frequency of smoking among doctors working at the three tertiary care hospitals as mentioned above. A sample of 1000 doctors (consultants, medical officers, trainees' medical officers & house officers) was selected randomly by using simple random sampling technique. Data was analyzed using SPSS version 15.0. Chi-square test of significance was used. Results were considered significant if the p-value was <0.05.

Results: Of 1000 doctors surveyed 739 (73.9%) were non smokers & 261 (26.1%) were smokers. 782 (78.2 %) were male & 218 (21.8 %) were female. The mean age was 31 SD ± 6.19 years. Total smokers were 218 (21.8%), out of them 5 (2.3%) were female & 256 (32.7%) were male, indicating very significant gender difference $p < 0.0001$. There were 560 (56%) MBBS, 227 (22.7%) FCPS, 82 (8.2%) MRCP, 39 (3.9%) FRCP and 29 (2.9%) other degree holder like FRCS/MRCS etc. MBBS & FCPS degree holders were more likely to be smokers than MRCP, FRCP & FRCS $P < 0.0001$ & were less likely to use nicotine replacement therapy (NRT) $P< 0.0001$ to quit smoking. Being a male dominant society, male gender had strong association with higher qualifications $P <0.001$. Smokers who were counseled, were less likely to be heavy smokers (smoking more than 15 per day) $P <0.0001$ compared to those who were not counseled.

Our study results are similar to previous population-based studies showed that in Pakistan, 21.6% (36% males and 9% females) were smokers. In a study reported by Khan et al, prevalence of smoking among hospital employees was 41%.

Conclusions: According to our study, smoking is common among doctors particularly among male doctors. MBBS & FCPS degree holder are more likely to be smokers compared to MRCP/FRCP/FRCS etc.

Key words: Smoking, doctors

INTRODUCTION

There are 1.1 billion Smokers worldwide and causes 5.4 million deaths per year. Smoking is generally five times higher among men than women; however the gender gap declines with younger age. In developed countries smoking rates for men is on decline, however for women it continues to be on rise[1]. Some 80,000 to 100,000 children begin smoking every day—roughly half of which live in Asia. Half of those who begin smoking in adolescent years are projected to go on to smoke for 15 to 20 years[2].

Smoking was 42% in 1965 while it was 19.8% in 2007 among adult Americans[3]. There are estimated 25 million smokers in Pakistan, with the male to female ratio being 4:1[4]. In a study conducted in Rawalpindi, the prevalence of smoking among health care workers was 28%. High prevalence of smoking was among male doctors (31%) and paramedical staff (44%). There was no smoker among female doctors and only three smokers among 60 nurses. Sixty-eight per cent of smokers started smoking between 20-30 years of age[5]. We conducted a survey at the department of Medicine Khyber Girls Medical College Peshawar to find out frequency of smoking among doctors in the three tertiary care hospitals in Peshawar.

METHODS

This descriptive cross-sectional survey was carried out at the department of medicine Khyber Girls

Medical College Peshawar from April 2006 to September 2006 to find out the frequency of smoking among doctors working at three tertiary care hospitals/ Institutes (Khyber teaching hospital, Lady Reading hospital & Hyat Abad medical complex). A sample of 1000 doctors (consultants, Medical officers, Trainees medical officers & house officers) was selected randomly by using simple random sampling technique. Adequacy of sample size was discussed with statistician. Data was collected through a self-administered questionnaire. Data was analyzed using SPSS version 11.0. Chi-square test of significance was used to compare the prevalence of smoking among males and females. Results were considered significant if the p-value was <0.05.

RESULTS

Of 1000 doctors surveyed 739 (73.9%) were non smokers & 261 (26.1%) were smokers. 782 (78.2 %) were male & 218 (21.8 %) were female. The mean age was 31.02 SD ± 6.19 years (Tab.2). The qualifications & age distribution is shown in (Table.1 & Fig.1. respectively). There were 5 female & 256 male smokers among the 218 smokers indicating very significant gender difference $p < 0.0001$. MBBS & FCPS degree holders were more likely to be smokers than MRCP, FRCP & FRCS $P < 0.0001$ (Table. 3) & were more likely to use nicotine replacement therapy (NRT) $P < 0.0001$ to quit smoking.

Table 1. Qualifications.

Frequency	Percent	Valid	Percent
Valid FCPS	227	22.7	22.7
FRCP	39	3.9	3.9
MBBS	560	56.0	56.0
MRCP	82	8.2	8.2
Others	92	9.2	9.2
Total	1000	100.0	100.0

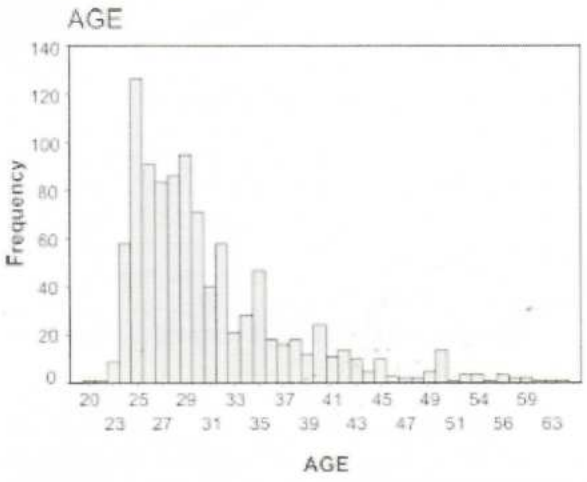

Table 2. Age distribution in years.

N	Valid	1000
	Missing	0
Mean		31.02
Median		29.00
Mode		25
Std. Deviation		6.914
Range		45
Minimum		20
Maximum		65

Table 3. Qualifications & smoking Cross tabulation

$P < 0.001$

Count

	Smoking status		Total
	Non smoker	Smokers	No
QUALIFCPS	168	59	227
FRCP	15	24	39
MBBS	431	129	560
MRCP	51	31	82
others	74	18	92
Total	739	261	1000

DISCUSSION:

Tobacco is the single most preventable cause of death in the world today with five million deaths per year [6].By 2030; the death toll will exceed 8 million a year. Unless urgent action is taken, tobacco could kill one billion people during this century[7]. In 2007, 19.8 percent of adult Americans smoked cigarettes [5] . This is less than half of the smoking prevalence in 1965, when 42.0 percent of adult Americans smoked [2]. However, the decline in smoking prevalence has slowed over the past decade, compared to the dramatic declines of past decades, and the US is unlikely to reach the Healthy People 2010 goal of a smoking prevalence of less than 12 percent[2]. Not all smokers are daily smokers; 78 percent of smokers smoke every day, while 22 percent smoke less frequently than daily. There is high prevalence of smoking in the underdeveloped regions as compared to the developed world [1]. Previous population-based studies showed that in Pakistan, 21.6% (36% males and 9% females) were smokers and males were predominant[7,8,9]. In a study reported by Khan et al, prevalence of smoking among

hospital employees was 41%[10]. We found 26.1% of health care providers were smokers similar to other local studies. Out of these, there were 38.6% males and 3.3% females and the difference between males and females was statistically highly significant ($p<0.001$). There was high prevalence of smoking among male doctors, in spite of the fact that most of them are fully aware of hazards of smoking, which is really alarming. Low prevalence of smoking among females might be due to cultural background of the Sub-continent.

There was a significant difference in smoking among different degree holders with high frequency among MBBS & FCPS compared to MRCP & FRCP. Similarly there was statistically significant difference in the use of nicotine replacement therapy (NRT) as an aid to quit smoking in MBBS/FCPS & MRCP/FRCP/FRCS. This may be due to less number & perhaps there may be deficiency in our curriculum which does not emphases the hazards of smoking.

Health professionals are taken to be role models by patients and their attendants and are expected to play an active part in educating public against hazards of smoking. As 26.1% doctors in our study were smokers themselves, it may be one of the hindrances in effective health education against smoking. All health care institutions should be made smoke-free. In our study, the mean age was 31 years SD ±6.19. This is the group which should be targeted in health education campaigns.

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