## Prevalence of Tobacco Smoking in Patients with Schizophrenia and Bipolar Disorder in a Portuguese Hospital

## Prevalência de Tabagismo em Doentes com Esquizofrenia e Perturbação Bipolar num Hospital Português

**Keywords:** Bipolar Disorder; Tobacco Use; Schizophrenia **Palavras-chave:** Consumo de Tabaco; Esquizofrenia; Perturbação Bipolar

Life expectancy in patients with mental disorders is, on average, 10 to 25 years lower compared to the general population and tobacco smoking is one of the main causes of this premature mortality.

The estimated prevalence of tobacco smoking in Portugal is 26.3%. There are no published studies on the prevalence of tobacco smoking in patients with mental disorders in Portugal. It is essential to quantify this problem in order to schedule interventions for smoking cessation.

We carried out a cross-sectional study during the first semester of 2020 in a sample of 326 consecutive ambulatory patients from Hospital de Vila Franca de Xira with a diagnosis of schizophrenia/schizotypal/delusional disorders (F20-F29 ICD-10) or bipolar affective disorders/manic episodes (F30-F31 ICD-10). The study was approved by the Ethics Committee of the Hospital.

In this sample, 45.7% of patients were smokers. In schizophrenia patients the prevalence of smoking was 53.3% and in bipolar patients 37.7% (difference not statistically significant using logistic regression and controlling for age and gender – Wald = 0.321, df = 1, p = 0.571). Smokers

were on average younger than non-smokers (statistically significant difference using logistic regression and controlling for gender and diagnosis – Wald = 7.753, df = 1, p < 0.001). The age group comprising individuals 33 - 44 years old presented the highest prevalence of smoking (67.2%), while the group of patients above 65 years old had the lowest prevalence of smoking (8.8%). The prevalence of smoking in bipolar patients under 25 was extremely high – 100%. The prevalence of smokers was 33% in women and 63.7% in men (statistically significant difference using logistic regression and controlling for age and diagnosis – Wald = 15.615, df = 1, p < 0.001). On average, smoking started 15 years before the diagnosis of mental disorder in 84.4% of patients. The frequency of ex-smokers was 18.6%.

In order to compare these data with the Portuguese general population we used the *IV Inquérito de Consumo de Substâncias* (SICAD 2017)¹ (Fig 1). The prevalence of smoking in this sample of patients was 1.7 times the frequency observed in the Portuguese population (45.7% *vs* 26.3%). The maximum difference was observed in the 35 - 44 age group, where the prevalence of smoking was 2.4 times higher than in the general population (67.2% *vs* 28.7%). This difference decreased as age increased, and in patients aged over 65 the prevalence of smoking was lower than in the general population (8.8% *vs* 10.3%).

These figures are slightly lower than those obtained in studies carried out in other western countries, where the prevalence of tobacco smoking in patients with schizophrenia is two to three times higher compared to the general population.<sup>2-5</sup> One reason for these lower estimates could be that Portugal is a country with a low prevalence of smoking when compared with other European countries.<sup>6</sup>

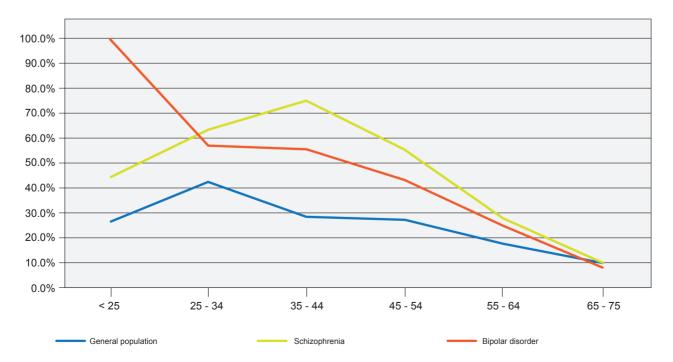


Figure 1 – Prevalence of smoking according to age in the general population, schizophrenia and bipolar patients

In this sample of patients, the frequency of former smokers is slightly lower than the frequency obtained in the  $5^{th}$  National Health Survey<sup>7</sup> of the Portuguese population (18.6% vs 21.7%).

We can conclude that these patients with mental health disorders have a higher prevalence of smoking compared to the Portuguese general population, particularly men and younger patients. We can also conclude that mental illness is no barrier to successful smoking cessation, as 18.6% of patients were former smokers and the prevalence of smoking in people over 65 was lower compared to the general population.

Treatment for nicotine dependency should be a priority in mental health services.

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