

Smoking and its associations with sociodemographic and clinical characteristics and quality of life in patients with schizophrenia treated in primary care in China[☆]



Yan Li, M.D., Ph.D.^{a,1}, Cai-Lan Hou, M.D., Ph.D.^{b,c,1}, Xin-Rong Ma, M.D., Ph.D.^{d,1}, Yu Zang, M.D.^{e,1}, Fu-Jun Jia, M.D., Ph.D.^{b,*}, Bao-Liang Zhong, M.D., Ph.D.^a, Yong-Qiang Lin, M.D.^b, Helen F.K. Chiu, FRCPsych^a, Gabor S. Ungvari, M.D., Ph.D.^{f,g}, Seth Himelhoch, M.D.^h, Xiao-Lan Cao, M.D., Ph.D.^e, Mei-Ying Cai, M.D.ⁱ, Kelly Y.C. Lai, MRCPsych^a, Yu-Tao Xiang, M.D., Ph.D.^{c,**}

^a Department of Psychiatry, the Chinese University of Hong Kong, Hong Kong SAR, China

^b Guangdong Mental Health Center, Guangdong General Hospital & Guangdong Academy of Medical Sciences, Guangdong Province, China

^c Unit of Psychiatry, Faculty of Health Sciences, University of Macau, Macao SAR, China

^d Ningxia Mental Health Center, Ningxia Ning-An Hospital, Ningxia Province, China

^e Shenzhen Key Laboratory for Psychological Healthcare & Shenzhen Institute of Mental Health, Shenzhen Kangning Hospital & Shenzhen Mental Health Center, Shenzhen, China

^f The University of Notre Dame Australia/Marian Centre, Perth, Australia

^g School of Psychiatry & Clinical Neurosciences, University of Western Australia, Perth, Australia

^h Division of Services Research, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD, USA

ⁱ Guangzhou Yuexiu Center for Disease Control and Prevention, Guangdong Province, China

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ABSTRACT

Objective: Maintenance treatment for clinically stable patients with schizophrenia is usually provided by Chinese primary care physicians, but no study has investigated smoking rates in this population. This study investigated the rate of smoking and its associations with sociodemographic and clinical characteristics and quality of life (QOL) in patients with schizophrenia treated in primary care in China.

Methods: This was a cross-sectional, community-based survey. A total of 621 schizophrenia patients were recruited from 22 primary care services in Guangzhou, China, in 2013. Patients' sociodemographic and clinical characteristics, smoking status, and QOL were recorded.

Results: The frequency of current smoking was 23.8% in the whole sample; 41.5% for men and 2.5% for women. Multiple logistic regression analysis revealed that male gender, married status, alcohol use, older age at onset, fewer major medical conditions, lower education level and more hospitalizations were independently associated with current smoking.

Conclusion: The frequency of smoking in Chinese schizophrenia patients treated by primary care physicians is lower than most figures reported from Western and Chinese psychiatric settings.

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1. Introduction

Smoking is one of the leading preventable causes of morbidity and premature mortality in patients with schizophrenia [1,2]. Schizophrenia patients have approximately a 20% reduced life expectancy compared to

the general population [3]. Cardiovascular diseases associated with smoking are one of the leading morbidity in schizophrenia [4], while other smoking-related illnesses, such as respiratory diseases, diabetes and lung cancer also contribute to premature death [5,6]. Smoking among patients with schizophrenia is a major challenge for mental health professionals.

Examining the patterns of smoking and the contributing factors in schizophrenia is an important prerequisite for devising and implementing effective and appropriate strategies to reduce its harmful consequences. The prevalence of smoking in patients with schizophrenia ranges between 58 and 90% in western countries with the average being 62% according to a meta-analysis of 42 studies [7]. The prevalence of smoking among patients with schizophrenia is approximately 5.3-fold higher than that in the general population [4,7]. Patients with

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* Correspondence to: F.-J. Jia, Guang Dong Mental Health Centre, Guangdong province, China.

** Correspondence to: Y.-T. Xiang, 3/F, Building E12, Faculty of Health Sciences, University of Macau, Avenida da Universidade, Taipa, Macau SAR, China. Tel.: +853-8822-4223; fax: +853-2288-2314.

E-mail addresses: jiafujun@126.com (F.-J. Jia), xyutly@gmail.com (Y.-T. Xiang).

¹ These authors contributed equally to the paper.

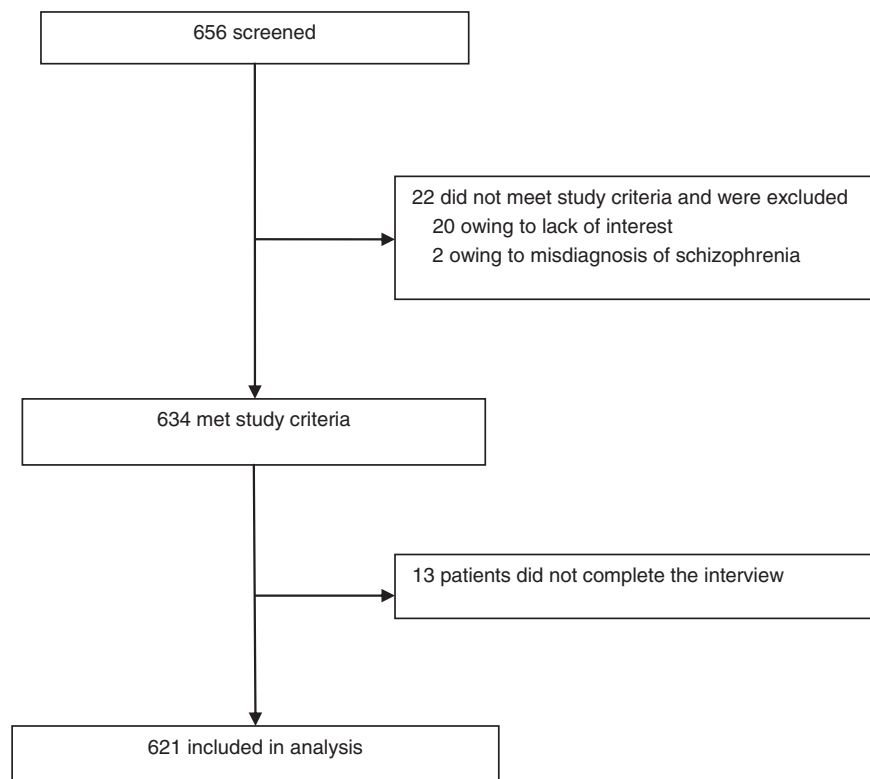


Fig. 1. Flow diagram of the recruitment.

schizophrenia also had a higher smoking rate than other psychiatric disorders [8]. Furthermore, schizophrenia patients are more likely to be heavy smokers compared to the general population as well as those with other psychiatric disorders [9,10]. A large number of studies have found that schizophrenia patients started smoking before the onset of their illness [11–13], which was postulated as an intrinsic vulnerability to smoking in persons prone to schizophrenia [14].

The associations between smoking and demographic characteristics of schizophrenia have been extensively explored. Commonly reported demographic correlates of smoking include male gender, low education level and alcohol use [8,13]. Divorced marital status, unemployment, long and episodic course and greater number of psychotic relapses were also reported to be associated with smoking [15,16]. Most of the previous studies on smoking in schizophrenia were conducted in Western settings, thus the results may not be generalizable to other ethnic or cultural environments. Teasing out differences and similarities in smoking patterns and its associated variables among different ethnic and cultural settings have important implications and further our understanding of pathophysiology and treatment [13].

To date, there have been only a few studies about smoking in patients with schizophrenia in China. These studies had inconsistent findings. The frequency of smoking in schizophrenia ranged between 13.9% [16] and 56% [17]. The major limitation of these studies was the focus on hospitalized patients, which limits the generalizability of the findings.

In China there are around 20,000 psychiatrists serving a population of 1.4 billion [18]. Most psychiatrists work in major hospitals in urban areas [19]. In order to provide comprehensive health care in the community, the Chinese government started to rebuild the national primary health care system in 2009 [20]. Due to small number of per capita psychiatrists in China, however, primary care physicians need to receive regular professional training in psychiatric hospitals and then provide maintenance treatment for local clinically stable psychiatric patients. Bidirectional referral pathways between primary care services and tertiary hospitals have been established, through which first episode patients and those with complex psychiatric/medical problems could access

hospital care if needed [20]. Little is reported about smoking patterns in community-dwelling schizophrenia patients treated by primary care physicians in China, although such patients constitute the majority of the 7–8 million schizophrenia patients [21].

In this study, the frequency of smoking in community-dwelling schizophrenia patients in Guangzhou treated by primary care physicians was explored together with its associations with demographic and clinical characteristics. It was expected that the community-dwelling schizophrenia patients' smoking prevalence treated by primary care physicians would be higher than that in the general population.

2. Methods

2.1. Study design and participants

This study was part of a cross-sectional survey on the validity of psychiatric diagnoses and comorbid major medical conditions initiated by the Guangdong Mental Health Center. The survey was conducted between August 1, 2013 and July 31, 2014. Inclusion criteria were (a) The International Classification of Diseases (ICD)-10 diagnosis of schizophrenia based on a review of medical records and confirmed in a clinical interview using the Chinese version of the Mini International Neuropsychiatric Interview, Version 5.0 [22,23]; (b) age 18 years or older; (c) treatment provided by primary care physicians; and (d) ability to understand the survey instructions. The study protocol was approved by the Clinical Research Ethics Committee of Guangdong General Hospital. Written informed consent was obtained from each patient.

The recruitment of participants was as follows. There are a total of 92 primary care services in Guangzhou. All community-dwelling patients with schizophrenia who present to primary care services are registered. Twenty-two of the 92 primary care services in Guangzhou were randomly selected. The 22 selected primary care services provided health services for a total population of approximately 1,150,000 people with each serving 31,000–100,400 people. Attempts were made to contact all patients treated in the selected primary care services by telephone

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