

Short communication

Differences in smoking patterns among women smokers with childhood versus later onset of weight problems[☆]

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Abstract

We hypothesized that among overweight women smokers, those with Childhood Onset weight problems may be more likely to engage in unhealthy eating and dieting behaviors, including smoking to control weight. Data were collapsed from 89 currently overweight (BMI ≥ 25) women smokers who were recruited to participate in smoking research projects that focused on weight, body image, and food intake. We compared those who reported first becoming overweight before Junior High School ($n=22$) with those who recalled first experiencing weight problems during Junior High School or later ($n=67$). Women with Childhood Onset weight problems reported first trying cigarettes at a significantly younger age than those with Later Onset (13 vs. 15 years of age, respectively), and they reported more nicotine withdrawal symptoms during smoking abstinence, with a significantly greater likelihood of endorsing anger/irritability and trouble concentrating. No group differences were evident for cigarettes per day or other indicators of nicotine dependence (e.g., FTND). Although it is unclear whether having weight problems during childhood contributes directly to smoking initiation, our results provide evidence that Childhood Onset weight problems may serve as a marker for earlier smoking experimentation and may also complicate cessation efforts due to their association with elevated withdrawal symptomatology. Future longitudinal studies with prospective measures of weight, dieting, and smoking initiation may be helpful in establishing causal pathways in different subgroups of smokers. © 2006 Elsevier Ltd. All rights reserved.

Keywords: Childhood; Weight problems; Smoking; Nicotine withdrawal; Weight concerns; Dieting

A number of studies suggest that weight concerns are associated with the onset of cigarette smoking (Tomeo, Field, Berkey, Colditz, & Frazier, 1999). In particular, dieting behaviors, disordered eating symptoms, and weight concerns are most strongly associated with smoking initiation by *female* adolescents (French, Perry, Leon, & Fulkerson, 1994; Potter, Pederson, Chan, Abut, & Koval, 2004).

Furthermore, among adolescents, frequent consumption of high fat “junk food” (OR=1.6) is a risk factor for smoking *initiation*, and, interestingly, being overweight is a risk factor for continued smoking during adolescence (OR=3.5; O’Loughlin, Paradis, Renaud, & Sanchez Gomez, 1998). Little is known, however, about the possible

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impact of childhood weight problems on smoking history and patterns in adults. To explore this issue, we studied overweight adult women smokers to determine whether age of onset of weight problems might differentially impact smoking patterns. We hypothesized that women with Childhood Onset weight problems would report earlier initiation of smoking and greater severity of nicotine dependence and associated symptoms.

1. Method

1.1. Participants

Data were compiled from women smokers recruited to participate in four nicotine research studies focused on weight, body image, and food intake. Informed consent was obtained for collection of baseline data, and individuals who did not qualify for subsequent participation in a laboratory experiment were paid for completing the questionnaire battery. For the present report, we analyzed data from the subsample of 89 women participants in these studies who were currently overweight (Body Mass Index, BMI \geq 25). We compared those who reported first experiencing weight problems (or perceiving themselves to be overweight) before Junior High School ($n=22$) with those who recalled first experiencing weight problems during Junior High School or later ($n=67$).

Participants had a mean age of 35.5 years (SD=9.9) and had completed a mean of 13.9 years of education (SD=2.5); 80.9% of respondents were Caucasian. Demographic and weight-related characteristics of the sample are presented in Table 1.

1.2. Procedures

At baseline, all women completed an investigator designed (i.e., M.D.M.) questionnaire on Weight History, which retrospectively assesses history of weight change, weight loss attempts, perception of being overweight, binge eating, and weight of family members. All women also completed the Centers for Epidemiologic Studies of Depression Scale (CES-D; Radloff, 1977), the Spielberger Trait Anxiety Scale (STAI-T; Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) and the University of Michigan Smoking History Questionnaire (which assesses onset, duration, quantity, and frequency of smoking, nicotine dependence, and withdrawal symptoms; it also includes the Fagerstrom Test of Nicotine Dependence, or FTND; Heatherton, Kozlowski, Frecker, & Fagerström, 1991).

1.3. Data analysis

The Weight & Dieting History questionnaire queries weight status (extremely underweight, underweight, normal weight, overweight, and extremely overweight) during preschool, elementary school, junior high school, high school, and beyond. Those who reported being overweight or extremely overweight during preschool or elementary school and persistently thereafter (junior high school, high school, and currently) were categorized as having Childhood Onset of weight problems. Those who were currently overweight but who reported becoming so only during junior high school or later were classified as Later Onset.

Note that a variety of onset and offset patterns are not captured by this algorithm. For example, someone who reported being overweight during childhood, normal weight during high school, and overweight currently would not be

Table 1
Characteristics of study participants

	Childhood Onset $n=22$	Later Onset $n=67$	<i>p</i>
Age	32.9 (1.8)	36.4 (1.2)	ns
Education	14.3 (0.5)	13.8 (0.3)	ns
Race (% Caucasian)	77.3%	82.1%	ns
Age 1st had weight problem	7.9 (0.9)	22.4 (1.3)	n/a (grouping variable)
Current BMI	36.9 (2.0)	29.6 (0.5)	.001
Depression (CES-D score)	15.3 (2.0)	13 (1.3)	ns
Anxiety (STAI-Trait score)	42.1 (2.0)	41.5 (1.5)	ns

Data are presented as *M* (SEM) or percentages, as appropriate.

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