

AN EPIDEMIOLOGICAL STUDY OF SMOKING ADDICTION & TEA/COFFEE DEPENDENCE AMONG DOCTORS

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ABSTRACT:

Research Question: What is the prevalence of smoking & tea/coffee dependence among doctors?

Objective: To study the prevalence of smoking & tea/coffee dependence among doctors?

Study design: Cross-sectional.

Participants: Different category of doctors of a tertiary care hospital.

Study variables: age, gender, smoking addiction, tea/coffee dependence, factors leading to above dependence and their effort to quit smoking.

Results: Overall, Smoking prevalence was found to be 36% which was 44.6% and 11.53% among males and females respectively. 17 (47.2%) smoking doctors were found to be mildly addicted where as 13 (36.1%) were found to be moderately addicted and 3 (8.3%) doctors were severely addicted while 3 (8.3%) showed no addiction. Most of the doctors indulged in smoking owing to stress. 77% of smoking doctors want to quit smoking as 96% of these were aware of ill effects of smoking. Out of total hundred doctors 92 doctors drink tea/coffee. Based on the scoring system, 16.7% who were males and 15.9 were females. They want to drink tea and coffee either because of taste (56), to avoid stresses (30), to stay awake at night (16).

Introduction:

Tobacco related illnesses are estimated to be a leading cause of death worldwide with about 4 million deaths per year. Globally tobacco is consumed mostly in smoking form¹. It has been observed that the majority of the smokers get into habit of smoking during their adolescence. Stressors of the adolescence combined with professional stress play an important role in initiating and maintaining the smoking behaviour among doctors. Moreover tobacco smoking has been officially recognized as a substance disorder. Moreover tobacco smoking has been officially recognized as a substance use disorder that has epidemiological, etiological, phenomenological, pathophysiological, comorbid, diagnostic and outcome domains². Despite substantial progress including enforced restrictions on smoking in public workplaces, doctors still continue to smoke, in spite of being acquainted with its ill effects. Smoking historically has been a habit of men, but smoking by women, especially in urban areas is rapidly increasing. Research suggests that physicians who smoke cannot effectively convey the message to people about the adverse health effects of smoking³.

It is a common knowledge that tea, coffee and other beverages that contain caffeine are habit forming. A recent medical study confirms that caffeine is strongly addictive, with subjects exhibiting "syndromes of intoxication, withdrawal and dependence"⁴. That study concludes that effect is physiological, not just psychological. It is of interest to ask whether the addictive nature of "the most widely used psychoactive substance in the world" is apparent from data on consumption⁵. The study was carried out to find out the prevalence of smoking and tea/coffee drinking among doctors of a tertiary care hospital of New Delhi.

Methods & Materials:

A cross sectional study was carried out comprising of randomly selected hundred doctors including junior residents, post graduates, senior residents, and consultants of a tertiary care hospital of New Delhi. A pre tested semi structured questionnaire was distributed which included standardized questionnaire⁶ to devise smoking and tea/coffee dependence scoring, cessation behaviour, attitudes towards quitting the habit. Scoring System (based on fagerstorm questionnaire) for smoking addiction is 0: No addiction, 1-4: Mild addiction, 5-7: Moderate addiction, 8-11: Severe addiction; while for tea/coffee dependence, a score of 6 or more was taken as a criterion for tea/coffee dependence⁶. Identity of the person was kept confidential. The data thus obtained was analyzed using SPSS software.

Results:

Smoking prevalence was found to be 36% among doctors (Table 1). Prevalence among males was higher (44.6%) than the female doctors (11.5%). Of the total 36% smokers, 93% were found to be smoke addicted as per the standard criteria⁶. As per this scoring method used 36.3% doctors had moderate addicted while 47.1% had mild addicted and 8.3% showed severe addiction. 8.3% of the smokers were not addicted to smoking. Majority of doctors (57%) started smoking in the age group of 18-25 yrs while 21% started very early in their teens (11-17 yrs). One doctor started smoking during childhood before the age of 10 yrs. Majority of the doctors have been smoking for 4 yrs (39%) followed by 30% for 5-10 yrs, 15% for more than 10 yrs. Majority of the smokers (42%) were in the age group of 25-29 yrs followed by 37.5% in 30-35 yrs, 31.6% in age group less than 24 yrs. Stress was attributed cause of smoking in most of the cases (72%) while 48%

wanted to show off as a style statement. Majority (77%) of smokers had desired to quit smoking. However, 17% of smokers did not want to quit smoking though 96% were aware of the ill effects of smoking.

92% of the doctors were found to drink tea/ coffee. Based on the scoring system⁶ for tea/ coffee dependence, 16.3% of doctors were dependent to these beverages. Above the age of 35 years, all doctors were taking tea/ coffee. However, of the total tea/ coffee addicted (16.3%), majority fall in the age group of 25-29 (69%), followed by 21% in 30-34 yrs age group. Most of the doctors (60%) cited taste as the reason for drinking tea/ coffee followed by 32% who cited stress as cause for drinking tea/ coffee. 17% doctors used these beverages to stay awake at night. Cause of addiction to tea and coffee was again found to be taste, stress and to stay awake at night in that order.

Discussion :

It is seen majority of the smokers are in their young age group (61%) among males. This is because smoking is associated with male identity and passage to manhood for many boys as marked by smoking in these settings. For males becoming a smoker remains the norm. If men do not smoke and drink they risk being described as effeminate⁷. In west, several studies have shown that exposure to tobacco

advertisement by favorite stars changes the adolescent attitude towards smoking⁸⁻¹⁰. Most of them said they smoked because they wanted to show off. Majority of doctors also said that they smoke due to stress which is so common in medical profession. A doctor prefers to smoke in air to beat off his stress. Despite being aware of its effects only 77% wanted to quite the habit. This is a bit distressing especially among doctors. As most of the doctors who smoke fall in the young age group, our intervention should be directed towards that very age group. Tea/ coffee addiction is also very common among doctors. They rely on tea/ coffee mainly to cope with stress owing to long working hours, study stress among students, loneliness due to long periods of study, family problems. They also said that they needed tea/ coffee to stay awake at night to complete their studies. Caffeine is responsible for inducing wake up feeling in doctors.

In conclusion, although doctors know the hazards of smoking them show nicotine dependence patterns and attitude towards quitting similar to other people¹¹. Most smokers being to smoke by age of 20 years and the prevalence of smoking among people aged 20 to 24 years in best used for surveillance measures of initiation¹². So this is the time, we must take concrete steps to prevent the future deaths related to nicotine consumption. There is a need to develop programs for medical students and physicians to stop smoking.

Table 1

AGE WISE DISTRIBUTION OF SMOKERS AND TEA COFFEE DRINKERS

Age Interval (yrs)	Total no. of doctors	Smokers	Tea/Coffee Drinkers
Less than 24	19	6 (31.6)	16 (84.2)
25-29	47	19 (40.42)	45 (95.7)
30-34	24	9 (37.5)	20 (83.3)
35-39	2	2 (100)	2 (100)
40-44	1	0 (0)	1 (100)
45-49	6	0 (0)	6 (100)
More than 50	2	0 (0)	2 (100)
Total	100	36 (36)	92 (92)

*figures in the bracket denote row percentage

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