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Research Article

**SMOKING RELATED KNOWLEDGE, ATTITUDES AND  
HABITS AMONG SOMKERS AND NON SMOKERS AND WHY  
THEY ARE NOT ABLE TO CONVINCCE THEIR PATIENTS TO  
LEAVE SMOKING**<sup>1</sup>Dr. Naeem Abbas, <sup>2</sup>Dr. Sarah Khan, <sup>3</sup>Hizbullah<sup>1</sup>Tehsil Headquarter Hospital Pattoki, Kasur<sup>2</sup>Sheikh Zayed Medical College<sup>3</sup>Pakistan Institute of Medical Science Islamabad (PIMS) Hospital**Abstract:**

**Objective:** The objective of this research work is to examine attitudes, awareness and behaviours of GPs (General Practitioners) who are smokers and those who are not smokers of cigarettes, with a specific concentration to the quitting of smoking.

**Methodology:** Two groups of medical doctor's groups were under attack: general practitioners who are smokers and those who are not smoking cigarettes. The selection of the patients carried out according to the prescribed addition and omission standard. A particular questionnaire development prepared to carry a twenty minutes' interview on telephone. This study duration was from December 2017 to May 2018. The interpretation of the information carried out with the Simple calculations of the statistical data.

**Results:** General practitioners think that smoking is the very dangerous deeds among the danger factors. Ninety-four percent claimed that smoking can be categorized as a medical state. Because it would motivate the smokers to leave smoking & they have prescribed the requirement of recommended treatments for the patients who want to leave this habit.

**Conclusion:** Important dissatisfaction survives between medical doctors & smokers of cigarettes. The important reason of this dissatisfaction is the medical doctor's inability to give the proper resolutions to leave smoking because of less knowledge and no training. This problem, when treated properly, can be very helpful as a supplementary tool to help the patients in leaving the smoking.

**Key Words:** Interpretation, Statistical, Medical Doctors, Prescribe Attitude, Awareness, Behaviours, Cigarettes.

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**INTRODUCTION:**

The smoking of cigarettes is very big avoidable risks feature in the modern countries where on adult out of four is a smoker [1]. Over the previous thirty years, in spite of great education about the bad impacts of smoking, a large number of adult's smoke cigarettes. Eight y nine percent people from thirty to thirty-nine year of age who were smokers stated that they smoked for the first time in the age of eighteen years [2]. People who start smoking at very early age are the high users of tobacco and therefore their mortality rate is very high [3]. Smoking is the cause of many cancers and heart diseases [4]. Passive and direct smoking types are the reason of the heart diseases in both genders [5]. One among four strokes is the consequence of smoking [6]. The persons who are smoking twenty cigarettes daily from 6 years, they are twenty-two times more likely to lose their life from the cancer of lungs than the non-smokers [7]. Smoking can be a result of despair & depression [8]. It brings upon you an important financial burden [9].

The costs of the global healthcare are more than two times the total health allocated budgets in the countries which are under development [10]. WHO concluded that there are 1.25 billion smokers are present the whole world [11]. The low income countries are responsible for eighty-two percent smokers of the world [12]. Fifty-four percent males and twenty percent females are using tobacco in Pakistan [13]. There will be ten million deaths every year due to tobacco after 2020 [14]. Most of those deaths will occur in the developing countries of Asia [15]. The staffs of health department are educating the public about the dangers of smoking and encouraging them to leave smoking [16]. WHO has advised that the medical doctors should not be smokers and case studies on this problem should be carried out among the professionals of medical staff [17]. In Pakistan, the production and usage of tobacco is increasing day by day, so, there is an immediate need of awareness in our country to tackle this issue.

**MATERIALS AND METHODS:**

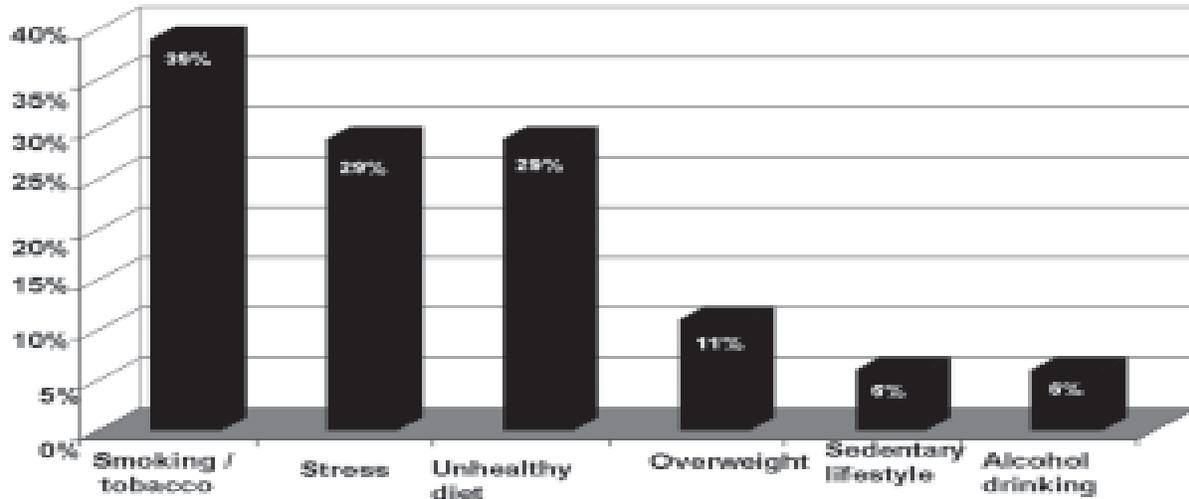
The research work involved twenty minute interviews on telephones with GPs from all over the country. Two groups of medical doctors were under attack: General practitioners who are smokers and those who are not smokers. We chose the general practitioners from all the areas of Pakistan depending upon the addition standard of the case study. This case study included medical doctors who are practicing and have no speciality, practicing from three to thirty years, had a forty or more patients in a week and used up to eighty percent of their specialized time in the care of the patient.

A particular area specific questionnaire in five parts prepared. The 1<sup>st</sup> part was about the evaluation of the ideas of general practitioners towards the act of smoking. The 2<sup>nd</sup> part was about their practice towards the act of smoking. Apparent obstacles & unmet requirement was the foundation of the 3<sup>rd</sup> portion of the questionnaire. The assessment of the quitting rate of smoking carried out in the 4<sup>th</sup> portion. The discussion on the smoking habits of the recent smokers among general practitioners Personal carried out in the last portion of the questionnaire. The interviews on telephone started in December 2017 to May 2018. It covered a total duration of six months. The collection of the information carried out with statistical calculations.

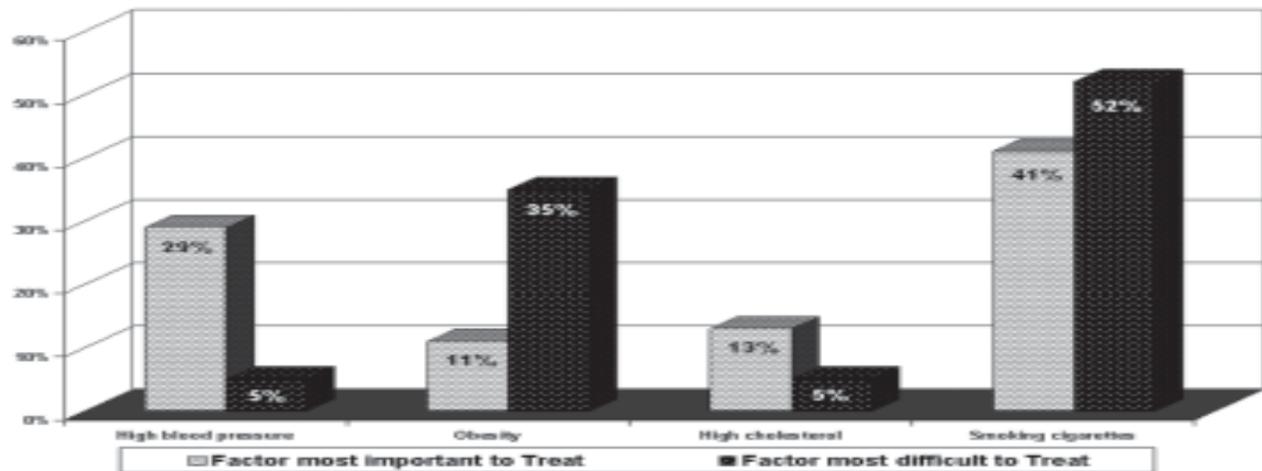
**RESULTS:**

Out of two hundred and eighty-five general practitioners, two hundred and twenty-seven gave their willing to participate in case study. Eighty percent was the response rate which came under the standard of world health organization [18]. About 31GPs were not fulfilling the standard of case study so excluded. Therefore, the information gathering of one hundred and eighty-eight GPs carried out.

Fig-1 displays that thirty-nine percent GPs of Pakistan declared smoking as very dangerous activity, chased by trauma and unbalanced diet in twenty-nine percent patients.

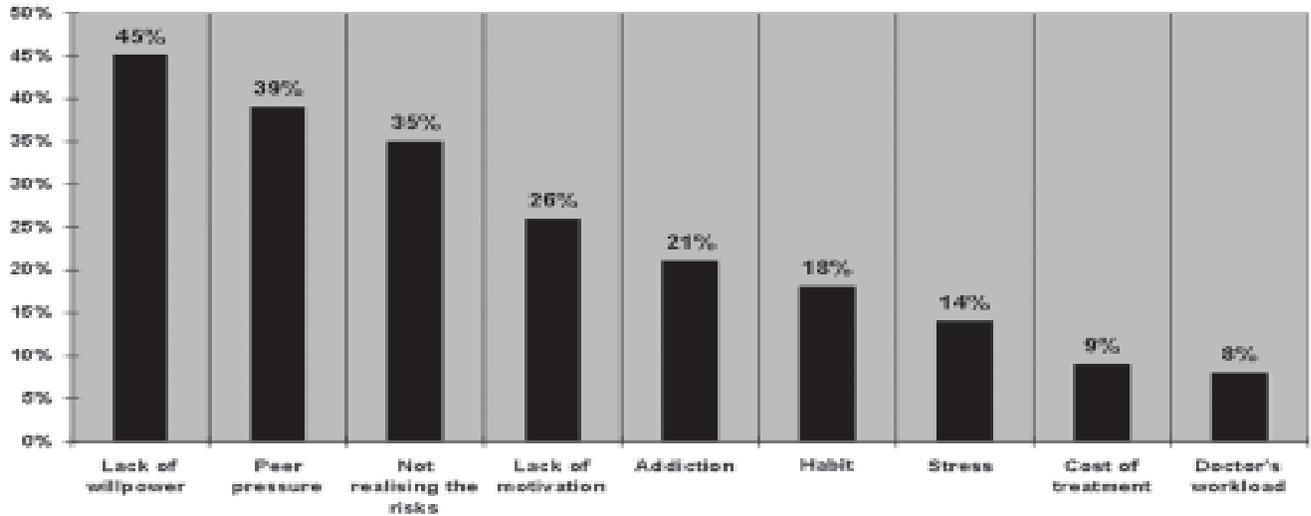


Forty-one percent & fifty-two percent GPs see the act of smoking as the most significant and most complicated risk aspect to treat respectively as described in Fig-2. Ninety-two percent GPs think smoking as an attitude of addiction, while ninety-four percent GPs declare smoking as a category of a medical state. Fifty-five percent GPs think it as a choice of style of life.



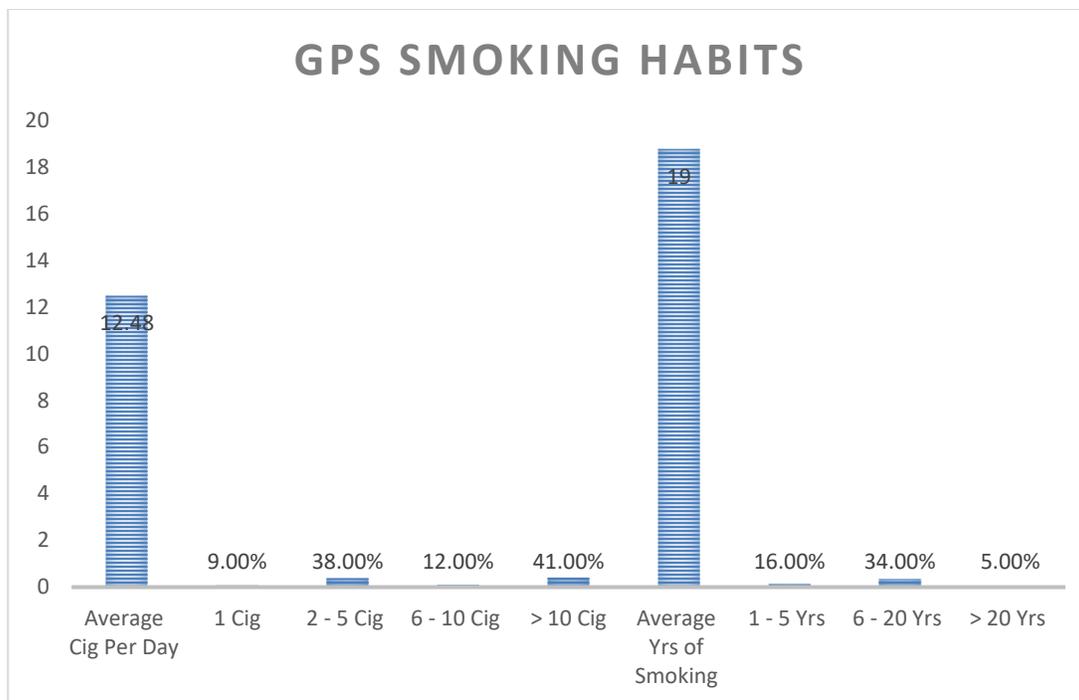
Twenty-four percent GPs talk about smoking with patients every visit time, while forty-two percent GPs stated that they talk about this matter with patients only when they will find a state related smoking in patients. The mean time of discussion by a GP was 4.51 minutes.

Forty-five and thirty-nine percent GPs incline to feel that no self-confidence and pressure from peer are the big hinderers to support the patients to leave this habit respectively as described in Fig-3. GPs do not believe that smoking is not the cause of addiction & dependency in twenty-one percent patients. GPs found that they have not proper training to help people to leave smoking. The high amount of GPs in Pakistan is in favour of prescript treatments offering quit rates from fifteen to thirty-five percent with sixty-six to ninety-three percent response rate. Thirty-six percent GPs confirmed that they are also smokers with a mean consuming rate of 12.48 cigarettes every day & their average years of smoking were 18.76 years.



About Half GPs are smoking from last twenty years as described in Table-1. Thirty-four percent general practitioners never tried to leave this act. The medical doctors who are smokers are in best state to support the patients to leave smoking.

Table-I: Gen Practitioners' Smoking Habits (n=68)	
Parameter	Pakistan
Average Cig Per Day	12.48
1 Cig	9.00%
2 - 5 Cig	38.00%
6 - 10 Cig	12.00%
> 10 Cig	41.00%
Average Yrs of Smoking	18.76
1 - 5 Yrs	16.00%
6 - 20 Yrs	34.00%
> 20 Yrs	5.00%



#### DISCUSSION:

This investigation is of unique nature carried out in Pakistan to evaluate the thoughts of general practitioners towards the act of smoking. The results of this research work will help in understanding the behaviours of medical doctors towards the act of smoking as well as the basic challenges that they have to suffer in the help of the addicts of smoking to quit this habit. It is very threatening to know that only twenty-four percent of our general practitioners argue about the dangers of this act with patients which are unsatisfactory keeping under consideration the trouble of smoking in Pakistan. General practitioners assign a very amount of duty to the patient of leaving smoking about fifty-three percent and less quantity takes this responsibility on themselves about thirty-two percent. The level of knowledge which is only thirty-four percent about the different procedure present for leaving smoking due to the fact that the use of the substitute of the nicotine has not become famous in our country. GPs understand the requirement of the education and eighty-six percent among them recognize that they are not properly trained to tackle this problem.

About ninety-seven percent of general practitioners are in view of more training to help them to support their patients in leaving the act of smoking. Ninety-four percent of general practitioners are agreeing on the opinion that smoking should be categorized as a clinical state. It is a reality that the high amount of

general practitioners in Pakistan from sixty-six to ninety-three percent has emphasized the requirement of the prescribed treatment to quit smoking for their patients. The termination of smoking has an association with obvious benefits of health and therefore, it can lead to the main health achievement. Proper treatment in the early stage can hinder the occurrence of heart abnormalities. In the end, it may reduce the financial burden in the treatment of the heart abnormalities. During advice to smokers to leave this act, the providers of health care require to elaborate the association between act of smoking & linked danger aspects.

#### CONCLUSIONS:

There is dissatisfaction among the medical doctors and smokers. One vital reason of this issue is the doctor's inability to tackle this problem with perfect solutions. The policies on anti-tobacco campaigns are showing the increase quitting rate of the patients. There is still a need of creating the policies, increasing the awareness and motivating the GPs to tackle this problem with prescription remedies.

#### REFERENCES:

1. Thomson NC, Chaudhuri R, Livingston E. Asthma and cigarette smoking. *European Respiratory J* 2004; 24:822-33.
2. Nelson DE, Giovino GA, Shopland DR, Mowery PB, Mills SL, Eniksen MP. Trends in Cigarette Smoking among UJS -Adolescents, 1974

- through 1991. *Amer J Pub Heal* 1995;85(1).
3. DHHS: The Health Consequences of Smoking: Cardiovascular Disease. A Report of the Surgeon General. Washington, DC: US Dept of Health and Human Services 1983.
  4. Dobson AJ, Kuulasmaa K, Moltchanov V, Evans A, Fortmann SP, Jamrozik K, et al. WHO MONICA Project. Changes in cigarette smoking among adults in 35 populations in the mid-1980s. *Tobacco Control* 1998; 7:14-21.
  5. Kamholz SL. Pulmonary and cardiovascular consequences of smoking. *Med Clin N Am* 2004; 88:1415-30.
  6. Kurth T. Smoking and risk of hemorrhagic stroke in women. *Stroke* 2003; 34:2792-5.
  7. Levitz JS, Bradley TP, Golden AL. Overview of smoking and all cancers. *Med Clin N Am* 2004;88:1655-75.
  8. Hanna EZ, Yi HY, Dufour MC, Whitmore CC: The relationship of early-onset regular smoking to alcohol use, depression, illicit drug use, and other risky behaviors during early adolescence: Results from the Youth Supplement to the Third National Health and Nutrition Examination Survey. *Journal of Substance Abuse* 2001; 13:265–82.
  9. Robert Welte, Hans-Helmut Konig, Reiner Leidiel. The costs of health damage and productivity losses attributable to cigarette smoking in Germany. *Euro J Pub Heal* 2000;10(1):31-8.
  10. Barnum H. “The economic burden of the global trade in tobacco”. *Tobacco Control* 1994;3:358-61.
  11. Thomson NC, Chaudhuri R, Livingston E. Asthma and cigarette smoking. *Euro Respir J* 2004;24:822-33.
  12. Prabhat JHA, Ranson KM, Nguyen SN, Yach D. Estimates of Global and Regional Smoking Prevalence in 1995, by Age and Sex. *Amer J Pub Heal* 2002;92:1002–6.
  13. Pakistan Medical Research Council. Pakistan Health Education Survey (ISBN: 969- 499-003-3 [pbk]). Islamabad, Pakistan: PMRC, 2003.
  14. Peto R, Lopez AD, Boreham J, Thun M, Heath C. Mortality from smoking in developed countries, 1950-2000. Oxford: Oxford University Press, 1994.
  15. Gupta PC, Ball K. India: tobacco tragedy. *Lancet* 1990;335:594-5.
  16. Chiesa D, Knorst MM, Andre´ Franciscatto Krumel C, Mezzomo KM. Hospital de Clínicas de Porto Alegre / UFRGS, Sao Leopoldo, Brazil: Smoking prevalence among health professionals. *Chest* 126, October 4, 2004 Supplement 867S.
  17. World Health Organization. Leave the Pack Behind. Geneva, Switzerland: World Health Organization 1999;33-9.
  18. Working Group on Tobacco or Health. Guidelines for the Conduct of Tobacco-Smoking Surveys among Health Professionals. Tokyo, Japan: World Health Organization Regional Office for Western Pacific 1987;3-19.