

Smoking in health science students with asthma

Georgios Krommydas MD PhD¹, Evangelia Kotrotsiou RN PhD², Vasilios Raftopoulos RN PhD²,
Theodosios Paralikas RN MSc², Konstantinos I Gourgoulis MD PhD³, Paschalis-Adam Molyvdas MD PhD¹

G Krommydas, E Kotrotsiou, V Raftopoulos, T Paralikas, KI Gourgoulis, P-A Molyvdas. Smoking in health science students with asthma. *Can Respir J* 2004;11(7):476.

It is expected that asthmatic students in a health science department would avoid the hazards of cigarette smoking due to the knowledge they gain through their studies. Surprisingly, health science students with asthma had a higher prevalence of smoking than their healthy colleagues.

Key Words: Adults; Asthma; Smoking

Health science students with asthma might be expected to avoid cigarette smoking because they have experienced respiratory symptoms and are aware of the hazards of smoking. The aim of this preliminary study was to examine whether health science students with asthma have a lower prevalence of smoking than their healthy colleagues.

METHODS

Two hundred seventy-four students of the Faculty of Health Science, Nursing department, in the Technological Education Institute of Larissa (Larissa, Greece), aged 18 to 35 years, participated in the study. The students completed an adapted version of the European Community Respiratory Health Survey questionnaire (1). Two hundred sixty-eight completed questionnaires were collected.

The data were examined using contingency tables and the Pearson χ^2 test with continuity correction. $P < 0.05$ was considered significant.

RESULTS

The female:male ratio in the sample of 268 students was 239:29. Twenty-nine women reported a past diagnosis of asthma made by a physician. The mean age of the students was 21 years. Ten men and 86 women were smokers. The smoking prevalence was 35.8%, mean number of cigarettes smoked/week was 16 (range seven to 30 cigarettes smoked/week), mean duration of smoking was 3.4 years (range one to seven years) and mean age of onset was 15.7 years. Eighteen of the 29 women with asthma were smokers. There were approximately 33% nonasthmatic smokers, which was significantly lower than the percentage of asthmatic smokers (Table 1). In all asthmatics, the diagnosis of asthma was made before 14 years of age. Fourteen students reported asthma symptoms in the past 12 months and were all taking inhaled medication. Seven of these 14 students were smokers.

DISCUSSION

The present study showed that young adults with asthma studying health science had a higher prevalence of smoking

Le tabagisme chez les étudiants asthmatiques en sciences de la santé

On pourrait s'attendre à ce que les étudiants asthmatiques, en sciences de la santé, évitent de fumer en raison de leurs connaissances sur les risques du tabagisme. Mais, chose étonnante, la prévalence du tabagisme était plus élevée chez ces mêmes étudiants asthmatiques que chez les autres étudiants en bonne santé.

TABLE 1
Prevalence of smoking in asthmatic and nonasthmatic students

Physician-diagnosed asthma	Smokers	Nonsmokers	Total
Yes (n [%])	18 (62)	11 (38)	29 (100)
No (n [%])	78 (32.6)*	161 (67.4)	239 (100)
Total (n [%])	96 (35.8)	172 (64.2)	268 (100)

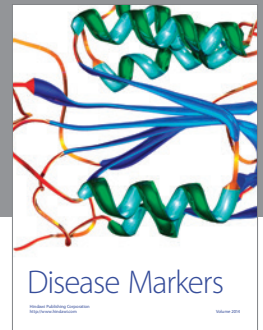
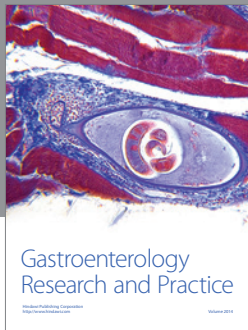
*Significantly lower than the percentage of asthmatic smokers ($P < 0.05$)

than their healthy colleagues. Adults with asthma do not appear to selectively avoid cigarette smoking (2). A possible explanation could simply be that people often adopt hazardous attitudes towards their disease, deny its existence, and finally, worsen their health (3). On the other hand, there does not appear to be a sufficient number of studies by chest physicians and other doctors examining the effects of smoking. Other topics of study, which are minor problems to public health compared with smoking, are more commonly studied in medical research (4). Future doctors and nurses should be aware of the consequences of tobacco and should quit smoking early themselves. The results of the present study emphasize the need for a continuous and effective antismoking campaign, and support the provision of intervention services to asthmatics.

REFERENCES

1. Burney PG, Luczynska C, Chinn S, Jarvis D. The European Community Respiratory Health Survey. *Eur Respir J* 1994;7:954-60.
2. Eisner MD, Yelin EH, Trupin L, Blanc PD. Asthma and smoking status in a population-based study of California adults. *Public Health Rep* 2001;116:148-57.
3. Kübler-Ross E. *On Death and Dying*. London: Macmillan, 1969.
4. Gourgoulis KI, Krommydas G, Arseniou A, Molyvdas PA. Smoking: An uncommon research topic for physicians. *Can Respir J* 1998;5:221.

¹Lung Function Lab, Physiology Department, Medical School, University of Thessaly; ²Department of Nursing school, Faculty of Health Sciences, Technical Education Institute of Larissa; and ³Pulmonary Department, Medical School, University of Thessaly, Larissa, Greece
Correspondence and reprints: Dr Georgios Krommydas, Serifou 61, Neraida, 41335, Larissa, Greece. Telephone 003-2410623057, fax 003-241092189, e-mail gkromm@yahoo.gr



Hindawi
Submit your manuscripts at
<http://www.hindawi.com>

