

입원된 정신 장애 환자의 흡연 실태

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ABSTRACT

Smoking Status in Psychiatric Inpatients

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Objectives : There is a trend to make health care facilities smoke-free because of the overwhelming data associating tobacco smoking and passive smoking with serious health risks except closed psychiatric units. This study was designed to estimate the feasibility of smoking bans on psychiatric inpatient units as a pilot study by assessing smoking incidence, nicotine addiction score and smoking patterns of the psychiatric inpatients. **Methods** : The psychiatric inpatients admitted to one mental hospital from June 1 to June 30, 1994 answered to the questionnaires including Fagerstrom's Tolerance Questionnaire (8 items) and modified smoking motives questionnaires (21 items). Also the medical records of the patients were examined for sociodemographic data and diagnosis. **Results** : The smoking incidence of the psychiatric inpatients was 72.7%. After admission to the closed unit, 42.7% of the patients increased the amount of smoking. The mean Fagerstrom Tolerance Questionnaire was 4.89 ± 2.38 , which was less than nicotine addiction score. Many patients smoked for relief of their stresses. **Conclusion** : There is a need to set a smoke-free or smoke-control psychiatric unit. These data indicate that smoking can be stopped on inpatient psychiatry units if the patients' stresses could be well controlled by some methods other than smoking. (*Korean J Psychopharmacol* 1998;9(1):82-90)

KEY WORDS : Smoking · Psychiatric inpatients.

서 론

1994년 6월 1일부터 6월 30일까지 한 정신병원 입원환자 22명(10명 남, 12명 여)을 대상으로 흡연 실태를 조사하였다. 흡연율은 72.7%로 조사되었으며, 입원 후 흡연량이 증가한 환자는 42.7%로 나타났다. 흡연의 주된 이유는 스트레스 해소를 위한 것으로 나타났다. 평균 Fagerstrom's Tolerance Questionnaire 점수는 4.89 ± 2.38 로 조사되었으며, 이는 니코틴 중독 점수보다 낮았다. 많은 환자들이 스트레스 해소를 위해 흡연을 하였다. 결론적으로, 흡연이 스트레스 해소를 위한 수단으로 사용되고 있는 것으로 나타났다. 이러한 결과를 바탕으로 흡연이 스트레스 해소를 위한 수단으로 사용되고 있는 정신병원 입원환자들에게 흡연 금지를 위한 방법을 모색할 필요가 있다. (문유선, 김도훈, 오병훈, 이희상, 남궁기, 유계준, 1998)

3. 자료분석 (43.7%) 가 32 (33.3%),
 SPSS/Window(Statistical Pack - 가 7 (7.3%),
 age for Social Science) ²- test, t - test 4 (4.1%),
 ANOVA test 4 (4.1%)
 21.9 ± 6.7

결 과

(Table 3).

1. 연구 대상자의 일반적 특성
 132 96 (72.7%)
 36 (27.3%)
 132 83 (62.9%),
 49 (37.1%) (Table 1).
 32.3 ± 10.7 , 0.8 (Table 4).
 36.4 ± 16.4
 5.8 ± 2.9 , 5.3 ± 2.8
 78 (59.1%) 가 , 21
 (8.4%), 11 (8.4%) (Table 2).

2. 흡연자의 흡연 시작 동기 및 흡연기간
 96 42 6.4 ± 2.9 , 6.4 ± 2.4 ,

3. 입원 후 흡연행태 변화
 96 41 (42.7%)
 , 3 (3.1%)
 35 (26.5%)
 0.9 ±

4. 니코틴 중독 정도
 Fagerstrom Tolerance Questionnaire
 4.9 ± 2.4 (Table 4),
 7 22 (22.9%)

Table 1. Demographic characteristics of smoking and non-smoking group

	Smoking group		Non-smoking		group Total	
	Number	(%)	Number	(%)	Number	(%)
	96	(72.7)	36	(27.3)	132	(100.0)
Sex						
Male	72	(54.5)	11	(8.4)	83	(62.9)
Female	24	(18.2)	25	(18.9)	49	(37.1)
Age(year)	32.3 ± 10.7		36.4 ± 16.4		33.4 ± 12.5	
mean ± SD						
Duration of disease(year)	5.8 ± 2.9		5.3 ± 2.8		5.7 ± 3.4	
mean ± SD						

Table 2. Psychiatric diagnosis of smoking and non-smoking group

	Smoking group		Non-smoking group		Total	
	Number	(%)	Number	(%)	Number	(%)
	96	(72.7)	36	(27.3)	132	(100.0)
Diagnosis						
Schizophrenia	51	(65.4)	27	(34.6)	78	(100.0)
Mood disorder	8	(72.7)	3	(27.3)	11	(100.0)
Alcoholism	20	(95.2)	1	(4.8)	21	(100.0)
Behavioral disorder	5	(100.0)	0	(0.0)	5	(100.0)
Others	12	(70.6)	5	(29.4)	17	(100.0)

Table 3. Reasons to start smoking in the smoking patients

	Male		Female		Total	
	No. 72	% (75.0)	No. 24	% (25.0)	No. 96	% (100.0)
Reasons to start smoking						
peer pressure	28	(29.2)	4	(4.2)	32	(33.3)
To be "grown up"	3	(3.1)	1	(1.0)	4	(4.1)
Showing resistance to parents	1	(1.0)	1	(1.0)	2	(2.0)
Curiosity	29	(30.2)	13	(13.5)	42	(43.7)
Smoking is good	3	(3.1)	4	(4.2)	7	(7.3)
To become strong male figure	2	(2.1)	0	(0.0)	2	(2.1)
Influence of family members	3	(3.1)	0	(0.0)	3	(3.1)
Other patients smoke	3	(3.1)	1	(1.0)	4	(4.1)
Smoking onset(year) mean ± SD	20.8 ± 5.3		25.0 ± 9.33		21.9 ± 6.7	

Table 4. Smoking behavior of the patients after admission

	Male		Female		Total	
	No. 72	% (75.0)	No. 24	% (25.0)	No. 96	% (100.0)
Smoking status after admission						
Stopped smoking	3	(3.1)	0	(0.0)	3	(3.1)
Smoked less	24	(25.0)	11	(11.5)	35	(26.5)
Restarted smoking	11	(11.5)	4	(4.2)	15	(15.7)
Same as before	1	(1.0)	1	(1.0)	2	(2.0)
Smoking amount (pack/day) mean ± SD	0.9 ± 0.6		0.7 ± 0.5		0.9 ± 0.8	

Table 5. Fagerstrom Tolerance Questionnaire score and smoking motives of the patients

	Total	
	No. 96	% (100.0)
FTQ score mean ± SD	4.9 ± 2.4	
Smoking motives mean ± SD		
STM	5.4 ± 2.1	
SMM	3.7 ± 2.1	
IND	5.3 ± 2.2	
SED	6.9 ± 2.0	
ADD	5.5 ± 2.2	
ATM	3.2 ± 2.1	
SOC	5.5 ± 2.7	

FTQ : Fagerstrom Tolerance Questionnaire
 STM : stimulant, SMM: sensorimotor manipulation,
 IND : indulgent, SED: sedative, ADD: addictive
 ATM : automatic, SOC: psychosocial

5.1 ± 2.4 , 4.6 ± 2.3 , 4.1 ± 2.2 .
 5. 흡연자들의 흡연 유형
 6.9 ± 2.0 가 , 5.5 ± 2.7 , 5.4 ± 2.1 , 5.3 ± 2.2 (Table 5).

고 찰

가

Fagerstrom Tolerance Questionnaire

가 7 22 (22.9%)

38)

가

가

24%

95%

5)

가

가

가

7)

가

가

가

가

36)37)

가

32)

가

38)

가

가

가

39)

요 약

가

1

132

1) 72.7%

2) 42.7%

가

3) 4.89 ± 2.38

7

22.9%

4)

가

중심 단어 :

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□부 록□

가 “1” , “3” , 가 “2” , “0” .

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