Emotional and Therapeutic Elements of Cigarette Smoking Control: A Cross Sectional Study

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Authors’ contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Aim: The aim of this study was to investigate the impact of services rendered by health professionals in reducing cigarette smoking at the smoking cessation centers.

Methods: Through May 2020 and April 2021, data from hospitals connected with the University of Health Sciences, Lahore, have been collected. During the same time period, information from DHQ and Allied Hospitals Faisalabad were evaluated using a recent retrospective review. Statistical software was used to calculate the incidence and average values. Chi-square also student t tests remained utilized to evaluate associated variables; p 0.06 remained measured statistically.

Results: The average age of entrance was 39.73 13.21 years (min 14; max 92). Women were older than males at time of admission, although men began smoking earlier. Individuals with fewer than a high school diploma began smoking at a younger age. Once cured through medication also behavioral treatment, the smoking cessation rate remained 38.4 percent (n = 218).
Conclusion: Approximately 49 percent of smokers stopped smoking after receiving medication and behavioral counseling. The majority of smokers was between ages of 31 and 51. More smoking cessation clinics should be built to provide smoking cessation tools to more informed individuals.

Keywords: Smoking cessation centers; emotional effects; cross sectional study.

1. INTRODUCTION

Smoking addiction is the major global health issue all over the world. According to World Health Organization, smoking is "the second strongest and longest-running scourge [1]." According to research from the US State health Department, smoking remains addictive, nicotine remains an addictive component in cigarettes, also nicotine dependency remains akin to heroin also cocaine dependency. Here seem to be presently 2.2 billion smokers over age of 17 living in the globe. Provincial Tobacco Control Boards remained recognized in five districts in 2012 to allow for the execution of National Tobacco Regulator Package as the complete, counting follow-up operations, in the provinces [2]. The "Law Modifying the Law on Protection of Hazardous Consequences of Tobacco Products" was approved in 2018, 5728 amending Law No. 4208. Most structure that makes in Pakistan, along with all interior areas, become smoke-free in May 2019 [3]. According to epidemiologic studies, 73 percent of smokers desire to leave, and 46 percent have tried to quit at least once. It is critical to provide medical and mental health help to persons who desire to quit smoking. In Pakistan, services for nicotine dependency management but also smoking cessation are available. Brief recommendations and discontinuation support lines, and also smoking cessation hospitals featuring usage of cognitive conduct treatment too pharmacological treatments administered through skilled professionals, are mechanisms of system that aid smokers quit [4]. Our hospital's smoking cessation facility was originally managed both by the psychiatry also family medicine sections until 2019, when it was moved to the family medicine clinic. My goal would be to provide socio-demographic information, analyze services offered, in addition assess smoking cessation achievement of our SCC at Mayo Hospital in Lahore [5].

2. METHODOLOGY

This retrospective research remained conducted on 5,118 smokers hospitalized to Mayo Hospital in Lahore between May 2020 and April 2021. Since the study conducted retrospective, there has been no requirement for ethical clearance, hence authorization was obtained just from the General Secretariat. This research comprised hospitals that are members of UHS and share a shared computerized database: DHQ hospital data was obtained from the General Secretariat system, and data were evaluated retrospectively in similar time since this remained our primary SCC. The research includes all records from that time period. Statistics software was used to calculate the incidence and mean values. Chi-square and student t tests remained being used to evaluate associated variables; p 0.06 remained measured as statistically substantial.

3. RESULTS

In 2021, a total of 5,118 individuals was sent to SCC associated through BPHU General Secretariat. Here must have been 3,446 (58.4%) male patients and 2,678 (41.8%) female cases. The lowest age remained 15, highest age was 96, and average age remained 38.74 ± 13.38 years. The average age of woman cases remained 42.23 ± 12.78 years, while a average age of adult respondents remained 39.73 ± 14.73 years. The age group 36–48 had the highest rate of admission (n = 1575, 39.2 percent). Boys and men remained most common in 21–35-year age set, whilst also women remained most common in 34rs, with 28 of those (54.07 percent) being female. The average amount of SCC admissions per participant per year was 1.56 ± 0.97. Because when physicians in charge of SBPs were reviewed by specialty, the patient were distributed as follows: 2355 (57.2 percent) family physicians, 1428 (35.7 percent) pulmonologists, and 347 (9.4 percent) psychiatrists.

Whenever the location of candidates to these locations was studied, it was discovered that the majority of admissions were made to DHQ and Allied Hospitals Faisalabad. (SHETRH; 42.5 %, n = 1800) A considerable number of patients (1364, or 81 percent) were admitted to the SCC for family medicine. One thousand forty-eight (63.6%) of those cases were male, while 658 (39.6%) remained female. The lowest entrance age remained 14 years, highest admittance age
Table 1. List of disease

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy</td>
<td>2356 (58%)</td>
</tr>
<tr>
<td>Family Disease</td>
<td>1430 (36%)</td>
</tr>
<tr>
<td>Chest Disease</td>
<td>345 (9%)</td>
</tr>
</tbody>
</table>

Table 2. List of hospital for disease management

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo Hospital</td>
<td>1800 (42%)</td>
</tr>
<tr>
<td>Sir Ganga Ram Hospital</td>
<td>1400 (33%)</td>
</tr>
<tr>
<td>Services Hospital</td>
<td>360 (10%)</td>
</tr>
<tr>
<td>Jinnah Hospital</td>
<td>440 (12%)</td>
</tr>
<tr>
<td>District Hospital, Lahore</td>
<td>235 (7%)</td>
</tr>
</tbody>
</table>

4. DISCUSSION

In Pakistan, 29. percent of people aged 14 and above use tobacco products. This figure equates to 15.9 million individuals. A study discovered that male gender and senior age are useful in smoking cessation. Rendering to Pakistan Statistical Institution, males (42.6 percent) consume tobacco more than females (15.2 percent) [6]. The vast majority of tobacco product users (95.9 percent) smoked cigarettes, with only 0.9 percent using hookahs. Once all hospitals were included in the current analysis, most of the respondents (58.4 percent) remained male. In a study, an investigator discovered that 61.3 percent of cases that came to cigarette polyclinic were man. The research included 128 participants, 31.9 percent of whom remained female and 68.4 percent of whom were male [7]. Whenever SCC admission records (from family medicine) were evaluated, males showed people are more likely to be hospitalized (63.4 percent). Because males smoke at a higher rate than females in our nation (which mirrors global trends), the number of male individuals hospitalized is projected to be higher than females [8]. As per research from the United States, SCC hospitalizations are most common in individuals aged 26–45. The mean lifespan of application to all SCCs in our analysis was 41.75 14.38, and the typical age range was 34–45 years old. Likewise, in 2021 research, average age of commencement of cigarette smoking remained 18 (7–38) years, with females starting smoking at 19.08 6.16 years and males starting at 17.08 5.47 years [9]. Based on the finding, we suggest that taking into account age at which the person requests for cessation incomes remains critical, as females start smoking at a younger age than males. Based to one survey, 59.8 percent of cigarette users start smoking before the legal purchasing age of 18 years old. Once altogether hospitals in area remained considered, smoking rate under age of 17 remained 48 (2.4%), with 27 (54.07%) being girls [10].
5. CONCLUSION

Smoking cessation cure is a specialized cure that includes cognitive behavioral treatment, motivation, and pharmaceutical cure. Smoking Cessation Clinics remain greatest substantial clinics for smoking cessation and disease deterrence caused by cigarettes. The frequent deployment of SCCs is critical for both personal and society well-being. As a result, relevant certification trainings would remain conducted, and additional SCCs must remain established to enable additional educated accessibility to smoking cessation options.

CONSENT

As per international standard or university standard, respondents’ written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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