

# Smoking reduction in psychiatric inpatients Greece

## *Short description of the intervention:*

Smoking is more prevalent in psychiatric patients than in the general population. This finding is closely associated with the diagnosis of schizophrenia. Several studies have shown that after correcting for possible confounders, such as demographic and socioeconomic status, alcohol and antipsychotic use, or institutionalization, higher rates of smoking are still found in schizophrenia across cultures and countries. However, health care settings do not often aim or are equipped to help patients to quit smoking, thus missing out an opportunity to support patients at risk because of smoking complications. The present intervention aimed to help patients admitted to a non-smoking psychiatric ward to reduce the amount of cigarettes they smoke and cope with smoking cessation.

A prospective naturalistic study of smoking avoidance measures was conducted in the 2nd Department of Psychiatry of Attikon University Hospital in Athens. Regarding diagnosis, patients with schizophrenia smoke significantly more than patients suffering from mood disorders. The patients' smoking habits were monitored before admission, during their hospitalization and at discharge. Contrary to the current practice in many Greek psychiatric wards, it was decided that this new psychiatric unit would not tolerate smoking. Certain measures were applied in order to prevent patients from smoking: it was not allowed for anyone to smoke in the patients' bedrooms or anywhere else inside the clinic; smoking was only allowed in the yard and the nursing staff was always aware of who was smoking; as a nursing aim, the nursing staff tried to help patients avoid some cigarettes a day if possible. The patients were not offered any kind of medication (nicotine gums or patches) in order to reduce smoking. The number of cigarettes consumed daily was controlled by the nursing staff. The patients were informed that their smoking habits during their hospitalization were going to be recorded and used for research purposes. The study was approved by the Ethics Committee of the "Attikon" Hospital.

The nursing staff advised all tobacco users to reduce or quit smoking, assessed readiness and if the patient was willing to do it, and provided resources and assistance. The nursing staff assisted every smoker to a) remove tobacco products from his/her environment and monitor their use; b) get support from family and friends; c) review past reduction/quit attempts; d) anticipate challenges, including nicotine withdrawal, stress and mood states, particularly during the critical first few weeks; and e) identify reasons and benefits of reducing/quitting. If the patient was unwilling to reduce/quit at this time, the nursing staff helped to motivate the patient by identifying reasons for smoking cessation in a supportive manner, focusing on a) the indication why reducing/quitting was personally relevant, b) the positive and negative consequences, and c) the identification of potential benefits and potential barriers, and build patient's confidence about reducing/quitting. Furthermore, the nursing staff followed an agreed protocol allowing drinking coffee to the patients who smoked twice a day only (i.e. in the morning and in the afternoon). This was done in order to help patients tolerate the dependence symptoms more easily and use cigarettes in an organized way. Coffee was substituted by fruit juices and chewing gums, thus breaking the habit of drinking coffee and smoking cigarettes and avoiding situations that could lead to smoking. Subsequently, the patient was encouraged and helped to explore alternative coping strategies (relaxation, exercise and creative pursuits). Additionally, nursing staff were always available to maintain a sustained contact reducing smoking using cognitive communication approaches.

Before the patient's discharge, the nursing staff discussed the patient's progress and experiences so far and checked his/her attitude towards smoking. Results showed that with this simple intervention, most of the smokers (83.5%) managed to reduce their cigarette consumption per day. Female inpatients benefited more than males from the intervention. Staff generally anticipated more smoking-related problems than actually occurred. The study showed that when the medical and nursing staff made consistent yet simple efforts in order to help patients, their

smoking was substantially curtailed. Findings indicate that seriously mentally ill psychiatric inpatients despite negative preconceptions and stereotypes are able to reduce their smoking easily without side effects with minimal intervention.

*Relevant documents:*

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Smoking reduction in psychiatric inpatients is feasible: results from a 12-month prospective study. Michopoulos et al. *Annals of General Psychiatry* (2015) 14:4 - DOI 10.1186/s12991-015-0043-5

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