

Extended Abstract

Frequency of Tobacco Use in Obese Patients and Wrong Perception That is Thought Right: Quitting Smoking Adds Weight!

Introduction

Smoking is the most important health problem causing the death of 7 million people per year, including passive smokers. According to the World Health Organization data, about 80% of 1 billion 100 million smokers worldwide live in low- and middle-income countries. Cigarette smoke, containing more than 7000 substances, at least 250 of which are known to be toxic for human health, has been clearly shown to cause cancer. Cigarette smoke also contains numerous free radicals and oxidants leading to oxidative damage.

The major reason why obese or slightly overweight individuals continue smoking is the belief that weight gain will increase after quitting smoking.

The aim of this study was to analyze the prevalence of tobacco use in patients admitted to our Obesity Outpatient Clinic and the obstacles to quitting tobacco products.

Methods

Of the 617 patients admitted to the Obesity Outpatient Clinic of our hospital between January 12 and October 1, 2019, 100 patients who accepted to participate were included in our study. Data were obtained from the patients through a prepared sociodemographic data form, the Fagerstrom tolerance questionnaire and an obesity evaluation form using the survey method. The data included the sociodemographic characteristics of the patient such as age, sex, educational status, place of residence and marital status, as well as obese patient evaluation data such as height and body mass index, and data on the use of tobacco products.

Results

Of the patients, 48 (48%) were between the ages of 18-40, 44 (44%) were between the ages of 40-65, and 8 (8%) were over the age of 65. Of the patients, 77 (77%) were female, while 23 (23%) were male. Of the patients, 28 (28%) stated they had never smoked before, while 23 (23%) stated they previously smoked and quit, and 49 (49%) stated that they regularly use tobacco products. When distributed by gender, 48% of males (n=11) and 47% of females (n=38) were smoking. While the patients who still smoke and those who stated that they have quit smoking were evaluated together, the smoking periods were found to be 2-5 years in 31 (43%) patients, 6-10 years in 12 (17%) patients, and more than 10 years in 29 (40%) patients. Of those

who stated that they still smoke, 35 (47%) reported that they smoke 1 pack of cigarette and more per day. Of those who smoked, 52 (72%) reported that they started smoking when they were under the age of 18. Of those who still smoke, 42 (85.7%) stated that they tried to quit smoking at least once in their lifetime. It was found that all those who tried to quit smoking did so upon the recommendation of a doctor, but only one patient tried to quit by using medicine.

When the patients who tried to quit smoking but failed were questioned about the reason of starting smoking again (they were allowed to state more than one reason), it was found that obesity-related concerns (100%) such as fear of gaining weight, starting weight gain and increased appetite were the most important cause. In addition, conditions where negative emotions such as bad temper, anger and stress prevailed, and the social pressure (intense use of cigarettes in the immediate environment, the desire to smoke while drinking alcohol) were among the major reasons.

Conclusion

Of the obese and slightly overweight patients admitted to our outpatient clinic, 49% were smoking. The smoking rate of females was almost equal to that of males. When distributed by gender, 48% of males (n=11) and 47% of females (n=38) were smokers. We should take into consideration the fact that obesity-related concerns constitute the major obstacle to quitting smoking. Especially the fact that the rate of smoking among obese women is 3 times higher than in women smoking across our country suggests that the smoking rate is high due to the fact that women care more about physical appearance and have a fear of gaining weight. We think that the misperception that smoking will reduce obesity should absolutely be addressed and the most significant treatment that a physician could offer to obese patients who smoke would be correct this perception.

We are of the opinion that smoking in obese patients should be addressed by physicians in detail, and a team consisting of psychologists, physiotherapists and dietitians should plan a change in lifestyle, which has a crucial role in the treatment of obesity, for such patients. We think that it is necessary to explain in detail that the patient can both lose weight with this team and remove all the barriers in front of a healthier life physically and psychologically through a cigarette-free life, and such efforts can be reinforced through collective seminars and exercise activities. We are of the opinion that the physician can be successful in motivating patients who intend to quit smoking by directing them to smoking cessation programs, and warning patients who do not think of quitting making them think by explaining the harms of smoking in detail.