

# **Study Of Smoking Habit Among Medical Staff Of Sohag Hospitals**

*Thesis*

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دراسة عن عادة التدخين بين الأطباء العاملين  
بمستشفيات سوهاج  
رسالة تمهيدية مقدمه من  
الطبيبة / ماريان ميخائيل يوحنا مليكه  
بكالوريوس الطب والجراحة  
توطئة للحصول على درجة الماجستير فى أمراض الصدر  
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Tobacco smoking is the most important preventable cause of chronic ill health and premature death, no single disease is expected to make such a giant claim on health as this one risk factor. Tobacco consumption continues to increase worldwide. The epidemic is still expanding, especially in less-developed countries.

This study was conducted on 100 of physicians in four Sohag hospitals (Al-Helal Hospital, General Sohag Hospital, Teaching Sohag Hospital and Sohag Tropical Hospital) aiming to study the smoking habits among doctors and their attitudes towards quitting smoking. Data were collected from June 2010 to December 2010 by using a self administered questionnaire.

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## **TABLE OF ABBREVIATIONS**

<b>BAL</b>	Broncho Alveolar Lavage
<b>BC</b>	Before Christ
<b>CHD</b>	Coronary Heart Disease
<b>CO</b>	Carbon Monoxide
<b>COPD</b>	Chronic Obstructive Pulmonary Diseases
<b>2,3 DPG</b>	2,3 Di-Phospho Glycerate
<b>DLCO</b>	Diffusing Capacity for Carbon Monoxide
<b>ETS</b>	Environmental Tobacco Smoke
<b>FEF 75%</b>	Forced Expiratory Flow at 75% of the Vital Capacity
<b>FEV1</b>	Forced Expiratory Volume after 1 Second
<b>FVC</b>	Forced Vital Capacity
<b>HDL</b>	High Density Lipoprotien
<b>LDL</b>	Low Density Lipoprotien
<b>LEAD</b>	Lower Extremity Arterial Disease
<b>MI</b>	Myocardial Infarction
<b>NRT</b>	Nicotine Replacement Therapy

<b>PEF</b>	Peak Expiratory Flow
<b>PVD</b>	Peripheral Vascular Disease
<b>RV</b>	Residual Volume
<b>TLC</b>	Total Lung Capacity
<b>Ve</b>	Minute Ventilation
<b>WHO</b>	World Health Organization



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# *Introduction*

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Around 2,000 years ago tobacco began to be chewed and smoked during cultural or religious ceremonies and events. By the 1700s smoking had become more widespread (*MacKay et al., 2006*).

Tobacco smoke contains around 69 carcinogenic substances (*USDHHS, 2006*). These substances cause genetic mutations that cause the uncontrolled growth of human cells that lead to cancer in various parts of the body. One of these substances, Benzo(a)pyrene, has been found to damage the all-important P53 gene. This gene plays a vital role in maintaining the body's health by preventing uncontrolled cell multiplication (*Hecht, 2006*).

During the 1920s the first medical reports linking smoking to lung cancer began to appear. Worldwide there are an estimated 1.5 million new cases of lung cancer each year. Approximately 80% of these new cases are caused by tobacco smoking (*Boyle et al., 2008*).

In addition to an increased risk of cancer, smokers have an increased risk of a large range of diseases including: cardiovascular, respiratory, bowel, eye, dental, skeletal, skin, bones and

## *Introduction*

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reproductive diseases. Later in the twentieth century smoking became less popular due to rapid increase in knowledge of the health effects of both active and passive smoking (*MacKay et al., 2006*).

Shisha smokers know about the hazards of smoking and believe that shisha smoking is less dangerous than cigarette smoking (*Israel et al., 2003*).

Studies in Australia and overseas have shown that exposure to environmental tobacco smoke [ETS] increases the risk of lung cancer and heart disease, as well sore throats, nasal symptoms, asthma, chest infections and eye irritation. In children, it increases the risk of middle ear infections, croup, bronchitis and asthma (*CEPA, 2005*).

If current patterns continue, tobacco use will kill approximately 10 million people every year by 2020; 70% of these deaths will occur in emerging nations (*Shafey et al., 2003*).

The morbidity and mortality associated with cigarette smoking is shifting from the developed world to developing countries, especially developing Arab countries. Egypt has the highest rate of tobacco consumption in the Arab world (*Sondos and Johnson, 2005*).

## *Introduction*

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A key goal towards improving public health in developing and developed countries is to reduce tobacco use across population. Despite this, the current data suggest that global tobacco use is increasing. There have been recent pharmacological advances that offer a hope of achieving more effective tobacco cessation and reduce consumption among established tobacco users (*Eur, 2003*).

Rather than focusing on policies restricting cigarette sales and use, college administrators should consider implementing or expanding tobacco prevention and education programs to further reduce smoking rates (*Borders et al., 2005*).

## *Aim of the Work*

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This questionnaire aims to spot some light on smoking habit among medical staff in Sohag hospitals and their trends to quit smoking.