

Study: Secondhand smoke linked to common nasal and sinus condition

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Nearly 40 percent of chronic rhinosinusitis diagnoses are linked to secondhand smoke, according to a Henry Ford Health System study.

Researchers found that people are at increased risk for developing rhinosinusitis from exposure to secondhand smoke at home and public places like bars and restaurants, but that the risk is even higher at work and at private [social settings](#).

The study is believed to be the first time researchers evaluated the association between secondhand smoke and [chronic rhinosinusitis](#), one of the most common health conditions in the United States affecting more than 39 million people, or one in seven adults, every year.

Chronic rhinosinusitis, or CRS, is a form of sinusitis in which the moist tissues of the nose and paranasal sinuses are inflamed for at least 12 weeks.

The findings are being published in the April issue of the *Archives of Otolaryngology-Head & Neck Surgery*.

"Our findings reaffirm the health hazards of secondhand smoke," says Amanda Holm, MPH, a co-author of the study and project manager in Henry Ford's Center for Health Promotion and Disease Prevention.

"The poisons found in secondhand smoke are quite an irritant to the sinus and nasal passages and are a major contributor to the development

of rhinosinusitis."

Holm says primary care physicians and otolaryngologists should advise their patients to avoid secondhand smoke whenever possible. On May 1, Michigan becomes the 38th state to limit smoking in public places including government buildings, workplaces, bars and restaurants.

"Even modest levels of secondhand smoke exposure carry some risk" to rhinosinusitis, Holm says.

Secondhand smoke accounts for an estimated 3,000 lung cancer deaths and 30,000 heart disease deaths annually.

For the case control study, researchers conducted telephone interviews with 306 patients diagnosed with rhinosinusitis from 2000-2004 and 306 otherwise healthy patients who had been free of rhinosinusitis for five years prior to the study. Data collected included medical history, age, gender, ethnicity, diet and exposure to other potential irritants like air pollution and chemicals.

Data on secondhand smoke exposure were collected for four primary sources: home, work, public places and private social functions like parties and weddings. Previous studies have not considered secondhand smoke exposure at private social functions, which Henry Ford researchers consider to be under reported.

Cases of rhinosinusitis were confirmed by medical record data on computed tomography and/or endoscopy.

Key points in the study:

- The largest amount of secondhand [smoke exposure](#) occurred in

public places and private social functions. Public places included bars, restaurants, casinos, bowling alleys and nightclubs.

- Participants were twice as likely to be exposed to [secondhand smoke](#) at work and at private social functions.

Provided by Henry Ford Health System

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