Medical Xpress

Miriam Hospital study examines smoking prevalence

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Researchers from The Miriam Hospital have found that people with mobility impairments under age 65 have significantly higher rates of smoking than those without mobility impairments. Additionally, smokers with mobility impairments were less likely to attempt quitting than those without mobility impairments, and evidence-based, quit-smoking treatments may not be sufficient for this population. The study and its findings are published online in advance of print in the *American Journal of Public Health*.

Lead researcher Belinda Borrelli, Ph.D., of The Centers for Behavioral and Preventive Medicine at The Miriam Hospital, and her colleagues sought to report cigarette smoking prevalence and quit attempts among individuals with mobility impairments as they have greater health risks than the general population.

Borrelli conducted an analysis of 13,308 adults aged 21-85 years old with mobility impairments such as using special ambulatory equipment and having difficulty walking one-quarter mile without equipment. Results showed that among 21 to 44 year olds with mobility impairments, 39.2 percent were smokers, compared with only 21.5 percent of adults without mobility impairments. Among 45 to 64 year olds with mobility impairments, 31.2 percent were smokers versus 20.7 percent without mobility impairments.

The analysis also found that women ages 21 to 44 years old with mobility impairments had the highest smoking prevalence at 45.9

percent, exceeding same-aged women without mobility impairments. Men with mobility impairments had greater smoking prevalence than women with mobility impairments. Smokers with mobility impairments were also less likely to attempt quitting than smokers without mobility impairments.

"People with physical disabilities constitute 16.2 percent of the population and the majority of the population will experience physical disability at some point during their lifetime," Borrelli says. "However, the prevalence of smoking among people with disabilities was unknown prior to our paper. Our particular interest was in pinpointing smoking prevalence among those who use a device to help them get around. Literature indicates that those who use mobility aids have higher rates of depression, and in the general population, this is associated with greater smoking rates and lower likelihood of quitting smoking."

Borrelli focused on smokers with mobility impairment because in addition to being at risk for the same smoking-related health problems as the general population, this population is at risk for worsening their existing disability and underlying medical condition. Continued smoking exacerbates physical disabilities and causes or contributes to many secondary conditions including respiratory and circulatory difficulties, muscle weakness, delayed wound healing, worsening arthritis and osteoporosis. Smokers with a relapsing-remitting multiple sclerosis (MS) are three times more likely to develop a secondary-progressive disease course.

Borrelli concludes, "Our data points to the need for future research investigating why smoking prevalence is so high in this population, as well as the best methods of smoking cessation treatment for this population.

"It is not clear that evidenced-based treatments that are effective for the

general population will be sufficient to help people with mobility impairments quit smoking," she adds. "We speculate that smokers with mobility impairments may need more intensive treatment given their greater risk factors for treatment failure such as high depression rates and stress levels, less physical activity and multiple medical comorbidities, coupled with high unemployment and low income. In the meantime, practicioners should recommend a combination of treatment modalities that include both psychosocial support that can be home based and pharmacological treatment."

Provided by Lifespan

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