108. Smoking rate: smoking cessation interventions

P1090
Results in a tobacco consulting room in 2008
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Material and methods: Retrospective descriptive analysis of the results obtained from patients who were attended in a Tobacco Consulting Room from 1 January to 31 December 2008 and subsequent follow-up to complete a year.
Results: 268 of 410 patients (56.3% male), mean age 46 years and mean cigarettes/day 27.1. Statistical significance between cigarettes smoked and sex, higher in males. Respiratory comorbidity: 15.7% COPD, 9% asthma, 10.8% OSAHS and 1.9% OSA. Cardiac comorbidity, 7.83%, and psychiatric, 32.46%, 44.4% without treatment, 22.8% NRT, 6.3% bupropion and 26.5% varenicline. Overall of the 268 patients, treatment success in 45 (16.8%), 29 men and 16 women. Percentage rises to 29.6% if we don’t consider those who didn’t attend the second consultation. Success among respiratory patients was statistically significantly longer compared with cardiac (27.1% vs. 4.7%, p < 0.05) and among non-psychiatric compared with psychiatric ones (19.8% vs. 10.3%, p < 0.05). Those who were treated pharmacologically, statistically significant greater success among who used varenicline than NRT or bupropion (35.2% vs 21.5%, p < 0.001).

Conclusions: 1. 62.92% didn’t start treatment (34.64% and 28.28%, first and second appointment respectively). 2. Cigarette consumption by males was significantly higher than women (28.51 vs. 25.08, p < 0.02). 3. Overall treatment success 16.8%, amounting to 29.6% excluding those who didn’t attend the second consultation. 4. Greater success among respiratory than cardiac patients (27.1% vs. 4.7%) and among non-psychiatric than psychiatric ones (19.8% vs. 10.3%). 5. Greater success among varenicline than NRT or bupropion-treated (35.2% vs. 21.5%).

P1091
Special characteristics of smoking cessation program participants in a large municipal hospital in Greece

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Introduction: Greece is the European Union country with the highest rate of tobacco consumption (more than 40%) Enforcement of laws forbidding consumption of tobacco products, combined with public awareness of the adverse effects of smoking, result in the need for efficient smoking cessation centres.

Aims: The aim of the present study is to demonstrate the specific characteristics of patients who resign from smoking treatment at Evangelismos hospital, in Athens Greece, including dependence, motivation profile, special characteristics such as depression profile and pulmonary function testing values.

Methods: Three hundred (300) smokers of mean age of 48.7±11.4 years, smoking 38.9±22.87 packyears participated in Evangelismos Hospital smoking cessation program during the last two years. A thorough medical history was obtained focusing on dependence and motivation for quitting.Pulmonary function testing, including spirometry was performed in all individuals. Statistical analysis was performed using the non parametric test for sign values.

Results: Men smoke more than women (47.5±22.61 vs 35.33±22.05).One the other hand Greek women present more motivation to quit smoking than men (16.26±11.32 vs 10.08±12.08).In addition pulmonary function testing reveals high percentage of abnormalities caused by smoking, such as small airway disease. Abandoning the cessation program is significantly ralated (p < 0.05) with a depressive profile of the participant.

Conclusions: Smoking cessation programs reveal interesting profiles of the Greek population, concerning the smoking habit, pulmonary function testing abnormalities and factors related to abandoning a smoking cessation program.

P1092
Factors associated with smoking cessation in a smoking cessation unit Carlos Almigia, Ignacio Sanchez Hernández, Juan Pablo Carrasco, Juan Pablo Rodríguez Gallego, Elizabeth Guzman Robles, Sara Quiros Alonso. Department of Pulmonary Medicine, Guadalajara University Hospital, Guadalajara, Spain

Objectives: To assess what factors are associated with a higher rate of smoking cessation.

Material and methods: Cross-sectional study of a sample of smokers. Of a total of 1545 patients were analyzed those patients on whom information is available within 6 months of follow-up. We defined 2 groups: group 1, people who do not attend all visits but answer phone calls to complete a period of 6 months of treatment; group 2, patients attending all follow-up visits.

References:

P1093
Research of smoking in health workers in Hospital Cacak-Serbia

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Introduction: Pharmacological treatment of smoking cessation programs has shown high percentage of abstinence.

Methods: We surveyed 462 health workers of 626 total employees in the Cacak Hospital in Cacak: physicians (MD) 115 (24.9%), 326 medical technicians (MT) (70, 6%) and other 21 (4.5%); male (M) 90 (19.5%) and female (F) 372 (79.2%).

Results: The average age of employees is 42.6 years. Smokers (S) 218 (47.16%), Non-S 185 (40%), Ex-S 59 (12.84%). Questionary: 1) Do you have: a- complete help on smoking in the hospital 31.8%, b- smoking at work 27.5%, c- free smoking 12.1%? 2) Is smoking: a- risk for the health of 68.8%, b- moderate risk 24.5%? 3) Increase knowledge about the risk of smoking: a-yes 60.8%, b-not 39.2%. S: Male 15.3%, F=84.6%, MD=17.45%, MT=82.56%. It average 19 cigarettes per day. Willingness to stop smoking: ready-66.5%. Earlier experience in leaving smoking: yes 64.7%. To sustain a few days without smoking 56%. Respondents 62.4%: believe that it is difficult to leave smoking without professional help. Ex-S are often left smoking for health reasons.

Conclusions: It is necessary to establish counseling for giving up smoking, it’s need antitobacco Continuing medical education of employees in the health organisations, legal protection non-S. Smoking is a significant health hazard, there is no safe exposure to secondhand smoke and all workers have the right to work in smoke free workplaces.

References:
P1095 Low-income is a predictive factor of failure associated with smoking cessation at a public clinic in Brazil
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Smoking cessation programs (SCP) are the main way to reduce tobacco related mortality and morbidity. The search for predictors of failure or success specific to a population with special characteristics, such as Brazilians, should be the first step in the development of SCP national. We evaluated the demographic characteristics and factors influencing the failure or success of quitting among participants in a SCP. This retrospective study was conducted from 2005-2009 in a SCP based on cognitive behavioral treatment associated or not with medication therapy consisted in 20 meetings during 12 months. After that the individuals were invited to answer a socio-economic questionnaire by telephone. A total of 15% of the individuals were included in this study and 65 agreed to answer a socio-economic questionnaire (age=49±10, pack-years index=35±24, women=63%). Regarding education level: 50% had primary education, 29% had high school and 21% had university education. Accoring with socio-economic questionnaire 14% of the individuals were at class A2, 21% at class B2, 54% at class C1 and 11% at class D. After the fourth meeting 47% of individuals attempt to quit but only 32% of this professional and in smoking cessation. We aimed to analyse the knowledge about tobacco and how this is in-
fluenced by the smoking behaviour and by educational level. We found that pack years correlated positively with body mass index (BMI) (p=0.002, r=0.323), waist circumference (WC) (p=0.047, r=-0.205). BMI and WC were significantly associated with the outcome and previous attempts to quit. Socio-economic factors should be considerate in the development of smoking cessation intervention in national programs.

P1096 Knowledge about tobacco according to smoking habit and level of formal education
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Tobacco related illnesses are important public health issues worldwide. Population's knowledge about smoking and awareness about health risks are keys for cessation. We aimed to analyze the knowledge about tobacco and how this is influenced by smoking habit and level of formal education. We interviewed citizens who took part in an event of preventive health in a town of the State of Sao Paulo, Brazil. We interviewed 190 subjects, with age 49.5 ± 18, 59% males, 26.3% smokers, 49% non-smokers and 24.7% former smokers. A standard questionnaire was applied with the following main questions: 1) Is tobacco dependence a disease?; 2) Is low level of consumption safe?; 3) Do you receive any information about smoking? The level of formal education was classified: IE (incomplete elementary), HS (high school) and G (graduated).

About 87% of the subjects interviewed received some kind of information about tobacco. However, 27% of them did not consider smoking a disease and 32% considered that a low level of smoking would not represent a damage or risk to their health. In conclusion, the percentage of smokers in our sample is consistent with the prevalence of tobacco smoking in our country. The percentage of former smokers reflects the impact of Brazilian policies for tobacco control. Although anti-smoking campaigns are designed to reach all social layers through an accessible language, we find that the knowledge about tobacco are still incomplete among general population.

P1097 Smoking prevalence and smoking behaviour among Portuguese physicians: A cross-sectional study
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Background: Studies evaluating Portuguese physicians’ smoking behaviour are limited and applied different methodologies. Studies from the 70’s and 80’s show high prevalence rates, higher than the general population. Recent studies have reported decreasing smoking prevalence trends. However, it is not clear if physicians are smoking less than the general population and whether this decreasing trend has continued thereafter. In 2009, a survey was carried out to evaluate smoking prevalence trends and smoking behaviour among Portuguese physicians.

Methods: Questionnaire-based cross-sectional study, conducted during two main national medical conferences, using a convenience-sample methodology. Physicians smoking behaviour was self-reported.

Results: Participants: 607 physicians: 57.6% primary care; 33.1% hospital-based specialists; 9.3% undergraduate students; 67.2% females; median age 34. Smoking prevalence was 29.6% in males, 15.3% in females (p < 0.001). Smoking prevalence was not related to medical specialty; 53.3% of the smokers reported being daily smokers, in average 10 cigarettes a day; median of regular smoking age was 18 years. 46% of the smokers reported desire to stop smoking, 56.7% had already tried to quit but only 33.8% reported needing assistance on their quit attempt. Age gender specific analyses revealed that the majority of younger physicians (aged≤44) reported being never smokers (males: 62.7%; females: 77.6%), in contrast to older smokers (p < 0.001).

Conclusions: Smoking prevalence among Portuguese physicians is decreasing and is lower than in general population. Physicians smoke less cigarettes and reported more occasional smoking than the general population.

P1098 The achievements of the “Quit Smoking Kocaeli” campaign
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Background: An anti-smoking campaign was carried out in 9 towns of Kocaeli city and smoking habits of population over the age of 18 were evaluated by a questionnaire survey by phone before and after smoking cessation activities that carried out in 9 towns of the city in a year. These results were compared with the data of previous year.

Methods: The sample selection was based on population numbers in towns of Kocaeli city and smoking habits of population over the age of 18 were evaluated by a questionnaire survey by phone before and after smoking cessation activities that carried out in 9 towns of the city in a year. These results were compared with the data of previous year.

Results: Totally 2441 subjects included the study. The percentage of the current smokers was 31.7% in male population which was significantly higher than females (14.2%). The overall smoking prevalence was decreased to 24% which was found as 32% in 2009.

Conclusion: Smoking cessation rates have increased with effect of the legislation of smoke-free areas. In addition to the effect of this law, it was suggested that regional activities about quitting smoking have an important role for the rapid increase of smoking cessation rates in Kocaeli on 2010.

P1099 Oxidative stress, obesity and chronic inflammation in smokers according to smoking duration and heaviness
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Background: Smoking and obesity are rising worldwide in an epidemic manner being common risk factors associated with the increase in the overall mortality. Smoking generates oxidative stress and chronic inflammation in the lungs, and the same mechanisms are involved in the pathogenesis of obesity.

Aim: To assess the relationship between cigarette smoking, spirometry parameters and some anthropometric and inflammatory variables, as well as their association with the levels of antioxidant enzymes superoxide dismutase (SOD) and glutathione peroxidase (GPx).

Methods: We performed a cross-sectional study of 94 smokers without any chronic diseases (mean age 52.7±6.4 years), divided into four groups according to their pack years. We performed a questionnaire, anthropometry, spirometry and biochemical tests. The erythrocyte activities of cellular SOD and GPx were measured.

Results: We found that pack years correlated positively with body mass index (BMI) (p=0.002, r=0.325), waist circumference (WC) (p<0.0001, r=0.418), C-reactive protein (CRP) (p=0.023, r=0.242) and negatively with FEV1 (p=0.047, r= -0.205). BMI and WC were significantly associated with CRP. GPx concentrations were significantly decreased in smokers compared to non-smokers. There was a statistically significant decrease of smoking rates in all educational levels. It was found that one-third of current smokers had at least one attempt for quitting smoking. One of every ten person remembers the regional activities for quitting smoking without significant difference between gender and education level.

Conclusion: Smoking cessation rates are increased with effect of the legislation of smoke-free areas. In addition to the effect of this law, it was suggested that regional activities about quitting smoking have an important role for the rapid increase of smoking cessation rates in Kocaeli on 2010.
were influenced by BMI (p<0.017, β = 0.358) and the number of cigarettes smoked per day (p=0.025, β = 0.398). SOD was also negatively influenced by BMI and WC (p<0.05 for both). FEV1 was related negatively with WC (p=0.047, β = 0.31).

Conclusions: Among heavy smokers and smokers with long smoking history. These processes are closely linked with obesity, which along with smoking increase the risk of early decline in lung function.

P1100
Predictors of lung function improvement following smoking cessation
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Smoking cessation is associated with substantial health benefits. Nevertheless outcome of smoking cessation was often investigated on strongly selected populations. We aimed to assess the influence of our smoking cessation programme on lung function under real life conditions.

703 smoking employees from University Hospital Basel, Switzerland, and two local health industry companies (Novartis Pharma AG, F. Hoffmann-La Roche AG) participated on a structured smoking cessation programme. The programme consisted of 10 visits with counselling and motivational support within 2 years of follow-up. Various modalities of both nicotine replacement therapy and/or bupropion could be offered. The impact of several factors on FEV1 was analyzed by a linear mixed effect model (fixed effects with 95% confidence intervals are shown in parentheses).

Results: Successful smoking cessation at 24 months was associated with an increase of FEV1 of 2.75% (95% CI [0.64, 4.76] p= 0.045). Improvement in lung function was obtained independently from age (β = -0.01 95% CI [-0.15, 0.03] p=0.97) and gender (β = 4.95% CI [-2.22, 3.91] p=0.30). Changes in FEV1 varied between study centres (6.55 95% CI [3.22, 9.88] p<0.001). Participants with higher FEV1 values at baseline showed a greater improvement of lung function after 2 years (0.70 95% CI [0.64, 0.76] p<0.001). FEV1 values of successful quitters were additionally influenced by chosen pharmacological support.

The outcome of a smoking cessation attempt as well as baseline lung function and medication significantly influenced FEV1 within 2 years of a quit attempt. These observations could be important in encouraging smokers to stop smoking.

P1101
Active smoking negatively affects recovery of patients hospitalized due to acute exacerbation of chronic obstructive pulmonary disease (COPD)
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COPD is a progressive inflammatory airway disease most often caused by smoking. Significant proportion of COPD patients continues to smoke even in advanced stages, mainly as the result of severe tobacco dependence. COPD predisposes to depression making symptoms worse. Frequency and effects of active smoking and depression in patients hospitalized due to acute exacerbation of COPD is unknown.

One hundred patients admitted to the Department of Pulmonology Semmelweis University with the diagnosis of COPD acute exacerbation were analyzed (men: women = 46:54). Detailed history, Fagerström nicotine dependence test (FNDT) and Beck depression inventory scale were registered, expiratory CO was measured. Spirometry at admission and release, length of hospital stay and data on medications were collected.

Current smoker (S group, N=45) were compared to former (N=44) and never smoker (N=9) patients (non-S group). FNDT confirmed low dependence (3.9±0.4 points), Beck test results showed significantly higher scores for possible depression in S patients (5.12±1.3 vs. non-S: 9.4±1.0 p<0.05). GOLD stage distribution did not differ between groups. Spirometry confirmed no change in FEV1 predicted in smokers, while significant improvement was noted among non-S patients (∆FEV1 ±SD: 0.50±1.16 vs. non-S: 7.45±4.90; p<0.05). S was associated with significantly longer hospital stay (S: 19.1±2.7 vs. non-S: 14.7±1.1 days p<0.05).

Our results indicate that in patients hospitalized due to acute exacerbation of COPD treatment of smoking dependence is absolutely indicated as active smoking decreased improvement in health status and significantly increased hospital stay.

P1102
Exhaled carbon monoxide according to daily cigarette consumption in healthy smokers
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Introduction: Effects of paternal tobacco use on different parameters of a newborn child among n=5 preterm neonates with respiratory distress n=2 had paternal smoking history, n=1 (out of n=7) previous abortion was noted in n=19 (20.09%). Among females whose husbands smoked tobacco (n=11) previous smoking history was found in n=3 females. Among n=2 preterm neonates n=1 had paternal smoking history. Out of n=7 neonates with respiratory distress n=2 had paternal smoking history, n=1 (out of n=2) had delayed sucking and n=1 had delayed micturition.

Conclusions: Our results suggest that paternal tobacco consumption might have risks to the newborn child & ongoing pregnancy. Smoking paternal may have biological correlation with such outcomes. Further research should be carried out in this aspect.

P1104
Smoking cessation in tuberculosis and COPD patients
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The aim of this study was to investigate clinical, nicotine dependence status in smoking tuberculosis (TB) and COPD pts, efficacy of treatment of nicotine dependence by nicotine acetylcholine receptor agonist (cytizine), mebidox, behavioural intervention in TB and COPD pts.

Methods: 91 smoking TB and COPD pts (74m, 17w, age 41±14) were examined before and after 3 months of treatment. 50 Pts have been treated with 4-5 anti-tuberculosis drugs, basic course of COPD (82-agonist, anticholinergic, corticoids, O2), cytizine (1,5-6mg/day-25days), mebidox (100mg/day-25days), behavioural intervention. 41 Pts have received 4-5 antituberculosis drugs and basic course of COPD only (Gr2). Examination of clinical status, blood gases, pulmonary function test, quiz pts about their smoking status had been performed in all patients.

Results: In TB and COPD pts smoking was found low nicotine dependence, low motivation to quit. After 3 months of treatment in TB and COPD pts clinical status was improved. Smoking behaviour was achieved in 16% pts of Gr1, decrease of nicotine consumption-in 60% pts of Gr1. In 76% pts of Gr1, in 71% pts of Gr2 was found improvement of chest X-ray. Sputum conversion was found in 80% pts of Gr1, in 73% pts of Gr2. In Gr1 was found increased forced expiratory volume in 1 second for predicted on 14%, p<0.05, peak expiratory flow for predicted on 13%, p<0.05, decrease of PCO2 on 14%, p<0.01, HCO3- on 8%, p<0.05. In Gr2 significant changes were not found.

Conclusions: In TB and COPD pts adding cytizine, mebidox, behavioural inter-vention to antibacterials and basic course of COPD leads to decrease of level of nicotine...
of nicotine consumption, improvement of clinical, blood gases exchange status, pulmonary function.

P1105
Association between dopamine transporter, monoamine oxidases genotypes and tobacco smoking
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There are many polymorphisms of genes involved in metabolism of compounds contained in tobacco smoke (MAOA, MAOB, DAT1 and DRD2). Dopamine (DA) is critical for reward and its predictive signals, genetically driven variation in DA transmission may account for the observed differences.

The aim of study was to examine interactions between DAT1 and MAOA polymorphisms and nicotine dependence, number of cigarettes and successful quit smoking in healthy smokers, patients with COPD and asthma.

Methods: 99 smokers-males (36-78 years) were genotyped for polymorphisms of DAT1, MAOA. CO breath testing has been made for cigarette consumption. Information about current tobacco consumption was obtained using self-report measures and structured interviews.

Results: Age at initiation of smoking was assessed at age 12 and 22 years. Results suggest that age at onset of intensive consumption and nicotine dependence (ND) moderated the association of the DAT1 gene. Individuals with DAT1 40 bp (6R, 7R, 8R, 9R) and DAT1 30bp (5R) had lower nicotine dependence and they quit smoking more successful than smokers with DAT1 40 bp (10R, 11R; p=0.038) and DAT1 30bp (6R, 7R; p=0.029). ND patients with COPD =5.24±0.36 (from 4 to 10), asthma = 3.15±0.44 (from 3 to 8). Patients with COPD more often had DAT1 40 bp (10R, 11R) than patients with asthma (p=0.039). Have been revealed association between the MAOA polymorphism and smoking (r=0.48). Smokers with COPD and smokers with several nicotine withdrawal more often had 3R 4R MAOA.

Conclusion: These results support the hypothesis that the DAT1 and MAOA polymorphisms are associated with smoking cessation and can influence on smoking cessation in patients with COPD.

P1106
Smoking induced satellite associations in a rural population of south India
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A smoker is exposed to a variety of carcinogenic constituents present in cigarettes, making it necessary to analyze the cells at metaphase as these can be a health hazard to the future generations.1 Cytogenetic assay in peripheral blood lymphocytes was done to assess the incidence of Satellite Associations among 30 smokers and 30 non-smokers in a rural population of South India. Smokers were divided into three groups based on their Smoking Index (SI): I - SI less than 150, II - SI 150 to 300, III - SI more than 300. An equal number of matched control individuals were selected and Lymphocyte cultures were set up from heparinised blood. The mean frequency of satellite association in smokers belonging to group I, II and III were 45 (44.25±3.30), 53 (53±3.46) and 67 (67±6.22) respectively, whereas the mean frequency of satellite association in non smokers was 29.83% (29.83±1.00). The frequency of Satellite Associations in smokers I, II and III increased with the increase in the frequency of their smoking index than their non smoking counterpart. The students’ “t” test (“SSP” software) for satellite association was found to be highly significant at p<0.01 in all the three Smoker Group viz. I, II and III. These findings confirm the genotoxic effect of cigarette smoke on the chromosomes and can be used as a Smoking Cessation Intervention tool.

References: 