REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH DOI: 10.9789/2175-5361.2017.v9i2.441-450

O que os pacientes psiquiátricos pensam sobre parar de fumar?

What do the psychiatric patients think about stop smoking?

¿Qué piensan los pacientes psiquiátricos sobre parar de fumar?

Renata Marques de Oliveira[1]; Antonia Regina Ferreira Furegato[2]

How to quote this article:
Oliveira RM; Furegato ARF. What do the psychiatric patients think about stop smoking? Rev Fund Care Online. 2017 abr/jun; 9(2):441-450. DOI: http://dx.doi.org/10.9789/2175-5361.2017.v9i2.441-450

ABSTRACT

Objective: To investigate the opinion of psychiatric patients about the best time to try to quit smoking, which could help them, and knowledge about the dangers of tobacco. **Method:** An exploratory study done with 96 smokers hospitalized in psychiatry sector. Interviews with open questions and nicotine dependence test. Descriptive statistics and thematic analysis. **Results:** The best time to quit smoking divides opinion: when the mental disorder is controlled; when something important happens, and during hospitalization. For some, it is enough just decide to stop, regardless of time. Patients reported encouraging professionals to continue smoking. Although the harmful effects are known, psychological mechanisms (denial/rationalization) interfere on the decision to stop. **Conclusion:** The treatment of smoking should be integrated with health services and led by a multidisciplinary team, respecting the time of each patient.

Descriptors: Smoking, Abandonment Tobacco use, Psychiatric nursing.

[1] Nurse. Master and PhD student at the College of Nursing of Ribeirão Preto Nursing Psychiatric Program (EERP-USP).

[2] Nurse. Holder Senior Professor, Department of Psychiatric Nursing and Human Sciences at Ribeirão Preto College of Nursing (EERP-USP).

RESUMO

Objetivo: Investigar a opinião de pacientes psiquiátricos sobre o melhor momento para tentarem parar de fumar, o que poderia ajudá-los e o conhecimento sobre os malefícios do tabaco. **Método:** Estudo exploratório com 96 fumantes, internados em psiquiatria. Entrevistas com questões abertas e teste de dependência nicotínica. Estatística descritiva e análise temática. **Resultados:** O melhor momento para parar de fumar divide opiniões: quando o transtorno mental está controlado, quando algo importante acontece e durante a internação. Para alguns, basta decidir parar, independente de momento. Pacientes relataram o incentivo dos profissionais para continuarem fumando. Embora os malefícios sejam conhecidos, mecanismos psicológicos (negação/racionalização) interferem na decisão de parar. **Conclusão:** O tratamento do tabagismo deve ser integrado entre os serviços de saúde e conduzido por equipe multiprofissional, respeitando-se o momento de cada paciente.

Descritores: Tabagismo, Abandono do uso de Tabaco, Enfermagem psiquiátrica.

RESUMEN

Objetivo: Investigar la opinión de los pacientes psiquiátricos sobre el mejor momento para dejar de fumar, lo que podría ayudarlos y sus conocimientos sobre los maleficios del tabaco. **Método:** Estudio exploratorio con 96 fumantes, internados en la psiquiatría. Encuestas y test de dependencia nicotínica. Estadística descriptiva y análisis temático. **Resultados:** El mejor momento para dejar de fumar divide las opiniones: cuando el trastorno mental está controlado, cuando algo importante ocurre y durante la hospitalización. Para algunos pacientes, es sólo decidir parar. Algunos pacientes fueron incentivados por los profesionales para que siguiesen fumando. Aunque los maleficios sean conocidos, los mecanismos psicológicos (negación/racionalización) interfieren en la decisión de parar de fumar. **Conclusión:** El tratamiento debe ser integrado entre los servicios de salud y conducidos por el equipo multiprofesional, respetando el momento de cada paciente.

Descriptores: Tabaquismo, Cese del uso de Tabaco, Enfermería psiquiátrica.

INTRODUCTION

Tobacco control is a priority action of public health, since one in five individuals in the world's population uses tobacco. In this frame, at the end of the century, deaths due to diseases caused or aggravated by smoking will add a billion. For every smoker who dies, 20 of them are diagnosed with serious diseases associated with smoking.[1-3]

Among psychiatric patients, these figures are more expressive. In Brazil, a study done with people with chronic mental disorders (n = 2461) from 26 public health services, found that 53% of them were smokers. Currently, the prevalence of smoking in the Brazilian population, ≥ 18 years of age is 11.3%.[4-5]

In a meta-analysis, carried out from 42 studies, we compared the prevalence of smoking among patients diagnosed with schizophrenia and the general population of 20 countries. The overall prevalence of smoking among schizophrenics was 62%, 5.3 times higher than that found in the general population[6]. In the United States, it is estimated that of the 443.000 annual deaths related to tobacco, 200.000 occur in psychiatric patients.[2]

Despite the alarming figures, there is an evidence that most psychiatric patients aims to stop smoking and get positive results when subjected to treatments for addiction, including those conducted by nurses.[7-9] The high prevalence of smokers suggests, therefore, that they are excluded from interventions.

This exclusion is shown inhumane, since psychiatric patients are exposed to both the smoking ban in public places and increasing the price of cigarettes. This leads to social isolation (need to smoke hidden), the purchase of contraband cigarettes, smoke butts, theft and prostitution to get cigarettes.[10-11]

Being tobacco dependence diagnosis defined in the International Classification of Diseases (ICD-10) and in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), all smokers should have access to smoking cessation treatment in health services.[12] However, in most of the cases, the diagnosis of dependence is not even registered in the records of psychiatric inpatients.[13-14]

The nursing staff is important in the process of quitting smoking because they are professionals who spend most of the time with the patients during hospitalization. If qualified, nurses can use those moments of closeness to identify the motivations of each individual to try to quit smoking, the difficulties and the resources he/she has to face this process, working out with him a plan of care according to their needs. The planning interventions to stop tobacco use can be integrated into everyday nursing actions.[15-16] A study done with 1.037 Americans revealed that nurses are the most honest and ethical professionals in their relationship with people.[17] The confidence that people have in nurses can be a favorable element in the treatment of smoking.

The high prevalence of smoking, coupled with the exclusion of psychiatric patients in treatment for addiction, underscores the importance of investigating what they think about quitting smoking. This study came from questions: 1) Is there a right time for psychiatric patients trying to quit smoking? 2) What could be done to help them? 3) The health dangers of tobacco knowledge's interfere on the decision to stop smoking?

This study aimed to investigate the opinion of smokers' psychiatric patients about the best time to try to quit smoking, what could be done to help them and knowledge about the dangers of smoking to health.

METHODS

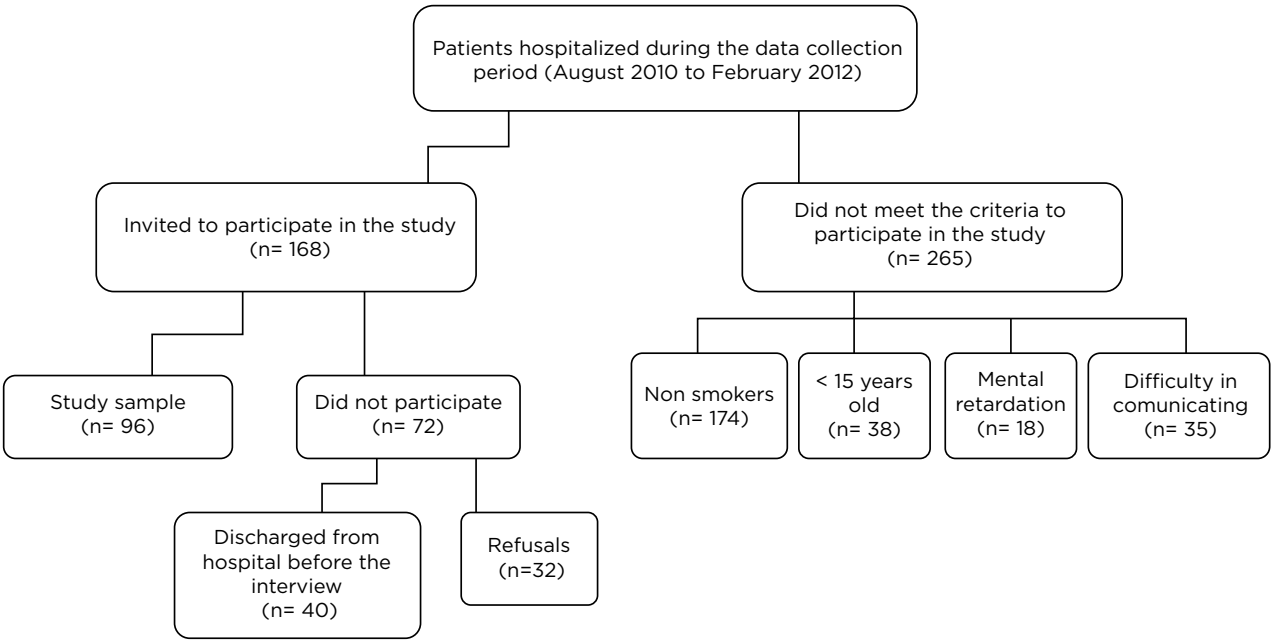
This exploratory study took place in the psychiatric unit of a general hospital at São Paulo, Brazil. At the unit, 18 beds for short hospitalization of people with mental disorders are available. On average, 15 beds are occupied daily with an average hospital stay of 16 days.

DOI: 10.9789/2175-5361.2017.v9i2.441-450

Participated 96 psychiatric patients (simple random probability sample - precision of 95% and maximum 10% error) admitted from August 2010 to February 2012. Inclusion criteria: being a smoker. Exclusion criteria: 1) under 15 years of age; 2) diagnosis of mental retardation; 3) verbal communication impossible. This study was approved by the Research Ethics Committee (EERP/USP 1173/2010). Signing two copies of the Consent and Informed (SCI).

During the period of data collection, all patients who were hospitalized in the unit and met the criteria for participation were invited. The inclusion of individuals was for convenience, first being approached patients hospitalized for longer. The patient admitted to the full period and exclusions are described in Figure 1.

Figure 1 - Patients admitted to the psychiatric unit during the period of data collection



The 96 individuals were interviewed individually in an office unit. We used ten variables for identification and three open questions of a questionnaire developed by the authors (Smokers Identification Instrument Psychiatric Unit General Hospital - ITUP) for a larger project investigating different aspects related to smoking among psychiatric patients. The interviews were recorded.

Variables: gender; age; education; marital status; primary psychiatric diagnosis; time of diagnosis; how long it started smoking; daily amount of cigarettes; monthly expenditure on cigarettes; previous attempts to quit smoking; methods used to try to quit smoking; You feel able to quit smoking. Questions: 1) In your opinion, what is the ideal time to try to quit smoking? 2) What professionals can do to help you stop smoking? 3) What do you know about smoking? Besides ITUP, the Nicotine Dependence Test Fagerström was applied to describe the degree of dependence of individuals.[18]

Tools of descriptive statistics. Thematic content analysis for the answers to the open questions, having followed four steps: 1) reading; 2) highlight the core meanings; 3) identification of themes and 4) definition of the categories.[19]

RESULTS

Presented in two topics: A) Sample characterization and B) Thematic analysis.

A) Sample characterization

The main features of the 96 smokers are summarized in Table 1.

Table 1 - Characterization of 96 smokers

Variables		%
Gender	Female	61,5
Age	38,2 years old (15 – 88)	
Marital Status	Single	43,8
	Married	33,3
	Separated / divorced	17,7
	Widow(er)	5,2
Education	Elementary School	53,1
	High School	34,4
	College	12,5
Diagnostics	Severe and persistent mental disorders	80,2
Diagnostic Time	≤ 4 years	51
How long have been smoking tobacco?	≥ 21 years old	52
Daily average of cigarettes	24,2 cigarretes (1 – 100)	
Average monthly expenditure on cigarettes	R$ 86 (5 a 333)	
Attempts to stop smoking	Yes	84,4
Methods used to try to quit smoking	Group and medication	19,8
	Alone	80,2
You are able to stop smoking	Yes	56,3
Dependence on nicotine level	High / very high	53,1
	Medium	13,5
	Low/ very low	33,3

B) Thematic Analysis

Three thematic categories were identified that portray the dilemma about the best time to psychiatric patients stop smoking, what do they know about the dangers of smoking to health and what could be done to help them.

1) The best time to try to quit smoking

Regarding the opinion of 22 individuals, there is an ideal time to try quitting smoke, as long as there is willingness and determination.

"If the person really wants, he/she quit smoking at any time in their life." (F12)

"It's time to pick up the cigarette and say: 'today I will not smoke you!' (F32)

"It is not about the time. It's about attitude." (F55)

For 15 individuals, the best time is when life is quiet, and there are no problems. They point out that the symptoms of mental disorder should be controlled.

"I'm confused. When I know who I am, when I have more control of my emotions [...] First I need to set my feet on the ground, and then try to quit smoking." (F19)

"When I get healed, then I'll see if get off the cigarette. When I leave here, I'm sure I'll have more strength not to smoke because I will be healed of my problem." (F29)

"It is the time that I'll be living a normal life." (F65)

"You have to be in a quiet phase, without the commotion, not having much trouble in the house. Life and depression have to be controlled." (F69)

Ten individuals believe that the right time is when health problems appear.

"When you are doing harm to health. For me, this has already begun." (F35)

"I think it is when the person is on the verge of death." (F66)

"It's that moment that takes you by surprise. The doctor says, 'Either you stop or die." (F81)

Eight individuals said that each person have their time. One guy said that his time has not come yet, as he would trade anything for cigarettes.

"Each person has its moment, it depends on each one." (F45)

"I do not want to quit. The guy came to me and said 'if you quit smoking, I'll marry you'. He married another one because I chose to stay with the cigarette." (F72)

"I have not felt that it was the time to quit smoking." (F75)

For two individuals, the ideal time is when something important happens in life.

"An ideal time? For me it was the pregnancy." (F25)

"The birth of my first grandchild is a stimulus. Have you considered taking my grandson smelling cigarette? It helps a lot when important facts take place, because there is an incentive." (F60)

Two people underscores the importance of not start smoking.

"Ideally not start. Getting in, it is easy; now, to get out it is very complicated." (F6)

"Do not start. After beginning, it is very difficult to stop." (F24)

Seven people commented that the hospital can be a good time due to staff support and medicines in use.

"The hospital should not only have psychological treatment, but also smoking. The two should be treated here. For now we are here, we should seize the opportunity." (F80)

"I am taking antidepressant, so it's easier to start treatment against smoking. I think it's easier to quit smoking during the [psychiatric] treatment." (F86)

On the other hand, eight individuals said that during hospitalization it is not a suiting time, reflecting the fragmentation of care.

"Here in the ward is another problem, deal with another matter." (F17)

"I'm experiencing a medical problem. The doctor is focused on getting the medication, see what's going on, and then think of the cigarette. We are going step by step." (F30)

"I think here [in hospital] does not suit this kind of treatment because geared to psychiatry. The best time would be after you were treatment discharged." (F66)

"Do not enter this issue of smoking. Maybe it's not a priority. What brought me here is more serious than cigarettes. They are treating my psychological first." (F44)

In ten reports, health professionals have doubts about the best time to guide the psychiatric patient to stop smoking. Four individuals reported that professionals transfer the aid role to the cigarette, as if the patients needed cigarette to feel good.

"I was five years without smoking, but sought help again in the cigarette. The doctor said that it is not my fault, it is because the need I have due to depression." (F9)

"The doctor said, 'I will not take the cigarette now because you are depending too much of it.' He said he advises not to stop now because I'm too busy. I agreed with her." (F19)

"The doctor let me smoke in the hospital, she respects it. She wants me to feel well. If she knows that for me is good smoking [...]." (F20)

"He [nursing auxiliary] hates cigarette, but he speaks like this: 'You smoke? Smoke, you will get better'." (F46)

In six reports, it became clear that both professionals and patients are afraid that the mental disorder gets worse with the removal of tobacco. Some professionals encourage psychiatric patients to continue smoking.

"The post physician asked if I was nervous without cigarettes. So she knows, right?!" (F5)

"The doctor will not mess with it [smoking] because he thinks he can make matters worse. You will not take my foot on the cigarette because it can hurt [mental illness]." (F30)

"I'm afraid to stop and freak out. I told the doctor put '! I'll die of both cigarette' She said, 'Calm down! It is not the time [to stop smoking]. "I was very nervous." (F18)

"The doctor told me, 'your depression deepened because you smoked and stopped.' I spent a few days and I went back to smoking." (F61)

"I spoke to doctor 'Doctor, I quit smoking' She said, 'I'm not encouraging you to go back to smoking, but you're stirred. This is abstinence'. After that, I gave up stopping." (F29)

"The doctor said that if I quit smoking, my situation will get worse. In my work it is forbidden to smoke, so he made a letter saying that I cannot do it without cigarettes, because if I do, my anxiety increases. They packed a separated little place for me to continue smoking." (F43)

2) Knowledge about the harmful effects

92 smokers believe that smoking causes harm to physical health. This knowledge was obtained through government campaigns and information on cigarette packets.

"The cigarette has 4,700 toxic substances that cause physical and psychological dependence. In 15 seconds, we consume them all! They are carcinogenic and affect the brain." (F4)

"When you smoke, automatically your heart pumps faster and can cause heart attack and stroke. In the cigarette pack speaking what he does wrong." (F29)

"Smoking has several toxic substances. When you smoke, you ingest nicotine and tar. The Ministry of Health warns so much, so much and so much. I learned it by the government campaigns." (F55)

"Radio, television, all the media are saying that smoking cause harm. Sometimes I get the cigarette, and see the picture on the back of the pack and do not light it. I let it go, it's minus one." (F60)

Although they have the harmful effects of cigarettes, of the 54 individuals who do not feel able to quit smoking, 30 believe that addiction is stronger.

"The end of a smoker is a bed. I smoke scared. I would like to stop." (F18)

"I worry about my health, but how do I stop? It's difficult." (F43)

"I need to stop because I do not want to have thrombosis, heart attack or cancer because of cigarette, but the desire to smoke is stronger." (F19)

While most of them believe that tobacco harms health, ambivalence has been identified in the accounts of seven individuals.

"Sometimes I care about my health, sometimes I do not care." (F30)

"Every cigarette you smoke is a lost day of your life, but I do not understand why, at the same time that it is harmful, it gives you a relief." (F36)

"The reason says that smoking is bad, but the addiction says: 'Man, how smoking is bad when you are nervous, stressed, you light the cigarette and relax?' I worry about my health but my acts deny that." (F49)

"It makes me sick, but does well too. It is a middle ground." (F58)

Eight individuals used the defense mechanisms of denial and rationalization.

"I know it can cause lung problems. My grandfather died of emphysema. I know all that, but when I need, I will stop." (F25)

"I've had a heart attack. I cannot stop smoking and do not intend to. I think that the heart attack was not due to smoking because I'm smoking more than before. I would have had another heart attack if it was due to the cigarette." (F28)

"The cigarette will not hurt because people, who did not drink, did not smoke nor did anything, died anyway. Then nothing will happen to me because of the cigarettes." (T34)

"I saw a lung cancer video and I was horrified. I spent two days without smoking. Then you say: 'So many people die and never smoked!' You think at the moment and that's it." (F81)

3) What could be done to help them stop smoking

31 individuals mention that prescription medications and nicotine patch could help them stop smoking.

"If you had a drug that would make me feel like giving up smoking, I would like to quit smoking." (F5)

"If you had a little medicine, some pixie dust to stop smoking [...]". (F44)

"They talk about having nicotine sticking in the body and deceive the desire to smoke." (F81)

23 individuals commented about the importance of receiving guidance and information through lectures.

"It should have lectures. I know the dangers, but the more we know the better." (F13)

"Give guidance, explaining that cigarettes cause, put up posters. I already know the dangers of smoking, but

it is good to go gradually putting in the head what it does." (F82)

"Lectures. People know [what the cigarette cause], but many are unaware. The lectures would help creating awareness." (F57)

14 individuals said they would like to participate in groups.

"I'm shy when I am at groups, but it would be good to talk about things that cigarettes cause." (F38)

"If here had a smoking group to give direction to help us, I agree. I participate easily." (F67)

Eight individuals underscore the importance of a treatment for integrated cigarette smoking among different health services from primary care to the hospital.

"A group of cigarette could help from the clinic to the hospital. Should begin in the clinic and continue here. (T19)

"It should have something that started in the hospital and continued outside." (T60)

Only two participants recognize the importance of preventing as never start smoking.

"The right is to give advice not to smoke, never vitiate because addiction is not easy." (T37)

"Should not let get addicted." (T41)

DISCUSSION

While most of the sample is classified with degree of high or very high dependence, of five smokers four tried to quit smoking at least once a lifetime. A study done with Brazilian general population showed that almost half of tobacco users tried to quit smoking in the last year.[20]

The ideal time for psychiatric patients to stop smoking is controversial. Approximately one quarter of individuals believe that there is a time provided that they crave stop. Survey of former smokers Americans showed that while 48% have not sought professional help to quit smoking, managed to remain abstinent because they decided it was the right time to carry out the attempt.[21]

There were reports that the best time is when something important happens in life like the birth of a child or a grandchild. In this sense, this theme's researchers advocate the importance of having a reason to decide to quit smoking.[22]

Some believe that the ideal time is when the symptoms of a mental disorder are controlled. Similarly, a study done with 685 patients with bipolar disorder, from different countries, found that 96% of smokers agree that mental health should be preserved when trying to quit smoking.[23]

In the reports of smokers, many health professionals betray their doubt about what would be the best time to intervene in tobacco dependence, as psychiatric patients needed tobacco to remain stable. Some reported having been discouraged to stop smoking by professionals, and even a doctor issued a certificate so that the patient could smoke in his/her workplace. Similar results were found in studies in other cultures, showing that professionals discourage the psychiatric patient to quit smoking because they fear that the symptoms of mental disorders are aggravated.[23-24]

The fear that psychiatric symptoms are aggravated by the withdrawal of tobacco finds no support in the scientific literature. On the contrary, studies in the United States and Israel have identified improvement of psychiatric symptoms among patients who stopped smoking.[25-27]

Although the National Association of Directors of the United States Mental Health Programs admits that it is not defined the right time to intervene in the use of tobacco by psychiatric patients, explains that, during the outbreak psychiatric, the approach to smoking is not a priority.[28]

The reports show that such thought is reflected in the practice of care as a trap. On one hand, practitioners of psychiatric hospitalization services justify hospitalization is not the best time to intervene in the use of tobacco because of the risk of injury Psychiatric outbreak, on the other hand, the primary health care professionals argue that it is not the right time because, since the patients are stable, fear relapse. While each service care network argues that it seems more convenient and thus apparently justified, the psychiatric patient who longs to quit smoking is forgotten.

This professionals' behavior portrays the fragmentation of care to patients with mental disorders. Some patients do not believe that during psychiatric hospitalization is appropriate time to address tobacco dependence because the hospital multidisciplinary team deals with issues "more serious" than smoking. It is urgent that this design be reviewed, since tobacco interferes with the production of psychiatric symptoms (delusions, hallucinations and anxiety) and drug therapy. Thus, the tobacco cannot be considered a care tool, but more a source of problems for the psychiatric patient.[11,28-29]

It is worth mentioning some expressions used in reference to the most appropriate time to try to quit smoking: "When I get healed"; "normal life"; "Life has to be controlled." It is noteworthy that, in ten smokers in this study, eight are diagnosed with severe and persistent mental disorders, so the risk of new outbreaks is always present in the lives of these individuals. As these are chronic disorders, nurses and other health professionals need to work motivation of

psychiatric patients to quit tobacco use, considering that the problems will always exist and the importance that patients learn to live with them without tobacco.

To suggest what could be done to help them quit smoking, some people with mental disorder commented on the importance of treatment for tobacco dependence that is integrated between the different health network services, from primary services (primary care) to tertiary (hospital care).

A randomized clinical trial of 943 smokers with post-traumatic stress disorder showed that those who participated in treatment for dependence on the mental health integrated tobacco were 2.59 more likely to remain abstinent than those who were referred for specialized treatment services smoking.[26]

From this perspective, it recognizes the importance of smoking and mental disorders being treated in an integrated manner.[26,30] Thus, the establishment of communication between the hospital staff and community staff also becomes important, so that patients motivated to remain abstinent after discharge can be sustained throughout the process.

Recognizing how difficult it is to quit smoking, some individuals highlighted the importance of preventing smoking do not start smoking. The International Council of Nurses guides that smoking prevention should be integrated into nursing actions.[31]

Although almost a third of the patients have suggested that prescription drugs and nicotine patches could help them quit smoking, an expressionless part received medical aid when tried to stop. A similar result was recorded in the study of the International World Health Organization's Tobacco Surveillance System conducted with Brazilian population.[20]

Almost all smokers acknowledge the harmful effects of smoking on health. Despite the weaknesses recognized in smoking cessation in Brazil, the disclosure of tobacco damage to health seems to be gaining good results, reaching the most diverse populations, which shows the effectiveness of awareness campaigns. The study by the World Health Organization with the Brazilian population revealed that 65% of smokers have thought of quitting because of the photos printed on cigarette packs.[20]

Although almost all of the individuals know the dangers of smoking, it was observed that a quarter believes that guidance and information through lectures can help them stop smoking. Thus, it is as if their knowledge was a decorated text, feeling the need to internalize it. Some individuals reported ambivalence, because on the one hand, believe in tobacco benefits (anxiety relief), but on the other, recognize their misdeeds. This contradiction was found in a study with nine smokers who participated in an operating group for the treatment of smoking inside Goiás.[32]

It was identified in the reports about the dangers of tobacco the use of defense mechanisms – denial and rationalization. These defense mechanisms act in dependent patients as a way to convince them to continue the use of tobacco or other substances.[33]

The Theory of Cognitive Dissonance explains that when the individual recognizes the losses of a certain behavior, but cannot modify it, experiences a psychological state of discomfort called dissonance. To overcome it, his/her beliefs are changed. Thus, the smoker who recognizes tobacco use consequences, but cannot stop smoking, and change his/her way of thinking about tobacco.[34]

A prospective cohort study of 4048 adults from Canada, USA, UK and Australia found that smokers who tried to quit smoking, throughout the study, were the most minimized health to tobacco risks (rationalization) in relation to former smokers, suggesting that smokers change their beliefs so that your ego accept tobacco smoking behavior.[35]

Furthermore, the treatment of smoking should be integrated between the different services, and conducted by a multidisciplinary team of nurses, general practitioners, psychiatrists, psychologists, social workers, among others, so that they are considered not only the biological aspects of addiction, but also psychological (defense mechanisms), social and cultural. Treating tobacco dependence among psychiatric patients and prevent new smokers start smoking is urgent.

We hope that the knowledge produced contributes to the development of treatment plans for tobacco dependence contrary to the logic of exclusion of psychiatric patients, making the desire to quit smoking a possible choice.

CONCLUSION

Although most individuals have a history of trying to stop smoking, the results show that there is a dilemma regarding the best time for retries. The key moments highlighted by psychiatric patients were: when the mental disorder is controlled; when something important happens (motivation) and during psychiatric hospitalization due to staff support and medicines in use. Some reported that there is no ideal time, since we pursue quit smoking and stressed the importance of considering the individuality of each smoker, each person has their time to give up tobacco use.

This study highlighted that primary care professionals and hospital care are reluctant to treat tobacco dependence for fear of worsening psychiatric symptoms, fragmenting care to psychiatric patients. Some patients were encouraged to continue smoking by these professionals.

It also stressed the importance of treatment of tobacco dependence is integrated between the public health network services, so that is not interrupted when the patient is hospitalized or when discharged from hospital. Although almost all smokers recognize the dangers of smoking to the physical, psychological mechanisms such as denial and rationalization interfere in the decision to stop smoking.

Nurses can take advantage of its proximity to hospitalized patients to identify the time that each patient think is ideal to

try to quit smoking, the psychological mechanisms involved in this choice and what each would like done to help you. The nurse may be the link between the patient and other professionals of the multidisciplinary team in order to design an individualized treatment plan, respecting the time of each patient and their clinical, psychological and social needs.

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Received on: 17/02/2016
Reviews required: No
Approved on: 24/05/2016
Published on: 10/04/2017

Author responsible for correspondence:
Antonia Regina Ferreira Furegato
Departamento de Enfermagem Psiquiátrica e Ciências Humanas da Escola de Enfermagem de Ribeirão Preto
Avenida dos Bandeirantes, 3900
Ribeirão Preto/SP
E-mail: furegato@eerp.usp.br
ZIP-code: 14040-092