

# Schizophrenic adults with nicotine dependence research paper

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## **Abstract**

A total of 40 schizophrenic adults, 20 being male and 20 being female were subjected to a Fagerström Test. The main objective of this function was to explain and assess both the strengths and problems of schizophrenic adults with nicotine dependence/addiction. Among the 40, 20 were addicted while the rest were not. Among the 20 labelled addicted, 10 were male and the other 10 were female.

## **Introduction**

Personalities with schizophrenia encompass a great deal in elevated tobacco smoking prevalence, a lesser cessation pace, and an elevated occurrence of tobacco-linked illnesses in relation to the common populace. As seen, the most widespread type of substance use condition in individuals with schizophrenia is nicotine reliance owing to smoking. Even as the occurrence of smoking in the U. S. populace is approximately 32 percent, the predominance among schizophrenia-linked individuals is about three fold (American Psychiatric Association, 2004). The Fagerström Test for Nicotine Dependence (FTND) is employed for measuring nicotine dependence. It is a set of questions that can be used to assess nicotine addiction (appendix A). 40 adults of whom 20 were not addicted to nicotine were equally submitted to this test for the main objective of the experiment, to explain and assess both the strengths and problems of schizophrenic adults with nicotine dependence/addiction

The location of the study was at (name) Community Mental Health Centers and an outpatient rehabilitation program in (name). The sample was 40

schizophrenic patients with 1: 1 ratio in terms of gender. The Schizophrenia symptomatology was assessed with the Fagerström Test, which can be used to provide factor scores (Peralta et al. 1994). Those patients treated with anticholinergics or those with a score  $> 0$  in the Fagerström Test scales were considered as having a vulnerability to extrapyramidal side effects. Only one rater, a research psychiatrist rated all scales in all patients.

## **The assessment was based on the results provided by the test that is**

### **1- 2 = very low dependence**

3 = low to mod dependence

4 = moderate dependence

5 + = high dependence

## **Results**

Ninety-four percent (34/40) of patients were taking antipsychotics with a mean (SD) dose of 550 (459) mg/day of chlorpromazine equivalents. Typical antipsychotics were prescribed in 71 percent (28/40) and antiparkinsonians in 37 percent (11/40) of subjects. Twenty four percent (24/40) of the patients had a vulnerability to extrapyramidal side effects.

The frequency of current smokers was 50 percent (20/40) and the mean (SD) number of packs per day among current smokers was 1. 5 (0. 7). Heavy smoking was present in 57 percent (17/20) of smokers. Among smokers, the mean (SD) FTND score was 6. 8 (2. 3).

## **Discussion**

It is consequently obvious that nicotine can have both optimistic and unconstructive consequences. The elevated utility of nicotine in schizophrenia patients has as well been accredited to nicotine decreasing the results of the antipsychotic medicines.

## **Strengths of schizophrenic adults with nicotine dependence/addiction**

A research done by Shiffman (2002) examined why schizophrenic persons smoke constantly. Brain associated functions tend to be exaggerated in schizophrenia comprising continued attention, resolute attention, operational reminiscence, temporary memory, and acknowledgment memory (2002).

The research also considered that there might be developments in these quarters after nicotine treatment. Consequently, it is also speculated that nicotine is employed as a self-medication strategy to recover from the problems of concentration, cognition, and information processing in addition to the consequences of antipsychotic medicines.

Of the 20 patients who were rated as smokers by the Fagerström test, about 90 percent showed enhanced concentration and improved information processing. About 100 percent of the same population claimed that they used smoking as a self-medication strategy to recover from the problems of concentration, cognition, and information processing in addition to the consequences of antipsychotic medicines.

## **Problems of schizophrenic adults with nicotine dependence/addiction**

A research conducted and archived in Psych Central (2006) has revealed that the association linking smoking and schizophrenia is multifaceted. Though schizophrenia affected individuals might smoke to self-medicate their signs, smoking (nicotine) have been established to obstruct with the expected reaction to antipsychotic medicines. It has established that smoking schizophrenia individuals require elevated doses of the drugs. This have been realised after about 70 smoking schizophrenia patients were subjected to Fagerström Test and accorded the dosage in increasing dosages until they worked (Mental Health, 2006).

The 20 adults with schizophrenia addicted to nicotine compared to the 20 adults without the addiction, showed vulnerability to extrapyramidal side effects. The former were established to be given higher doses of the antipsychotic drugs than the subjects who were not addicted to nicotine.

## **Community Nursing Interventions**

### **1. Psychosocial Interventions**

Primary health care physicians are probably the most effectual in employing short interventions and offering advice and/or prescriptions for pharmacologic interventions. They may be as well an imperative connection in offering patients with recommendations to more exhaustive therapy programs and further education.

### **2. Treatment Focus at Different Phases of Schizophrenia**

### **3. Teaching patient and family about illness and nicotine addiction**

4. Supporting patients in improving their capacity to resolve problems connected to environmental stress

5. Educating the patient coping strategies and helping family and patient to recognize sources for continuing support

## References

American Psychiatric Association (2004). DSM-IV: Diagnostic and Statistical Manual of Mental Disorders. Washington, DCAPA,.

Mental Health, N. (2006). " Schizophrenia and Substance Abuse". Psych Central. Retrieved on July 1, 2011, from <http://psychcentral.com/lib/2006/schizophrenia-and-substance-abuse/>

Shiffman, S.,(2002). " Efficacy of a nicotine lozenge for smoking cessation".

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### Appendix A: Fagerström Test for Nicotine Dependence

Use the following test to score a patient's level of nicotine dependence once they have been identified as a current or recent smoker Please tick (☑) one box for each question

How soon after waking, do you smoke your first cigarette?

Within 5 minutes

5-30 minutes

31-60 minutes

60+ minutes

3

2

1

0

How many cigarettes a day do you smoke?

10 or less

11 - 20

21 - 30

31 or more

0

1

2

3

Total Score

SCORE

1- 2 = very low dependence

3 = low to mod dependence

4 = moderate dependence

5 + = high dependence

Appendix B: Guidelines