

Article

The Incidence of Some Chronic Diseases and Depression Among Males Smokers in Najaf Governorate/Iraq

Sarah Hasan Kadhum AL-Huchaimi¹, Ali Y. Khudhair², Zahraa K. Taiban³

1. Department of Medical Laboratory Techniques, Technical Institute/ Kufa, Al-Furat Al-Awsat Technical University 31001 Kufa, Najaf, Iraq.
 2. Department of Healthy Physics and Radiation Therapy Technical Engineering, technical Engineering Najaf Collage, Al-Furat Al-Awsat Technical University 31001 Kufa, Najaf, Iraq.
 3. Department of Community Health, Kufa, Technical Institute, Al-Furat Al-Awsat Technical University 31001, Kufa, Al-Najaf, Iraq.
- * Correspondence: ali.khudhair.cnj@atu.edu.iq

Abstract: The relationship between smoking and depression remains provocative. Aim: aimed to explain the relationship between smoking and anxiety or depression. Methods: This research was conducted at the Middle Euphrates Technical University - Technical Institute / Kufa as a questionnaire form was designed to collect random samples. The number of samples was 31 smoking male samples and taking into account the age over the age of 18 years, don't have any type of cancer, then detecting chronic diseases, as coughing, body pains, headaches, respiratory disorders, and depression. Results: The data were analyzed statistically in percentages, as well as the results showed that there is a high percentage of smokers who have psychological and pulmonary and physical diseases and were the most chronic symptoms are cough, physical pain and headache, as well as we noticed that the results of smokers were devoid of patients with any type of cancer, in addition to that the results of females were neglected because they are free of the smoking factor, and accordingly, chronic diseases and physical pains. Conclusions: Smoking is a behavior that rises the danger of depression, stop smoking is associated with reducing risk of depression incidence.

Keywords: Smoking, Depression, Chronic Diseases

Citation: Sarah Hasan Kadhum AL-Huchaimi. The Incidence of Some Chronic Diseases and Depression Among Males Smokers in Najaf Governorate/Iraq. Central Asian Journal of Medical and Natural Science 2024, 6(1), 137-140

Received: 10th Oct 2024
Revised: 11th Nov 2024
Accepted: 16th Dec 2024
Published: 22nd Jan 2025



Copyright: © 2024 by the authors. Submitted for open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>)

1. Introduction

Smoking is considered as a source of about three times as many non-cancer deaths as it does cancer deaths. Circulatory disease is the important cause of global smoking deaths (1). Smoking may be one of the causes of the extent of tuberculosis (2). Greatest of the ex-smokers in the world have quit unaided. (3). There has been rapid advance of electronic cigarettes or other inflammable yields., e-cigarettes are now more regularly used than old-style cigarettes among high-school students in the United States (4).

Depression has become a main and severe community health task worldwide and has been documented as one of the important causes of healthy disorders and death around the world (5-7). In spite of growing indication that smoking may be a risk factor for psychological problems, there has been controversy about the relationship between smoking and depression (8). Some studies suggest a probable relationship between smoking and anxiety and depression (9-11). Yet, the scientific image remains vague, complex by limited research investigative the relationships between smoking and

depression and anxiety and mixed results (12,13). While preceding organized review results in the general population tinted associations between smoking and depression and anxiety (14), Therefore, understanding depression and anxiety in relative to smoking may aid explain these associations and notify existing pharmacological and psychosomatic interventions. One from the United States (15) and one study from the United Kingdom (16). One study presented data collected from Saudi Arabia (13), 3 investigated data from Turkey (16,17) and Canada (12) and 2 studies comprised data from Australia (10).

Some studies don't found data for a contributing effect of smoking on depression. (18-21). On the other hand, Wootton and colleagues found weak sign that hereditary threat for main cause of depression was associated with smoking behaviors (22).

2. Materials and Methods

This study was conducted at technical Institute / Kufa, as a questionnaire form was designed to collect random samples. The number of samples was 31 smoking male samples and taking into account the age over the age of 18 years, don't have any type of cancer, then detecting chronic diseases or symptoms, such as coughing, body pains, headaches, respiratory disorders, and depression. The data were analyzed statistically in percentages.

3. Results and Discussion

In this study, the results showed that there is a relationship between the presence of depression and the habit of smoking (smoking addiction) and other symptoms, as out of 31 samples of male smoking addicts, 12 were males, i.e. 38.7%.

While they were not depressed, 19 males, or 61.29%, which is not a slight percentage, as it was found that depression was may be as a symptom of perhaps the rest of the diseases caused by smoking, with the exception of cancer, as any sample suffering from this disease was excluded. These results have been consistent with many studies (14-17).

As for respiratory disorders, they were infected by 10 individuals from 31 samples, with a percentage of (32.25%), while the healthy ones 21 from 31 were 67.7% so these results have been consistent with many studies which confirm that relationship between and smoking addiction respiratory disorders (1,2). As for the rest of the chronic symptoms associated with smoking addicts, they are in varying proportions, as the general physical pains were the largest percentage among the other percentages 41.9%, followed by headache by 25.8% cough by 22.58%, but finally they are healthy people who do not suffer from any symptoms by 9.67 % and these agreed with (5-7).

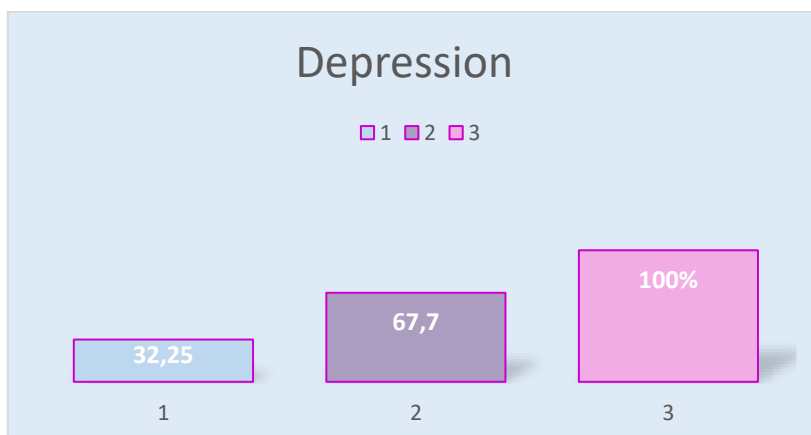
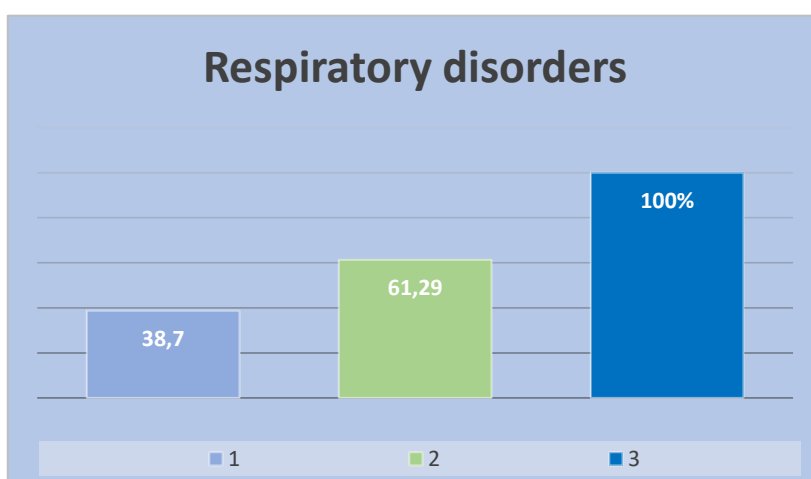
As well as we noticed that the results of smokers were devoid of patients with any type of cancer, in addition to that the results of females were neglected because they are free of the smoking factor, and accordingly, chronic diseases and physical pains may be devoid of results from female smokers due to living conditions in a sacred area, as well as the rule of customs, traditions and family control forces them not to disclose smoking, and if it present. All these results detailed in tables 1 and 2, and figures 1 and 2.

Table 1. The incidence of lung and depression among smoking males

Disease	Incidence %		Total
	Yes	No	
Depression	12/31 (38.7)	19/31 (61.29)	31/31
Respiratory disorders	10/31 (32.25)	21/31 (67.7)	

Table 2. The incidence of chronic diseases among smoking males

Chronic Diseases /Symptoms	Incidence %	Total
Coughing	7/31 (22.58)	31/31
body pains	13/31 (41.9)	
Headaches	8/31 (25.8)	
Without symptoms	3/31 (9.67)	

**Figure (1):** The incidence of depression among smoking males. 1: positive (disease), 2: negative (without disease) 3: total percentage.**Figure (2):** The incidence of respiratory disorders among smoking males. 1: positive (disease), 2: negative (without disease) 3: total percentage.

4. Conclusion

Conclude from the results of this study that the psychological factor has a major role in resorting to smoking and improving mood and due to the poor living conditions and wars in Iraq, smoking is an option available for recreation and that the presence of a large percentage of smokers have depression is a serious indicator that smoking is considered a basic means of entertainment, but it negatively affects health and poses a great health risk and thus increases physical diseases.

REFERENCES

1. Algahtani, H., Almarri, A.K., Alharbi, J.H., Aljahdali, M.R., Haimed, R.A., Hariri, R., 2021. Multiple sclerosis in Saudi Arabia: clinical, social, and psychological aspects of the disease. *Cureus* 13 (7), e16484.

2. Bjørngaard, J. H. et al. The causal role of smoking in anxiety and depression: a Mendelian randomization analysis of the HUNT study. *Psychol. Med.* 43, 711–719 (2013).
3. Briggs, F.B.S., Thompson, N.R., Conway, D.S., 2019. Prognostic factors of disability in relapsing remitting multiple sclerosis. *Mult. Scler. Relat. Disord.* 30, 9–16. Brown, R.F., Valpiani, E.M., Tennant, C.C., Dunn, S.M., Sharrock, M., Hodgkinson, S., Pollard, J.D., 2009. Longitudinal assessment of anxiety, depression, and fatigue in people with multiple sclerosis. *Psychol. Psychother.* 82 (Pt 1), 41–56.
4. Bullen, C., C. Howe, M. Laugesen, H. McRobbie, V. Parag, and others. 2013. “Electronic Cigarettes for Smoking Cessation: A Randomised Controlled Trial.” *The Lancet* 382 (9905): 1629–37. doi:10.1016/s0140-6736(13)61842-5.
5. Cuijpers P, Quero S, Dowrick C, Arroll B. Psychological treatment of depression in primary care: recent developments. *Curr Psychiatry Rep.* (2019) 21:129. doi: 10.1007/s11920-019-1117-x.
6. Ekmekyapar Firat, Y., Akçalı, A., Geyik, S., Çomruk, G., Cengiz, E., Erten, M., 2021. Relationship of smoking with fatigue and depression in patients with multiple sclerosis. *Turk. J. Neurol.* 17, 289–294.
7. Fluharty, M., Taylor, A.E., Grabski, M., Munafo, M.R., 2017. The association of cigarette smoking with depression and anxiety: a systematic review. *Nicotine Tob. Res.* 19 (1), 3–13.
8. Gascoyne, C.R., Simpson, S., Chen, J., van der Mei, I., Marck, C.H., 2019. Modifiable factors associated with depression and anxiety in multiple sclerosis. *Acta Neurol. Scand.* 140 (3), 204–211.
9. Jha, P., B. Jacob, V. Gajalakshmi, P. C. Gupta, N. Dhingra, and others. 2008. “A Nationally Representative Case-Control Study of Smoking and Death in India.” *New England Journal of Medicine* 358 (11): 1137–47. doi:NEJMsa0707719 [pii] 10.1056/NEJMsa0707719.
10. Jha, P., P. Mony, J. A. Moore, and W. Zaton’ski. 2009. “Avoidance of World-Wide Vascular Deaths and Total Deaths from Smoking.” In *Evidence-Based Cardiology*, 3rd ed., edited by S. Yusuf, J. Cairns, A. J. Camm, E. L. Fallen, and B. J. Gersh. Oxford, UK: Wiley-Blackwell.
11. Kahraman, T., Ozdogar, A.T., Abasiyanik, Z., Ozakbas, S., 2021. Associations between smoking and walking, fatigue, depression, and health-related quality of life in persons with multiple sclerosis. *Acta Neurol. Belg.* 121 (5), 1199–1206.
12. Mendelian Randomization Study. *PLOS ONE* 6, e21689 (2011).
13. Pham, T., Jette, N., Bulloch, A.G.M., Burton, J.M., Wiebe, S., Patten, S.B., 2018. The prevalence of anxiety and associated factors in persons with multiple sclerosis. *Mult. Scler. Relat. Disord.* 19, 35–39.
14. Rodgers, J., Friede, T., Vonberg, F.W., Constantinescu, C.S., Coles, A., Chataway, J., Duddy, M., Emsley, H., Ford, H., Fisniku, L., Galea, I., Harrower, T., Hobart, J., Huseyin, H., Kipps, C.M., Marta, M., McDonnell, G.V., McLean, B., Pearson, O.R., Rog, D., Schmierer, K., Sharrack, B., Straukiene, A., Wilson, H.C., Ford, D.V., Middleton, R.M., Nicholas, R., 2022. The Impact of Smoking Cessation on Multiple Sclerosis Disease Progression. *Brain* 145, 1368–1378.
15. Taylor GMJ, Munafo MR. What about treatment of smoking to improve survival and reduce depression *Lancet Psychiatry.* (2018). 5:464. doi: 10.1016/S2215-0366(18)30132-9
16. Taylor, A. E. et al. Investigating the possible causal association of smoking with depression and anxiety using Mendelian randomisation meta-analysis: the CARTA consortium. *BMJ Open* 4, e006141 (2014).
17. Taylor, K.L., Simpson, S., Jelinek, G.A., Neate, S.L., De Livera, A.M., Brown, C.R., O’Kearney, E., Marck, C.H., Weiland, T.J., 2018. Longitudinal associations of modifiable lifestyle factors with positive depression-screen over 2.5-years in an international cohort of people living with multiple sclerosis. *Front. Psychiatry* 9, 526.
18. Weinberger AH, Kashan RS, Shpigel DM, Esan H, Taha F, Lee CJ, et al. Depression and cigarette smoking behavior: a critical review of population-based studies. *Am J Drug Alcohol Abuse.* (2017) 43:416–31. doi: 10.3109/00952990.2016.1171327
19. Whittaker, R., H. McRobbie, C. Bullen, R. Borland, A. Rodgers, and others. 2012. “Mobile Phone-Based Interventions for Smoking Cessation.” *Cochrane Database of Systematic Reviews* 11: Cd006611. doi:10.1002/14651858.CD006611 .Pub3.
20. Wium-Andersen, M. K., Ørsted, D. D. & Nordestgaard, B. G. Tobacco smoking is causally associated with antipsychotic medication use and schizophrenia, but not with antidepressant medication use or depression. *Int. J. Epidemiol.* 44, 566–577 (2015).
21. Wootton RE, Richmond RC, Stuijzand BG, Lawn RB, Sallis HM, Taylor GMJ, et al. Evidence for causal effects of lifetime smoking on risk for depression and schizophrenia: a Mendelian randomisation study. *Psychol Med.* (2020) 50:2435–43. doi: 10.1017/S0033291719002678

22. Wootton, R. E. et al. Evidence for causal effects of lifetime smoking on risk for depression and schizophrenia: A Mendelian randomisation study. *Psychol. Med.* 1–9 (2019).