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A study to find out relapse of tobacco seeking behavior in tobacco users recovering from stroke and the related contributing factors, in a selected hospital, New Delhi, India

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Background: There are around one thousand stroke patients visiting the stroke clinic in the study setting annually. The outcome of treatment of stroke depends on removal of modifiable risk factors, such as stopping tobacco seeking behavior, which gets relapsed soon after a short period of abstinence post-stroke. Hence, there is need to plan strategies for tobacco cessation immediately after the attack of stroke for minimizing risk of relapse of stroke and other complications.

Methodology: A descriptive, cross sectional study on 164 tobacco user post-stroke patients seeking treatment from tertiary care hospital, New Delhi, India. A demographic data sheet, pattern of tobacco use semi-structured proforma, Modified Fagerström Tolerance Scale (MF-TS), Modified Fagerström-Smokeless Tobacco (MF-ST) version scale, checklist to assess factors contributing relapse of tobacco seeking behavior and National Institutes of Health Stroke Scale (NIHSS) were used for the study. All tools were tested for validity and reliability before use. Ethical clearance was obtained from institutional ethics committee.

Results: Mean age of post-stroke patients was 50.56 ± 1.27 years. Most (75%) of the patients were above 45 years of age and were male (98.7%). Most of the subjects had an attack of stroke which had occurred more than 1.7 years back (35.9%, n=59) (before the time of data collection) and 15.8% (n=26) of the patients had attack of stroke 1 to 1.6 years back and most of them had ischemic attack of stroke (70%). Little over half 51.8% (n=85) of the patients had one to five score on NIH Stroke Scale at the time of admission and 3.1% (n=5) of the patients had score of 21 to 42 on NIH Stroke Scale. Slightly less than half (45%) of the patients relapsed to tobacco use post-stroke attack after initial abstinence whereas 54.87% (n=90) of the patients did not relapse to tobacco use. Most of the subjects reported that they were still not ready for enrolling in tobacco cessation treatment program (60.3%). A significant difference was found between relapse of tobacco seeking behavior with MF-ST (smokeless) scale ($p < 0.001$) than MF-TS (smoking) scale ($p < 0.05$). Most of the subjects gave some reasons of relapse like craving or uncontrollable desire. And patients reported symptoms such as irritability, sadness, poor concentration, constipation and non-availability of tobacco cessation treatment, which they reported led to their relapse of tobacco use.

Conclusion: The prevalence of tobacco users getting attack of stroke is four times higher than non-tobacco users. Even though patients are warned by doctor to stop smoking, they continue to use tobacco and same is the finding of the present study that 45.1% of the post-stroke patients relapsed to tobacco use and continue to be under risk of reoccurrence of stroke and other complications.

Implications: It is imperative for physicians treating post-stroke patient, to initiate tobacco cessation treatment at the earliest for patient within first month post-stroke to maintain abstinence from tobacco and thereafter follow-up.

Biography

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