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SCHIZOPHRENIA Factsheet

March 2022

How is smoking related to schizophrenia?

Tobacco smoking is very common among people with schizophrenia, who often have particularly heavy use. This poses considerable health risks, may interfere with antipsychotic medications, and may place a financial burden on the individual. Heavy cigarette use may contribute to the increased mortality and reduced life expectancy reported within the schizophrenia population. This topic considers the effects of smoking among people with schizophrenia. Please also see the smoking topic in comorbid conditions for the rates of smoking in this population.

What is the evidence for smoking?

Moderate to high quality evidence found small effects of more severe positive symptoms and less severe extrapyramidal symptoms in smokers with schizophrenia compared to non-smokers with schizophrenia. There were no differences in negative symptoms, depression, anxiety, tardive dyskinesia, or parkinsonism.

The most commonly reported reasons for smoking were relaxation/stress reduction, dysphoria relief, sociability, craving/addiction. The most commonly reported reasons for quitting were self-control, health concerns, social influence. The following factors were barriers to smoking cessation: cravings and addiction, perceived risk of negative affect, social pressures, stress and boredom reduction, and weight management. Knowledge about health risks of smoking, physician advice and social pressures to quit helped facilitate smoking cessation.

Craving scores were higher in people with schizophrenia and a substance use disorder compared to people without schizophrenia and a substance use disorder. Scores were greater for relief (desire for the reduction of negative effects of withdrawal) than reward (desire for the rewarding effects of drugs).

There was a medium-sized effect of reduced clozapine blood levels in smokers compared to non-smokers with schizophrenia. Clozapine dose was higher in the smoking group; those who quit smoking could have clozapine dose decreased.

High quality evidence found small impairments in attention, working memory, learning, reasoning/problem solving, and speed of processing in smokers vs. non-smokers with schizophrenia. There were no differences in delayed memory, executive functioning (abstraction/shifting or inhibition), or language.

For more information see the technical table

NeuRA
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NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at **neura.edu.au/donate**.

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