Smoking in children

Prevalence and time trends in adolescent smoking
The prevalence of smoking has been declining in all adult age groups in Britain since the 1960s, with this decline accelerating in the 1970s. Prevalence rates fell from 52% of men and 41% of women in 1972, to 33% and 30% in 1988. This decline has been more noticeable in men, resulting in a narrowing of the gap between male and female smoking prevalence. Although this trend has been seen in all adult age groups, it has been more striking in younger smokers, and, as shown by data on the under 16s, has resulted in a reversal in the traditional position where males smoked more than females. Although men generally consume a larger number of cigarettes, the trend is toward female smokers increasing the number of the cigarettes they smoke. There has been an increasing trend toward the promotion of low tar cigarette brands on the market, and it has been suggested that the manufacturers may particularly target women as potential consumers for this product. This is borne out by the greater proportion of women smoking 'low tar' (less than 10 mg/cigarette) brands (25%) than men (16%).

A large proportion of adult smokers acquire their habit during childhood or adolescence. The trends, therefore, in the smoking habits of young people are of major importance for health educators. Amos estimated that there are over 500,000 smokers aged 11–15 years in Britain, with about 100,000 of them likely to die as a result of their tobacco consumption.2 Goddard and Ikin have described declining smoking prevalence in 15–16 year old boys and, worryingly, a stable or slightly increasing prevalence in girls of the same age, such that in 1988, 24% of boys and 31% of girls were smoking either regularly or occasionally.3 4 Although at much lower prevalence, this gender reversal was also true for 14–15 year old girls from 1984 to 1988 (15% of boys and 19% of girls in 1988), and to a lesser extent in even younger children. It seems that health education on smoking, although having met with some success in boys, seems to have failed to address the problem in girls.

It seems that this is not only a British phenomenon. Swan et al5 documented similar reversals for the US in 12–17 year olds in the late 1970s,6 in Canada in 15–19 year olds in the early 1980s,7 and in New Zealand,8 Australia,9 Norway,10 and Sweden.11

Factors associated with the uptake of smoking in children
The literature on the factors associated with the uptake of smoking is vast. Flay et al described the mechanism by which smoking behaviour is established.12 It seems there is a transition in behaviour through a preparatory stage during which attitudes are formed, an initiation phase which involves trying it out, an experimentation phase during which children learn how to smoke, and finally the transition to being a regular smoker. It seems likely that most children will experiment with smoking, but it is the transition from this to regular or 'adult' smoking that is crucial and on which health education must focus.

Although studies since the early 1980s have produced valuable cross sectional data on smoking prevalence, longitudinal studies are also required to study this phenomenon further. Swan et al describe a longitudinal study of adolescent smoking which enabled the authors to observe changes in behaviour and attitudes in a cohort of children followed from age 11–12 years to age 21–22 years.13 This study reiterates the distinction drawn by Flay between 'experimental' and 'regular' smoking. Although it appeared from this study that the greatest incidence of regular smoking was around the age of 14 years, experimentation occurs much earlier and results in a softening of attitudes towards smoking (for example with children becoming dismissive of the hazards associated with smoking). This has important implications for health education as, if experimentation cannot be prevented, health educators must be aware of the need to reinforce negative attitudes towards smoking at this vulnerable time before regular smoking is established. Swan et al took the view that if regular smoking could be deterred beyond ages 15–16 years, then it was much less likely to occur at all.13

Goddard also conducted a longitudinal study of children in their second, third, and fourth year of secondary education.14 She identified a number of risk factors associated with children starting to smoke. These included siblings smoking, parents smoking (but only having an independent effect if siblings do not smoke), poor educational aspirations, and coming from a lone parent family. In addition, views about smoking were found to be important precursors of smoking behaviour but Goddard did not believe that the relationship between attitudes and behaviour was as rational in children as it is in adults. Most interestingly, however, was Goddard's finding that simply 'being a girl' was an independent risk factor for starting to smoke: that is, the greater propensity of girls to smoke was not attributable to any other risk factor identified in the analysis. Each of the risk factors identified in the analysis had small effects but of similar magnitude, indicating the complex and multifactorial nature of this problem.

The most frequently documented factors associated with uptake of smoking can be divided, therefore, into four
Acute appendicitis in the preschool child

Acute inflammation of the vermiform appendix is probably as old as man. An Egyptian mummy of the Byzantine era exhibits adhesions in the right lower quadrant, suggestive of old appendicitis. That it may become inflamed was recognised by case reports of postmortem examinations in the 1700s and the term perityphlitis was used. Fitz was first to use the term appendicitis and recognised that removal of the inflamed appendix could result in the cure of what had previously been an almost universally fatal condition.

The three major advances in the management of acute appendicitis have been: improved fluid resuscitation, better anaesthetic techniques, and the introduction of antibiotics—more importantly those with activity against anaerobes. Despite these major advances, however, acute appendicitis remains the cause of substantial morbidity.

Overview

Acute appendicitis in the preschool child is rare and accounts for less than 5% of all paediatric admissions with
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