Letters to the editor

OVERVIEW

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A review of the health effects of smoking shisha

LEWIS BUSS
Medical student, UCL Respiratory, University College London, London, UK

JOHN R HURST
Reader in respiratory medicine, UCL Respiratory, University College London, London, UK

Editor – We read with interest the review on the health effects of smoking shisha (*Clin Med* 2015;15:263–66): an important and under-appreciated topic. We wish to highlight the development of chronic obstructive pulmonary disease (COPD) as a further important long-term consequence of shisha smoking on the respiratory system.

Persistent airway inflammation may lead to poorly reversible airflow obstruction (COPD), chronic sputum production (chronic bronchitis) and breakdown of the alveolar membranes (emphysema). The most important aetiological factors are cigarette smoke and biomass exposure. Like cigarette smoke, shisha smoke can act as the necessary inflammatory stimulus and there is a misconception that water 'filters' the smoke.

In support of this, a Lebanese study estimating the national COPD burden found it to be twice as prevalent in exclusive shisha smokers compared to non-smokers.[1] COPD prevalence was significantly positively correlated with number of water-pipe years. Among the subjects with the greatest exposure, those with 40 water-pipe years, there was a 37.2% prevalence of COPD.[1] The BREATHE study was a large cross-sectional study surveying 62,000 people in eleven Middle-Eastern countries. Data were collected on respiratory symptoms and smoking. A significant association was observed between chronic bronchitis and shisha use (corrected for concurrent cigarette use).[2] Elsewhere it has been shown that there is a strong dose-relationship between shisha smoke exposure and prevalence of chronic bronchitis.[3] In Chinese water-pipe smokers (a variant on the Middle-Eastern pipe where the tobacco is lit directly instead of using coals) the rate of radiologically diagnosed emphysema was higher than in cigarette smokers or non-smokers.[4]

These clinical data are supported by animal models: chronic airway inflammation with eventual airflow limitation typical of COPD has been demonstrated using water-pipe smoke in mice. Mice exposed to shisha smoke for 30 minutes per day for five days develop neutrophilic inflammation of their airways and an increase in tumor necrosis factor-alpha and interleukin-6 present in broncho–alveolar lavage fluid.[5]

As COPD is set to become the third leading cause of death worldwide by 2020[6] it is essential for all physicians to recognise shisha smoking as an increasingly important cause of COPD, to ask about shisha exposure, and to warn patients of the risks to their health including COPD. ■

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A national support service

Editor – Your editorial (*Clin Med* 2015;15:219–20) covers two points about the health of doctors; the first from the report *Work and wellbeing in the NHS; why staff health matters to patient care*[1] highlights that working in the NHS at present is extremely challenging, and some doctors are suffering ill health as a consequence of the demands placed upon them. The report unfortunately does not mention the Royal College of Physicians (RCP) and Faculty accreditation scheme for occupational health services, Safe, Effective, Quality Occupational Health Service (SEQOHS; www.seqohs.org). The Boorman Report called for access to quality-assured occupational health services, and SEQOHS accredited occupational health services bring higher confidence in the efficacy of interventions. The actions identified in the report are very sensible and occupational physicians welcome them.

The second point in the editorial mentions the recent General Medical Council (GMC) report *Doctors who commit suicide while under GMC fitness to practise investigations*.[2] The report relates the significant challenges some doctors present when they are unwell. It is well known that some doctors ignore, or minimise symptoms, and are reluctant to seek help from their normal medical advisers and seek informal advice from colleagues.

Despite good treatment pathways for these illnesses, some doctors choose not to access them. There may be specific reasons why doctors need confidence in routes of care they take; nevertheless where their illnesses may impinge on patient safety, specialised occupational health support is needed to protect doctors and their patients. Rapid access to treatment and occupational health advice should be routine, professional practice. This requires improved access for doctors to trusted occupational health services to be accompanied by changes in culture and behaviour. All parties with an interest in healthy doctors and healthy patient decisions, including the GMC, Royal Colleges, the Academy of Medical Royal Colleges, medical indemnity organisations, British Medical Association, medical directors and human resource managers, should work together to make such pathways and behaviours the expected norm for all health professionals.

The provision of a national support service itself or in isolation from an occupational health service has the potential to actively work against any preventative steps needed to encourage doctors to continue to declare illnesses and seek support early in the course of an illness. Doctors need their GP to be the lynchpin of their care just like any other member of the public, and without careful planning, a national support service may cause them to circumvent their GP, if and when they think they need to.

Doctors who have an illness which might affect their performance should be able to seek confidential advice from a consultant occupational physician, who will give advice on any adjustments to allow the doctor to continue in practice, and advise on whether they should refrain from work during treatment or rehabilitation. The RCP could lead on encouraging members and fellows to deal with their own health professionally and access specialist health services in the same fashion as the rest of the population. They should also be advised to seek help from occupational physicians. When medical advice is followed early in the course of many illnesses, prognosis tends to improve. If all doctors who are unwell have trusted access to appropriate diagnostic and therapeutic advice from clinicians, accompanied by trusted advice on fitness for work, their medical problems can be managed in a timely manner and patient safety is not compromised. ■

IAN ASTON
Academic dean and vice president, Faculty of Occupational Medicine, London, UK

RICHARD HERON
Vice president health and chief medical officer, BP, London, UK

President, Faculty of Occupational Medicine, London, UK

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