



SMOKING AND EYE DISEASE

Smoking can be a contributing factor for visual impairment. Convincing evidence of an association between smoking and age-related macular degeneration (AMD) comes from three large population-based studies. Ref 1 It has been estimated that approximately 53,900 United Kingdom residents older than 69 years may have visual impairment because of AMD attributable to smoking, of whom 17,800 are blind. Ref 2 Smoking also has a strong causal association with both nuclear cataract Ref 3 Ref 4 and with thyroid eye disease. Greater awareness of this risk of smoking among healthcare professionals and the general public is needed to assist in both smoking cessation and in the prevention of eye disease. Smoking cessation guidelines for health professionals have been developed by the Health Education Authority. Ref 6 Ophthalmologists are encouraged to familiarize themselves with these concepts as part of good practice. Smoking cessation strategies may comprise both brief opportunistic advice during routine consultations such as in ophthalmic clinics and also referral to specialist services for smokers wanting further help.

- A comprehensive NHS smoking cessation service offers free support and help to smokers wanting to stop smoking. (http://www.givingupsmoking.co.uk).
- The smoking cessation aids, nicotine replacement therapy and bupropion (Zyban®) are available on NHS prescription and are recommended by the National Institute of Clinical Excellence for smokers who have expressed a desire to quit smoking (http://www.nice.org.uk/pdf/NiceNRT39GUIDANCE.pdf).
- ➤ Diabetes, cardiac and respiratory clinics have incorporated smoking cessation support into routine services. Smoking cessation support might also usefully be offered to people attending optometry or ophthalmology services.
- The charity North West Action on Smoking and Health (http://www.nwash.co.uk) has launched a leaflet describing the ocular risks of smoking alongside user-friendly advice on smoking cessation. That leaflet has been endorsed by the College.
- ➤ The Royal College of Ophthalmologists is working with both *Action on Smoking* and the *Royal National Institute for the Blind* to draw government attention to these little known but important ocular hazards of smoking.
- ➤ The College supports calls to introduce legislation to ban smoking in workplaces and public places. Evidence suggests such policies are a highly effective way to promote smoking cessation as well as removing the unpleasantness and health hazards of passive smoking to the public and staff. Ref 7
- ➤ The College has an ethical policy of not investing in any tobacco industry related funds or stocks.

References:

- Tomany SC, Wang JJ, van Leeuwen R, Klein R, Mitchell P, Vingerling JR, Klein BE, Smith W, de Jong PTVM. *Risk factors for Incident Age-related Macular Degeneration. Pooled findings from 3 continents.* Ophthalmology 2004; **111**:1280–7. Medline
- 2 Kelly SP, Thornton J, Lyratzopoulos G, Edwards R, Mitchell P. *Smoking and blindness* BMJ 2004; **328**:537-53 Medline
- 3 Leske MC, Chylack LT, Jr., Wu SY. *The Lens Opacities Case-Control Study. Risk factors for cataract.* Arch Ophthalmol 1991; **109**:244-251 Medline
- Age-related Eye Disease Study Research Group. *Risk factors associated with age-related nuclear and cortical cataract : a case control study in the Age-Related Eye Disease Study, AREDS Report No. 5.* Ophthalmology 2001; **108**:1400-1408 Medline
- 5 Vestergaard P, *Smoking and thyroid disorders--a meta-analysis*. Eur J Endocrinol. 2002;**146**:153-61. Medline
- West R, McNeill A, Raw M. Smoking cessation guidelines for health professionals: an update Thorax 2000 **55**: 987-999 Medline
- 7 Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *BMJ* 2002; **325**:188-94. Medline