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<td><strong>Author(s)</strong></td>
<td>McGhee, SM; Ho, SY; Schooling, M; Ho, LM; Thomas, GN; Hedley, AJ; Mak, KH; Peto, R; Lam, TH</td>
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Mortality associated with passive smoking in Hong Kong

S M McGhee, S Y Ho, M Schooling, L M Ho, G N Thomas, A J Hedley, K H Mak, R Peto and T H Lam

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Mortality associated with passive smoking in Hong Kong

S M McGhee, S Y Ho, M Schooling, L M Ho, G N Thomas, A J Hedley, K H Mak, R Petro, T H Lam

Passive smoking can cause death from lung cancer and coronary heart disease, but there is little evidence for associations with other causes of death in never smokers. A recent study showed increased all cause mortality with exposure to secondhand smoke at home but did not examine associations with specific causes of death and dose-response relations. We have published estimates of the mortality attributable to active smoking in Hong Kong and now present the related findings on passive smoking at home.

Participants, methods, and results

Details of the sample selection and data collection have been reported. Each person who reported a death in 1998 at four death registries was given a questionnaire which asked about the lifestyle 10 years earlier of the decedent. We have published the proxy reporter could most reliably supply these details for about 85% of the decedents.

We identified 4838 never smoking cases (55% male) and 763 never smoking controls (55% male). All controls were used in the analysis for each specific cause of death.

We found significant dose dependent associations between passive smoking and mortality from lung cancer, chronic obstructive pulmonary disease, stroke, ischaemic heart disease, and from all cancers, all respirator- and circulatory diseases, and all causes (table). The association between mortality and passive smoking did not differ between males and females.

Comment

Dose dependent associations between passive smoking and causes of death are consistent with previous findings for lung cancer and coronary heart disease and extend the evidence on stroke. Previous studies have shown associations between passive smoking and first acute strokes, and we have now shown a dose-response relation with mortality from stroke. The association between smoking and ischaemic strokes but Chinese populations have a greater incidence of haemorrhagic stroke than do white populations, implying that many of the strokes in our study may have been non-ischaemic. Passive smoking probably affects all stroke subtypes, as does active smoking.

Our finding of a 34% increase in all cause mortality is consistent with but higher than that (15%) in the New Zealand cohort. Exposure to secondhand smoke at home is higher in Hong Kong than in New Zealand due to crowded living conditions. Before the 1990s, awareness of the danger of passive smoking was lower and smokers smoked freely at home.

We focused on passive smoking at home because the proxy reporter could most reliably supply these data, and we adjusted for education, which was also reporting. We used logistic regression to derive odds ratios adjusted for age and education, and for sex when men and women were combined.

We identified 4838 never smoking cases (55% male) and 763 never smoking controls (55% male). All controls were used in the analysis for each specific cause of death.

We found significant dose dependent associations between passive smoking and mortality from lung cancer, chronic obstructive pulmonary disease, stroke, ischaemic heart disease, and from all cancers, all respirator- and circulatory diseases, and all causes (table). The association between mortality and passive smoking did not differ between males and females. Deaths due to injury or poisoning were not associated with passive smoking.

What is known on this topic

There is strong evidence that passive smoking is causally associated with death from lung cancer, coronary heart disease, and all causes, and also with acute stroke.

What this study adds

The dose-response relation between passive smoking and mortality from stroke and chronic obstructive pulmonary disease, as well as from lung cancer, ischaemic heart disease, and all causes of death, strengthens the causal link.


10 RAC. www.rac.co.uk (accessed 7 Jan 2005).


12 Edina. UKBorders, edina.ac.uk/ukborders/ (accessed 7 Jan 2005).


(Accepted 15 November 2004)
Number of subjects who were or were not exposed to secondhand smoke at home and odds ratios (adjusted for age and education, and for sex when men and women were combined) for mortality in people aged 60 or over, Hong Kong. Values are odds ratio (95% confidence interval) unless indicated otherwise.

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Men</th>
<th>Women</th>
<th>All</th>
<th>By exposure (compared with no exposure)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exposed/not exposed</td>
<td>Odds ratio (95% CI)</td>
<td>Exposed/not exposed</td>
<td>Odds ratio (95% CI)</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>33/112</td>
<td>1.34 (0.82 to 2.17)</td>
<td>96/83</td>
<td>1.38 (0.94 to 2.04)</td>
</tr>
<tr>
<td>All cancers</td>
<td>166/685</td>
<td>1.16 (0.85 to 1.60)</td>
<td>396/368</td>
<td>1.35 (1.03 to 1.76)</td>
</tr>
</tbody>
</table>

Reliably recorded and is a good proxy for social class in Hong Kong. As data on cases and controls were derived from the same proxy, reporting bias should be minimal. If our results are not due to residual confounding, they provide further evidence that the dose-response associations between passive smoking and stroke and all cause mortality are likely to be causal.

We thank W L Cheung for help with analysis; the Immigration Department of the Government of the Hong Kong Special Administrative Region for data and assistance; and, in particular, the relatives who provided information.

Competing interests: THL is vice chairman and AJH a former chairman of the Hong Kong Council on Smoking and Health. Ethical approval: Ethics Committee of the Faculty of Medicine, University of Hong Kong.

Q&A

Women’s experiences of breast and ovarian cancer

Question
Where can I read how other women responded when they were diagnosed as having breast and ovarian cancer?

Answer
To read how other women responded when they were diagnosed as having breast and ovarian cancer, please visit the DIPEx website (www.dipex.org). It is a fascinating collection of narratives.

There’s no section on ovarian cancer yet, but a large section about breast cancer at www.dipex.org/Issues/7ILLNESS=bca

McPherson CBE and Dr Andrew Herschheimer after their own experiences of illness. Ann had been diagnosed with breast cancer and although she knew all the medical information, couldn’t find anyone else to talk about what it really meant.

There’s no section on ovarian cancer yet, but a large section about breast cancer at www.dipex.org.

I strongly recommend the DIPEx website which (according to the home page) “was created by Dr Ann McPherson CBE and Dr Andrew Herschheimer after their own experiences of illness. Ann had been diagnosed with breast cancer and although she knew all the medical information, couldn’t find anyone else to talk about what it really meant.” It’s a fascinating collection of narratives.

There’s no section on ovarian cancer yet, but a large section about breast cancer at www.dipex.org/Issues/7ILLNESS=bca

This exchange was posted on the Q&A section of bmj.com. If you want to respond to the question, or ask a new question of your own, follow the link above or go to http://bmj.com/q&a