

FACT SHEET: TOBACCO AND SPECIAL SENSES

Tobacco and Sensory Organs

1. Cataract is the major cause of blindness representing 48% of global blindness.¹
2. India has a large cataract burden, accounting for 44% of total blindness.²
3. Tobacco smoking is an independent and modifiable risk factor for development of a range of eye diseases including: cataract, age-related macular degeneration (AMD), Graves' Ophthalmology (GO), or thyroid eye disease (TED).³
4. Current smokers are three times more likely to develop cataract than never smokers, with the risk increasing with number of cigarettes smoked.⁴
5. Smokeless tobacco use was more strongly associated with cataract.⁵
6. Ex-smokers have lower risk of cataract, indicating beneficial impact of smoking cessation.⁴
7. Compared to current smokers, those who stopped smoking for >25 years had a 20% lower risk for cataract.⁶
8. Promoting tobacco cessation among ophthalmic patients could contribute to significant improvements in eye health in India.⁷
9. There is a 3–4 fold increase in risk of AMD among current smokers compared with never smokers.⁸
10. Tobacco acts by reducing macular pigment and plasma levels of antioxidants, degradation of Bruch's membrane, and causing vascular insufficiency.^{8,9}
11. Smokers have 1.3 times increased risk of developing Graves' ophthalmology, higher risk of progression and have poorer outcome of treatment.^{9,10}
12. The fear of going blind may be more motivational than health warnings and advice from ophthalmologists and could potentially facilitate cessation.³
13. Tobacco smoke and UVA cause wrinkle formation independently of each other.¹¹
14. Cigarette smoking causes occurrence of yellow fingers, enhanced wrinkling, especially in the faces of females, precancerous lesions and squamous cell carcinomas on lips and oral mucosa, and vasospasms and obliterations of large arteries as well as of small skin vessels.¹²
15. Dermatologists can play an integral role in promoting smoking cessation by providing expert opinion and educating the public about the deleterious effects of smoking on the skin.¹³
16. Smokers are at increased risk for complications, not only at the surgery sites, but rather at the flap's interface with the wound or overlying skin graft.¹⁴
17. SHS stimulates proteins that enhance cell survival and inhibit cell migration, processes that may result in abnormal repair and remodeling and/or lead to excess scarring.¹⁵
18. Nicotine causes increased vasoconstriction and damage to the epithelial layer of the vessel, interactions with collagen metabolism, induction of an inflammation reaction and immunosuppression.¹⁶
19. Smoking cessation three months or more before surgery may reduce the risk of wound complication.¹⁷
20. If preoperative smoking intervention can reduce the complications, the savings in personal suffering and financial expense should be substantial.¹⁸

References:

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