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## **The Damaging Effects of Secondhand Smoke to Children**

By Claudia Anrig, DC

The recent July issue of the Archives of Pediatrics and Adolescent Medicine published a study regarding secondhand smoke and children. Approximately 6,200 children die annually in the United States directly related to their parents' smoking. Secondhand smoke contributes to the following breakdown of annual deaths: 2,800 from low birth weight due to smoking during pregnancy; 2,000 from sudden infant death syndrome; 1,100 from respiratory infections; 14 from asthma; and 250 from burns.

Due to living in a smoking environment, another 5.4 million children are treated annually by the medical profession for asthma, ear and respiratory infections. The researchers from the University of Wisconsin Medical School estimated that the annual cost for these smoke-related illnesses runs \$4.6 billion.

Researchers have estimated that the loss of life of these children (based partially on expected earning power had they lived) runs another 8.2 billion dollars a year.

It is difficult to comprehend the idea that someone would smoke during a pregnancy (or expose themselves to secondhand smoke) when research has strongly documented the harmful effects to the fetus. The risk of a low birth weight baby should frighten any expectant mother. These frail little babies are left defenseless to the possibilities of a weak immune system, bleeding in the brain, blood infections, and respiratory distress syndrome.

The July issue of the Archives of General Psychiatry published a study of women who smoked during their pregnancy. The boys of these smoking mothers had a definite higher risk of "conduct disorder." This psychiatric disorder is noted to occur earlier to male offspring of smoking mothers (and with severe manifestations) than the typical juvenile delinquency rate. Conduct disorder is defined by frequent and persistent lying, vandalism, fire-setting, physical cruelty, sexual aggression and stealing. The study conducted by the University of Chicago concluded that women who smoked were four times as likely to give birth to children with this disorder.

One childhood disorder that has been on the rise this past decade is asthma. Researchers have not been able to be conclusive to all the factors (e.g., pollution, unclean home environments, etc.) that may contribute to asthma, but secondhand smoke is definitely on the top of the list as a "trigger" for children.

As a family chiropractor, the role must expand in parent education to the harmful effects of smoking. Start with all childbearing women. Discuss with your women patients if they are considering pregnancy in the next couple of years that they should consider eliminating smoking at this time. Encourage women (or male patients) that if they have a smoking mate, both should quit. Regarding the health issue of women, Harvard University performed a 10-year study on 32,000 women who never smoked. Their study concluded that these women exposed to secondhand smoke at work or at home doubled their risk of heart disease.

If you have been referred a pediatric patient with asthma, upper respiratory or ear infections, investigate if this child is being exposed to secondhand smoke. This may be a parent, relative, or a home day care provider. If you discover that the child is exposed to this environment, have a talk with the parent. Encourage the parent to quit or at least decrease the child's exposure by not smoking in the home or car.

Be sensitive to the smoking parent; remember that they are dealing with an addiction issue. These parents need your encouragement and direction on how to quit. If you approach the parent with an overly stern attitude, they may stop their child's care with you altogether.

Although our role as a chiropractor is to detect and correct the vertebral subluxation, we must not forget to attempt to eliminate those possible factors (e.g., chemical, physical, mental, etc.) that may contribute to the interference of normal function of the body.

*Claudia Anrig, DC*

*4201 North Clovis Avenue*

*Fresno, California 93727*

*President*

*International Chiropractic Pediatric Assoc.*

*www.4icpa.org*

*1-800-670-KIDS*

*anrigjan@thesocket.com.*

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