

*To the Editor.* Much has been written about the relationship of tobacco consumption versus mortality and morbidity in terms of specific syndromes (eg, lung cancer, cardiovascular disease). Very little, however, has been reported about the possible correlation of tobacco intake and *early* and *nonspecific* measures of ill-health.

Apropos fatigability as a measure of health status, a literature review revealed only one report<sup>1</sup> linking fatigue to cigarette consumption.

Among the physical complaints of 2,464 Maryland men who smoked 20 or more cigarettes daily and 1,522 Maryland men who never smoked regularly, "fatigue easily" was reported more frequently by the smokers. For "slight, moderate, or severe" fatigue, 37.3% of the smokers and 24.4% of the nonsmokers responded affirmatively. When fatigue was rated as "moderate or severe," the affirmatives were 18.5% and 10.6% respectively.

The smoking habits of 1,221 doctors and their wives were determined by questionnaire response to the following daily cigarette consumption categories: (1) 0-10, (2) 11+, (3) 0-20, and (4) 21+.

The mean number of positive responses to the seven fatigue symptom questions that constitute Section I of the Cornell Medical Index Health Questionnaire was designated the fatigability score. The questions are: Do you often get spells of complete exhaustion or fatigue? Does working tire you out completely? Do you usually get up tired and exhausted in the morning? Does every little effort wear you out? Are you constantly too tired and exhausted even to eat? Do you suffer from severe

nervous exhaustion? Does nervous exhaustion run in your family?

The subjects consuming 0-10 cigarettes per day reported a mean of 0.40 fatigability complaints while those utilizing 11+ cigarettes on a daily basis reported 0.78 fatigability findings. Statistically there is a significant difference of the means ( $t = 2.759$ ,  $P < 0.010$ ). Utilizing 20 cigarettes as the demarcating point, the fatigability scores are 0.43 and 0.96 for those with 0-20 versus 21+ cigarettes respectively. The statistical significance is  $P < 0.001$  ( $t = 3.357$ ). Finally, comparing the fatigability pattern in those with 0-10 (0.40) versus 21+ cigarettes (0.96), the statistical significance sharpens ( $t = 3.552$ ,  $P < 0.001$ ).

These statistics reveal that smoking is related to fatigue in a positive fashion. The greater the tobacco consumption the greater the fatigue. In this study, the heavier smokers had twice as many fatigue complaints as the combined group of nonsmokers and light smokers.

Since fatigue is such a common complaint to physicians and responds so poorly to treatment, why not suspect your patients' smoking habits?

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1. Hammon EC: Smoking habits and health in Maryland and neighboring states. *Maryland Med* 13:45-49, 1964