

The effect of smoking on the healthy life expectancy of Palestinian men in the West Bank: a cross-sectional study

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Abstract

Background The high prevalence of smoking (40%) in men living in the West Bank of the occupied Palestinian territory is a major challenge for the Palestinian health authorities. The aim of this study was to estimate life expectancy and the average lifetime with and without chronic disease in men living in the West Bank who had never smoked, were ex-smokers, or were smokers.

Methods We used a life table for the male population in the West Bank and Danish relative risk estimates for death for smokers and ex-smokers versus never smokers and data from the 2010 Palestinian Family Survey. We estimated expected life time with and without chronic disease, and the contributions from the mortality and morbidity effects to smoking-related differences in average lifetime with and without chronic disease were assessed by decomposition.

Findings The life expectancy of a Palestinian man aged 15 years who would never start smoking was 59·5 years, of which 41·1 years (95% CI 40·3–41·9) were expected to be without chronic disease. Ex-smokers could expect 57·9 years of remaining life time, 37·7 years (35·9–39·4) of which would be without chronic disease. For life-long heavy smokers, the expected lifetime was 52·6 years, of which 38·5 years (37·3–39·7) would be without chronic disease. Of the total loss of 6·9 years of life expectancy in heavy smokers, the mortality effect accounted for 2·5 years without disease and 4·4 years with disease, whereas the morbidity effect was negligible. The morbidity component of the decomposition accounted for 1·7 years with disease for moderate smokers and 2·9 years without disease for ex-smokers.

Interpretation The high prevalence of smoking causes a considerable loss of life-years and life time without chronic disease. We recommend that the Palestinian health authorities enforce an anti-smoking law.

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Contributors

HB-H contributed to the idea, study design, data analysis, and the writing of the Abstract. MJ contributed to data extraction from the survey. AS contributed to data interpretation. MD contributed to data collection and life table construction. KQ contributed to data collection. BJ contributed to the revision of the Abstract and data interpretation. All authors have seen and approved the final version of the Abstract for publication.

Declaration of interests

We declare no competing interests.

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