



# Smoking: smoking status of people with bipolar, schizophrenia and other psychoses

NICE indicator

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[www.nice.org.uk/indicators/ind154](http://www.nice.org.uk/indicators/ind154)

## Indicator

The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months.

## Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

This indicator measures the percentage of people with schizophrenia, bipolar disorder or psychosis who have had their smoking status recorded in the previous 12 months.

[NICE's guidelines on psychosis and schizophrenia in adults](#) and [bipolar disorder](#) highlight the importance of smoking cessation for people with schizophrenia, psychosis or bipolar disorder. People with schizophrenia in the UK are more likely to smoke than the rest of the population; data indicate that 73% of people with schizophrenia smoke, compared with 22% of the general population. There is evidence that premature death and smoking-related diseases, such as respiratory disorders and heart disease, are more common among people with serious mental illness who smoke than in the general population of smokers. It is therefore important that people with serious mental illness who smoke are identified, so that they can be offered smoking cessation treatment and support.

## Source guidance

- [Psychosis and schizophrenia in adults. NICE guideline CG178 \(2014\)](#), recommendations 1.1.2.3 and 1.1.2.4
- [Bipolar disorder. NICE guideline CG185 \(2014, updated 2023\)](#), recommendation 1.10.31

## Specification

**Numerator:** The number of patients in the denominator whose notes record smoking status in the preceding 12 months.

**Denominator:** The number of patients registered with schizophrenia, bipolar affective disorder or other psychoses.

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Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None

## Smokers

For people who smoke, smoking status should be recorded in the previous 12 months.

## Non-smokers

It is recognised that life-long non-smokers are unlikely to start smoking and repeatedly asking their smoking status can be unnecessary. Smoking status for this group of people should be recorded in the previous 12 months up to the end of the financial year in which the person reaches the age of 25. Once a person is over 25 (for example, in the financial year in which they reach 26 or in any year after that) to be classified as a non-smoker they should be recorded as:

- Never smoked, which is both after their 25th birthday and after the earliest diagnosis date for the disease which led to the person's inclusion on the IND154 register (for example, diagnosis of schizophrenia, psychosis or bipolar disorder).

## Ex-smokers

Ex-smokers can be recorded as such in the previous 12 months for IND154. Practices may choose to record ex-smoking status on an annual basis for 3 consecutive financial years and after that smoking status need only be recorded if there is a change. This is to recognise that once a person has been an ex-smoker for more than 3 years they are unlikely to restart.

For the purposes of QOF, users of electronic cigarettes who have never smoked or who have given up smoking should be classified as non-smokers or ex-smokers, respectively.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

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