

Although the authors deny a cause-and-effect relationship or any clinical importance of smoking as a predictor of suicide, they claim to have established an association between cigarette smoking and suicide. The public health usefulness of such an association remains unclear largely owing to the fact that the authors failed to demonstrate or even propose a biological mechanism by which cigarette smoking could have caused or contributed to an increased risk of suicide in their study cohort. There is no evidence to characterize the neurochemical effects of tobacco smoke as suicidal. On the contrary, smoking has antidepressant properties.^{2,3} Nicotine in cigarette smoke is known to relieve anxiety and anger in stressful situations,⁴⁻⁶ it is a stimulant,⁷ and it improves cognitive performance and focused attention.⁸ Consequently, cigarette smoking could be regarded as antisuicidal.

The authors acknowledge that their study lacked data on depression and other related mental illnesses. In their article,¹ the authors cited 7 references to studies showing positive mood-altering effects of smoking, 17 references for the association between smoking and depression, 1 reference to a study showing that smoking cessation often results in major depression, 3 references for studies showing that depression makes smoking cessation difficult, and 17 references for depression and other mental illnesses associated with the risk of suicide. There are several other studies^{2,3,9-15} that support such findings.

Apparently, the authors recognize that there is an intimate and somewhat complex relationship between cigarette smoking and depression and that depression and other smoking-related mental conditions are major risk factors for suicide. Yet they have not acknowledged that most, if not all, of the association between smoking and suicide observed in their study could be explained by the confounding effects of depression and other related mental disorders. Their study is invalidated by the fact that it did not control for the effects of these well-recognized, strong confounding factors. □

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Note. The views expressed in this letter do not necessarily represent the views of the Health Care Financing Administration or the United States government.

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Depression and the Association of Smoking and Suicide

In a study of a cohort of 51 529 middle-aged and elderly physicians and other health sciences professionals, Miller et al. demonstrated a convincing relation between cigarette smoking and suicide after controlling for age, alcohol intake, body mass index, prevalence of cancer, and other social factors.¹