



Smoking- what can you do for your patients

Smoking harms virtually every part of the body and half of all lifetime smokers will die as a consequence of their smoking (1).

Given that this information is widely known, why do smokers continue to smoke?

Smoking cigarettes is associated with addiction to nicotine. Within hours of the last cigarette, smokers report craving cigarettes as well as feeling miserable. Combined with social and behavioural factors, addiction is the impediment to quitting (2).

What should smokers do?  
*The answer is keep trying to quit!*

Most people who eventually quit smoking do not succeed at the first attempt. But keep trying!

*And health professionals, advise you patients to quit because doing this makes a measurable difference to quit rates and refer your patients for smoking counselling!*

Even very basic advice from a health professional has been shown to result in quitting for about 1 in 40 smokers (3). People who are sufficiently motivated to attend a smoking counsellor are even more likely to quit (4).

However, most studies have assessed smoking status after only 6 to 12 months.

What you can now advise your patients is that **smoking counselling reduces mortality**.

A study in the US has followed participants of a randomised controlled trial where smokers were allocated to either a 10 week smoking cessation program or to usual care. Smokers allocated to the intervention were more likely to quit, even in the long-term. After 5 years, 21.7% of smokers randomly allocated to the 10 week cessation program had quit compared with 5.4% of controls. Being allocated to the intervention also reduced the



risk of death. After 14 years of follow-up, mortality was lower in the group that had been allocated to the cessation program. Controls had 1.18 times the risk of death of smokers allocated to the intervention (5).

The results of this study are important because firstly they show that an intervention can reduce the prevalence of smoking over a prolonged period. Secondly, attending a relatively short and inexpensive intervention had a measurable effect on mortality 14 years later. It could be argued that the results of this study are not applicable to all smokers as the smokers enrolled in this study already had evidence of airway obstruction at enrolment. However, the study is very valuable because of the high proportion of participants who remained in the study (75% at 10 years) and the lengthy duration of follow-up (14 years).

The intervention in this study was a 10 week smoking cessation program that included a strong message about smoking from a doctor, 12 group sessions involving behaviour modification and nicotine gum and some patients also received a bronchodilator through an inhaler. The estimated cost of the intervention was a modest US\$2000, including the follow-up support program provided for quitters.

1. Surgeon General's 2004 report. The health consequences of smoking on the human body  
[http://www.cdc.gov/tobacco/sgr/sgr\\_2004/sgranimation/flash/index.html](http://www.cdc.gov/tobacco/sgr/sgr_2004/sgranimation/flash/index.html)
2. Jarvis MJ Why people smoke *British Medical Journal* 328: 277-79, 2004
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4. Coleman T Use of simple advice and behavioural support *British Medical Journal* 328: 397-399, 2004
5. Anthonisen, RR Skeans MA, Wise RA Manfreda J Kanner RE Connett JE for the Lung Health Study Research Group The effects of a smoking cessation intervention on 14.5-year mortality *Annals of Internal medicine* 2005; 142:233-239