Personalized Care May Help Smokers Quit

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Chicago—Promoting cessation to individuals who continue to smoke despite well-known health risks may be a matter of zeroing in on their unique fears about quitting, their motivations to do so, and offering them more concrete evidence of how smoking is affecting their personal health, according to a pair of studies presented in October at CHEST 2007, the annual scientific assembly of the American College of Chest Physicians.

AGE MATTERS

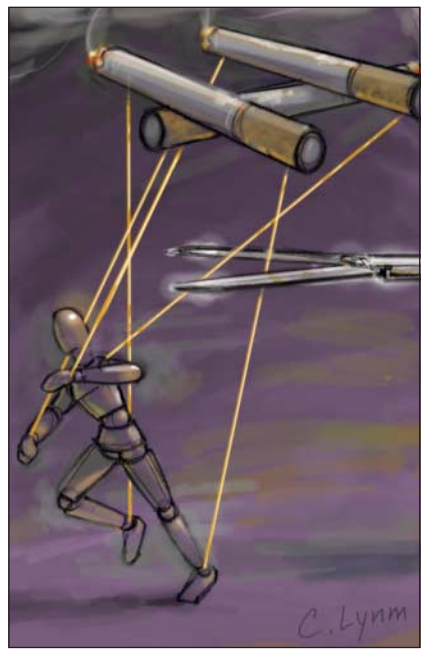
Virginia Reichert, NP, of the North Shore-Long Island Jewish Health System's Center for Tobacco Control in Great Neck, NY, presented data from a study of the health status, motivations, and obstacles facing more than 2000 smokers participating in a 6-week comprehensive outpatient smoking cessation program. The study, which included 1909 smokers younger than age 65 years and 143 smokers aged 65 years or older, identified substantial differences between the groups.

As expected, the older smokers were more likely than younger smokers to have been recently hospitalized (23% vs 13%) and to have comorbidities such as cardiac disease (78% vs 23%), cancer (20% vs 7%), and/or chronic obstructive pulmonary disease or asthma (37% vs 23%). The older smokers also were far more likely to report they were quitting because of pressure from their physician (32% vs 19%) and that a recent change in their health status motivated them to quit.

"There's a preexisting misperception that if [older individuals] were going to quit by now, they would have," Reichert said. "That's not true. They need to be focused on the things that bother them and then you will be able to help them."

She explained that the older smokers expressed fear that continued smoking would jeopardize their relationship with their physicians. In addition, many of these patients were not aware that smoking was likely worsening their comorbid cardiovascular disease and that stopping could benefit them, she noted.

Younger smokers reported the expense of cigarettes, tobacco odor, and general health concerns as their reasons for quitting. This group was also more likely to report certain obstacles to quitting. For instance, 30% of the younger smokers reported weight gain as a concern vs 15% of older smokers; they were also more likely than older smokers to report stress management (59% vs 45%), difficulty handling social situations (24% vs 7%), and cravings (44% vs 36%) as hurdles.



Focusing on an individual's motivations and fears may help them quit smoking.

Reichert recommended that physicians counseling patients about quitting address these obstacles head on and build strategies to overcome them into each individual's cessation program.

An alarming finding of the study was that 70% of both groups incorrectly believe that nicotine causes cancer. This belief can stand in the way of patients using nicotine replacement therapies, which have proven efficacy, said Reichert, who urged physicians to address this common misperception.

DETECTING SMOKERS

A noninvasive carbon monoxide test might help physicians identify smokers, according to another study presented at the meeting.

The study examined whether pulse co-oximeters, which are routinely used to assess carbon monoxide exposure among firefighters, might be useful for detecting smokers. Sridhar P. Reddy, MD, MPH, of St Clair Pulmonary and Critical Care in St Clair, Mich, used the device to measure carboxyhemoglobin levels in the blood of 476 patients (of whom 98 were smokers, 72 were regularly exposed to secondhand smoke, and 306 were nonsmokers) who visited his clinic.

Patients also were given a survey to confirm their smoking status. Using 6% carboxyhemoglobin as a cutoff above which individuals were suspected of smoking, the test correctly identified smokers 76% of the time, and correctly identified nonsmokers 85% of the time.

Reddy said he has used the measurements to counsel patients that their blood may be poisoned by carbon monoxide and to inquire about possible exposures, including smoking or secondhand smoke. He said it helps to start a conversation about smoking and that he tries to raise the issue in a nonintimidating manner.

Reichert and Frank T. Leone, MD, director of the Comprehensive Smoking Treatment Program at Penn Presbyterian Medical Center in Philadelphia, also reported using pulse co-oximetry as a tool to demonstrate to smokers that carbon monoxide exposure from cigarette smoking is preventing a portion of their blood from carrying oxygen. For example, if the patient has 5% carboxyhemoglobin level, 5% of their blood is unable to transport oxygen. Levels return to normal within 24 hours of quitting, Reichert said.

"They are always very surprised [by the levels], Leone said. "It seems that is an important motivator to get them engaged in a conversation." □