

Interventions during hospital stays can help motivate smokers to quit

Hospitalized patients make a great captive audience for smoking cessation efforts, according to a new systematic review.

The researchers found that when smokers become hospital inpatients, regardless of the reason for admission, they are receptive to efforts to help them to quit smoking after discharge and more likely succeed in the long run.

“Smokers know that smoking is harmful to a person’s health, but many of them don’t really believe that smoking is harmful to their own health until they get sick,” said lead author Nancy Rigotti, M.D., director of the Tobacco Research and Treatment Center at Massachusetts General Hospital and associate professor of medicine at Harvard Medical School.

The aim of the systematic review was to evaluate how effective smoking cessation programs are when directed to patients admitted to a hospital.

The review appears in the current issue of The Cochrane Library, a publication of The Cochrane Collaboration, an international organization that evaluates research in all aspects of health care. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing trials on a topic.

Smoking cigarettes increases the risks of many health problems, such as cancer, heart disease and lung disease — and many patients with these conditions end up in the hospital. A hospital stay is a good time to get their attention, the reviewers say, when cessation programs might be more successful because they target a “teachable moment” when illness makes smokers feel vulnerable to the health risks of smoking.

Kelly Kessler, vice president of program services for the American Lung Association of Maryland, agreed.

“For many smokers, life-changing events, such as illness or loss of a loved one, can be very influential in motivating them to make a quit attempt, [but] for others, the stress of an illness can also make it more difficult,” she said.

Rigotti said that the hospital environment — a nonsmoking environment — adds to the success of cessation counseling.

“The smoke-free environment is critical,” Rigotti said. “When people can’t smoke for several days, they begin to understand that they can live without cigarettes. Taking advantage of this jump-start helps them to stay quit after leaving the hospital.”

The reviewers evaluated 33 studies that included nearly 14,500 adults who had smoked cigarettes within the past month. Patients received advice to quit smoking and/or behavioral counseling by a research nurse or a trained smoking cessation counselor. Counseling ranged from less than five minutes to an hour.

Twenty-five of the studies gave participants follow-up support after discharge from the hospital, usually by telephone calls.

The interventions that the review considered “intensive” provided smokers with at least 30 minutes of counseling during the hospital stay, which was followed by supportive calls for at least one month after discharge. The Cochrane reviewers estimated that when smokers underwent interventions such as these, the odds of quitting smoking increased by 65 percent at six months to 12 months after discharge from the

hospital. Less intensive interventions did not produce any benefit.

“Just offering brief advice to quit, or even counseling someone for 30 minutes in the hospital is effective only if some continuing contact is provided after the smoker leaves the hospital,” Rigotti said. “Counseling in the hospital has to be followed by supportive contacts for at least one month afterwards. This package really helps people to quit.”

The Cochrane review also found that adding nicotine replacement or bupropion (Wellbutrin) to counseling, which is standard treatment for smokers who do not enter the hospital, appears to increase the success of hospital-based programs.

According to Kessler, professionals who are skilled in giving cessation interventions can be invaluable.

“What motivates an individual to make a quit attempt can be greatly influenced by the advice of those seen as authority figures such as physicians and employers, making it critical that those key people are trained to provide help for patients or employees wanting to quit,” she said.

Source: Center for the Advancement of Health

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