Editorial

iMedPub Journals
www.imedpub.com

Archives of Medicine
ISSN 1989-5216

2020
Vol.12 No.5:e-107

DOI: 10.36648/1989-5216.12.5.e-107

Smoking Cessation: Current Practice and Challenges

Aniruddha Singh*

Cardiologist, University of Kentucky, Bowling Green, USA

***Corresponding author:** Aniruddha Singh

Aniruddha.Singh@uky.edu

Cardiologist, University of Kentucky, Bowling Green, USA.

Citation: Singh A (2020) Smoking Cessation: Current Practice and Challenges. Arch Med Vol. 12 No.6:e-107

Received: October 15, 2020; **Accepted:** October 20, 2020; **Published:** October 26, 2020

Editorial

According to the World Health Organization, tobacco use is attributable to 16% of all deaths and 15% of all cardiovascular disease for American adults aged 30 years or older [1]. As of 2010, the overall US national prevalence of tobacco use was 25.2% with the majority of this prevalence due to combustible tobacco use, specifically cigarettes [2]. Quitting smoking at any age significantly lowers mortality from all major smoking-related diseases with almost all excess mortality risk being avoided if the individual quits before 40 years old [3].

With the prevalence and deadliness of smoking, one would think that the benefit of quitting would be stressed by healthcare workers. However, only about one-half of smokers are receiving guidance from a healthcare professional to do so in the general community setting [4]. A similar study conducted in cardiologists' offices found that as few as 1 in 3 smokers are being advised to quit by their cardiologist [5]. Even worse is that less than 1 in 3 smokers that attempted to quit smoking used evidence-based cessation techniques, while the use of smoking cessation counseling and/or medication did not significantly increase in the 10 years between 2005 and 2015 [4].

Although the use of pharmacological smoking cessation aides has not significantly increased, their effectiveness has been well reported in the literature. Bupropion, nicotine replacement therapy, and varenicline were shown to help individuals quit significantly more than placebo [6]. Similarly, individual counseling has been shown to improve the likelihood of successful smoking cessation, with further benefits arising from intensive individual counseling [7].

Even though effective treatments are available, it does not mean that they are accessible to everyone. A previous study found that those with private insurance were more likely to utilize smoking cessation treatments than those without insurance. Similarly, it found that differences in treatment utilization by smokers were seen based on race, disability status, psychological status, and sexual orientation. However, this data from 2000-2015 was for the general population.

The onus is on the health care professionals to give maximum attention to patients who smoke and to the young members of the society who have not yet started smoking. Primary prevention is the key. One of the most cost-effective strategies has been to spend a brief part of the office visits addressing tobacco cessation. Clinicians must realize the dire need to support health care policies and intervene using multiple available modalities to reduce the burden of smoking associated morbidity and mortality.

References

1 Mathers C, Stevens G, D'Espaignet ET, Wolfenden L (2012) WHO Global Report: Mortality attributable to tobacco. World Health Organization.

2 King BA, Dube SR, Tynan MA (2012) Current tobacco use among adults in the United States: findings from the National Adult Tobacco Survey. Am J Public Health 102: e93-e100.

3 Thun MJ, Carter BD, Feskanich D, Freedman ND, Prentice R, et al. (2013) 50-year trends in smoking-related mortality in the United States. N Engl J Med 368: 351-364.

4 Babb S (2017) Quitting smoking among adults—United States, 2000–2015. MMWR Morb Mortal Wkly Rep 65: 1457-1464.

5 Sardana M, Tang Y, Magnani JW, Ockene IS, Allison JJ, et al. (2019) Provider-Level Variation in Smoking Cessation Assistance Provided in the Cardiology Clinics: Insights from the NCDR PINNACLE Registry. Journal of the American Heart Association 8: e011307.

6 Cahill K, Stevens S, Perera R, Lancaster T (2013) Pharmacological interventions for smoking cessation: an overview and network meta-analysis. Cochrane Database Syst Rev 2:1.

7 Lancaster T, Stead LF (2017) Individual behavioural counselling for smoking cessation. Cochrane Database of Systematic Reviews. Cochrane Database Syst Rev 3: CD001292.