

Intensive in-hospital support doubles likelihood of smoking cessation in heart patients

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Patients admitted to hospital with coronary artery disease are twice as likely to quit smoking after receiving intensive smoking cessation support compared to minimal support, found a new study in CMAJ (*Canadian Medical Association Journal*) <http://www.cmaj.ca/press/pg1297.pdf>.

The study, a randomized clinical trial, compared intensive intervention with minimal intervention and found that patients admitted for open heart surgery (coronary artery bypass grafts) had significantly higher long-term abstinence rates at 1 year compared with those admitted for heart attacks (acute myocardial infarctions.)

Other factors that contributed to successful long-term [smoking cessation](#) included absence of a previous heart attack, postsecondary education and at least some smoking restrictions at home.

The intervention used in the study resulted in the highest rates of 1-year confirmed smoking cessation in previous tests in the US.

This Canadian study involved 45-60 minutes of bedside education and counselling sessions in hospital followed by 7 telephone counselling sessions with a nurse at specific intervals over 2 months. These calls helped patients to problem-solve by developing cognitive, behavioural and social support strategies for use when they found themselves in high-

risk situations; in doing so the patients could maintain their smoke-free status.

"The rates of confirmed long-term abstinence rates observed in this trial are among the highest rates reported in cardiac populations and are among the highest reported absolute differences between minimal and intensive interventions," write Dr. Patricia Smith, Northern Ontario School of Medicine and Dr. Ellen Burgess, University of Calgary.

"Our results suggest that intensive counselling provided during the hospital stay is more effective than a stepped-care approach that provides intensive counselling only after a patient has relapsed," write the authors.

They suggest inpatient programs have the potential to significantly reduce cardiac events and hospital costs and should become standard practice in hospitals.

In a related commentary <http://www.cmaj.ca/press/pg1283.pdf>, Dr. Nancy Rigotti from Massachusetts General Hospital writes that despite numerous studies pointing to the potential of reducing overall cardiovascular illness and deaths with smoking cessation interventions, these have not yet become standard care. She states a major problem is that the intensive intervention model does not fit into the current health care delivery system. Maintaining health care during the transition from inpatient to outpatient settings is a key challenge for the management of all chronic diseases, including tobacco. She calls for the development of new creative ways to move the research findings into routine practice, a move that she calls overdue.

Source: [Canadian Medical Association Journal](#) (news : web)

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