

Study examines smoking by inpatients during hospital stay

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A study of smokers admitted to a large urban teaching hospital in Massachusetts found that 18.4 percent reported smoking during their hospitalization, according to a report published Online First by Archives of Internal Medicine, a JAMA Network publication.

The Joint Commission requires accredited U.S. hospitals to have a policy prohibiting smoking in hospital buildings, but the requirement does not extend to the hospital campus. In most hospitals where a campus-wide [smoking ban](#) is not in place, hospitalized [smokers](#) can go outside the hospital to smoke, according to the study background.

Susan Regan, Ph.D., of Massachusetts General Hospital, Boston, and colleagues conducted an observational study of 5,399 smokers visited by a tobacco counselor while hospitalized at the facility from May 2007 through April 2010. Smoking is banned at Massachusetts General Hospital in all indoor areas and on the outdoor campus except in two outdoor shelters, which patients may use. Researchers assessed smoking during the hospital stay at the time of counseling and at follow-up for those patients they were able to reach.

"Patients were more likely to report having smoked while hospitalized if they were younger, had more severe cigarette cravings, did not report planning to quit, had longer stays and were not admitted to a cardiac unit," the authors comment.

[Nicotine replacement therapy](#) (NRT) ordered for a patient on the day of

admission was associated with less smoking before the tobacco counselor's visit but not for the entire hospital stay, according to the study results.

"Assessment of cigarette cravings, especially among younger smokers and those who do not plan to quit after discharge, could identify high-[risk patients](#). The routine order of NRT on admission and the expansion of smoke-free policies to cover the entire hospital campus are two strategies that might decrease the proportion of smokers who smoke while hospitalized. This could improve [patient safety](#), [hospital](#) efficiency and clinical outcomes for hospitalized smokers," the authors conclude.

In an invited commentary, Steven A. Schroeder, M.D., of the University of California, San Francisco, writes: "Like other aspects of tobacco control, this study shows us how far we have come and how much more needs to be done. There is increasing pressure to remove the outdoor smoking areas that serve as a refuge for hospitalized patients and employees to sneak out for a smoke, representing a transition from smoke-free hospitals to smoke-free campuses."

"How can hospitals help smokers to at least refrain from smoking while hospitalized and even better help them to quit? Regan et al give us some answers," Schroeder continues.

"They recommend that a system should be in place that identifies all smokers on admission, flags the smoking status in the medical record, and alerts the medical team that a smoker needs help with cravings and that smoking cessation treatment should therefore be started," Schroeder concludes.

More information:

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