

Smoking and angioplasty: Not a good combination

May 12 2015



Smoking harms nearly every organ in the body and causes many diseases. Credit: CDC/Debra Cartagena

Quitting smoking when you have an angioplasty can help maximize the procedure's benefits, meaning better quality of life and more relief from your chest pain, according to new research in the American Heart Association's journal *Circulation: Cardiovascular Interventions*.

Researchers analyzed chest pain and quality of life measurements for 2,765 adults who underwent angioplasty - a non-surgical procedure that opens narrowed or blocked blood vessels that supply blood to the heart. One year after their procedures:

- People who quit [smoking](#) when they had angioplasty reported a much better quality of life than those who kept smoking.
- Twenty-one percent of people who [quit smoking](#) when they had angioplasty reported chest pain as compared with 31 percent who kept smoking.
- Nineteen percent of people who either never smoked or quit smoking before their angioplasty still had chest pain.

"It's a no-brainer. Stopping smoking seems like a relatively easy way to increase your chances of getting the best outcomes from angioplasty," said senior author and cardiologist John Spertus, M.D., M.P.H., Clinical Director of Outcomes Research at Saint Luke's Mid America Heart Institute in Kansas City, MO.

People with chest pain, heart attack, or high risk of heart attack commonly undergo angioplasty. A catheter with a balloon is inserted into the artery, opening up the artery and restoring blood flow. Almost all angioplasties involve placing a stent inside the artery.

Patients who smoke are strongly urged to quit as a key component of preventing a recurrent cardiovascular issue.

This is the largest study measuring quality of life after angioplasty with respect to smoking, said Spertus.

From 10 different hospitals throughout the country, researchers recruited patients who were undergoing angioplasty for either a [heart attack](#) or chest pain. Participants were divided into four groups: those

who had never smoked, past smokers who had quit before the procedure, those who smoked, but quit after their [angioplasty](#) and those who continued to smoke afterward.

During the one-year follow-up, about 38 percent of smokers quit while about 63 percent persisted in smoking.

At the time of their procedure, patients answered questionnaires about their [chest pain](#) and overall quality of life, which were repeated at one, six, and 12 months later. Researchers analyzed the raw scores and adjusted for the effects of various demographic factors, medical history, disease severity and treatments received, to isolate the particular effects of smoking.

"It's not just important that we do a good job treating the blockage. Cardiologists have to work with patients to help them stop smoking, whether it means nicotine replacement, a [smoking cessation program](#) or some other intervention," said Spertus.

Smoking is the most important preventable cause of premature death in the United States, according to the American Heart Association. It boosts your risks of several disorders, including atherosclerosis, which can lead to [heart](#) disease and stroke.

Provided by American Heart Association

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