

Who's helping smokers quit? Probably not their heart doctor

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Smoking doesn't just wreck the lungs. It's a leading cause of heart

disease and stroke, and a new study says most cardiologists aren't doing enough to help patients snuff out their cigarettes.

"We know that smoking is a risk factor for cardiovascular disease and that cessation leads to decreases in cardiovascular disease and the risk of death," said the study's lead author, Dr. Mayank Sardana, a cardiac electrophysiology fellow at the University of California San Francisco School of Medicine. "But only a minority of smokers are receiving counseling in cardiology clinics and assistance in trying to quit."

Only 1 in 3, in fact. The study analyzed data collected between 2013 and 2016 from 348 cardiology practices associated with the National Cardiovascular Data Registry, which documents treatment provided to patients. Of more than 328,000 patients classified as smokers, only 34% received smoking cessation assistance, according to the study published Friday in the *Journal of the American Heart Association*.

That assistance, Sardana said, ranges from assessing a smokers' readiness to stop and counseling them about the health benefits of doing so to recommending cessation programs and prescribing nicotine patches and drugs to help them quit.

The study did not examine reasons for the low rate, but Sardana suggested two possible factors: lack of time during a doctor visit and the assumption the primary care provider, not the cardiologist, should take the lead in discouraging smoking.

"We need to work with cardiologists and primary care providers to understand the problem and come up with a practical solution," Sardana said.

The *JAHA* study follows a groundbreaking report last December by the American College of Cardiology urging health care providers to take a

bigger role in promoting smoking cessation and setting out a detailed pathway for cardiologists to address the issue with patients.

Dr. Nancy Rigotti, a professor of medicine and internist at Harvard Medical School and Massachusetts General Hospital who served as vice chair of the group that wrote the ACC report, said every doctor taking care of smokers should do whatever possible to help them quit. She hopes the new study will bring more urgency to the issue and draw attention to the ACC recommendations.

"My experience has been that for cardiologists, tobacco has sort of been the forgotten risk factor," said Rigotti, who directs the hospital's Tobacco Research and Treatment Center.

"They're aggressive about taking care of high cholesterol and high blood pressure, and we have medicines that are very effective for that," she said. "But with smoking cessation it's more of a chronic problem that takes a long time to work. It's not a simple fix."

The timing of a visit to the cardiologist can make a big difference, Rigotti said. "Someone who has newly diagnosed heart disease or just had a heart attack may be scared and willing to make behavioral changes that maybe they didn't think they needed to do before."

Rigotti said many smokers she has counseled associate smoking more with lung cancer than [cardiovascular disease](#). But according to the Centers for Disease Control and Prevention, smoking wreaks cardiovascular consequences ranging from damaged arteries and lower levels of "good" cholesterol to sticky blood that's more prone to clotting.

Smokers, the American Heart Association reports, are two to four times more likely to have a stroke than nonsmokers or those who quit more than a decade ago. And almost a third of deaths from coronary [heart](#)

[disease](#) are caused by smoking and [secondhand smoke](#), according to the AHA.

The good news for all doctors to emphasize, Rigotti said, is that "if you quit [smoking](#) you reverse the extra risk relatively rapidly.

"It's never too early to quit," she said. "But it's never too late to quit."

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