

Research uncovers treatment combo that sees smokers six times more likely to quit

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New research led by University of South Australia has found that smokers who receive the medication varenicline tartrate combined with Quitline counselling following a period of hospitalisation due to a

tobacco-related illness are six times more likely to quit smoking than those who attempt to stop without support.

The world-first study led by UniSA's Associate Professor Kristin Carson-Chahhoud found that after two years, nearly 30 per cent of study participants were still smoke-free after the treatment, while 18 per cent of participants who had only received Quitline counselling during the same trial also sustained their abstinence.

According to Assoc Prof Carson-Chahhoud, the results prove that both treatment options are highly viable—compared to quitting without support which has a success rate of only three-to-five per cent—and should be implemented in hospitals immediately.

"Not only did we confirm that the combination of [varenicline](#) tartrate and counselling offers smokers a very real chance of successfully quitting for good, it also demonstrates the safety and effectiveness of varenicline tartrate over a long period of time," she says.

"This is the first trial of varenicline tartrate worldwide that evaluates long-term effectiveness of the medication with two-year follow-up, and the first study to evaluate the use of varenicline tartrate in a [hospital](#) setting among people with many co-morbidities, compared to other studies of the drug that have used primarily 'healthy' community volunteers.

"Given the success of the trial and the relative ease in which the treatment could be implemented, we hope our findings influence how smokers who are hospitalised are supported to quit."

Varenicline works by blocking receptors in the brain that nicotine goes into meaning that people who smoke while using the medication don't get the rush and enjoyment they normally would from [smoking](#). Because

the receptors in the brain aren't getting that hit of nicotine from each cigarette smoked, the drug also decreases cravings or eliminates them entirely.

Based at the Australian Centre for Precision Health at UniSA, Assoc Prof Carson-Chahhoud says supporting people to quit smoking during hospital admissions is a massive and underutilised opportunity.

"Providing the right treatment and support for those hospitalised with tobacco-related illnesses would lead to long-term success in reducing smoking rates in our community," she says.

"Even minimal intervention like Quitline counselling—that starts with a simple phone call to get support—can make such a huge difference in helping a smoker successfully quit long-term.

"The health benefits of quitting are widely known—people who stop smoking have fewer hospital admissions, emergency department visits and GP visits, as well as improved quality of life.

"Ultimately we hope that this evidence will be enough to convince policy makers that having a dedicated quit smoking support officer based in hospitals is a very worthwhile investment that will pay long-term dividends."

Dr. Carson-Chahhoud also hopes that varenicline tartrate combined with Quitline counselling will become standard practice among hospitalised smokers. "The [hospital setting](#) is a powerful time to help people in their quitting journeys for a number of reasons. Among people admitted because of a tobacco-related disease, it's usually something serious and can act as a wakeup call for people to put their health first," she says.

"It also takes them out of their usual routine and natural environment,

where they are a captive audience and more willing to consider quitting smoking as part of their new post-illness routine. In addition, many patients have already had to stop 'cold turkey' for a few days while in hospital.

"Our study proves that with the right intervention, nearly a third of those admitted to hospital with smoking-related illness could be discharged and walk away already well on their way to never smoking again."

While the study was conducted with patients admitted to hospital, Assoc Prof Carson-Chahhoud notes that varenicline tartrate plus Quitline counselling is also a viable treatment option for outpatients.

"In the current pandemic of COVID-19, there has never been a better time to quit since the latest data coming out of China is showing that smokers are significantly more likely to get COVID-19, have a more severe case, need to be admitted to intensive care unit and die from the disease, compared to non-smokers," she says.

Assoc Prof Carson-Chahhoud first commenced work on the study during her Ph.D. at the University of Adelaide.

The paper 'Two-year efficacy of varenicline tartrate and counselling for inpatient smoking cessation (STOP study): A randomized controlled clinical trial' was published in *PLOS ONE* this week.

More information: Kristin V. Carson-Chahhoud et al, Two-year efficacy of varenicline tartrate and counselling for inpatient smoking cessation (STOP study): A randomized controlled clinical trial, *PLOS ONE* (2020). [DOI: 10.1371/journal.pone.0231095](https://doi.org/10.1371/journal.pone.0231095)

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