

# Study: Quitting smoking nearly halves heart attack risk, cutting down does little

August 29 2024

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According to research presented today at [ESC Congress 2024](#) patients

with stable coronary artery disease who quit smoking at any timepoint after their diagnosis reduced their risk of a major event by almost 50%. In contrast, there was minimal impact on cardiovascular risk in patients who reduced their smoking habits.

The international CLARIFY registry (prospective observational Longitudinal Registry of patients with stable coronary artery disease) assessed the impact of smoking status on [cardiovascular events](#) in patients with [coronary artery disease](#). The registry included 32,378 patients with the condition. The occurrence of a major adverse cardiovascular event (MACE), defined as cardiovascular death or [myocardial infarction](#) during the 5-year follow-up period, was analyzed.

Patients were included in the study at an average of 6.5 years after their coronary artery disease diagnosis: at inclusion, 13,366 patients (41.3%) had never smoked, 14,973 (46.2%) were former smokers and 4,039 (12.5%) were current smokers. Among the former smokers who smoked at the time of coronary artery disease diagnosis, 72.8% discontinued smoking within the following year, while only 27.2% quit in subsequent years.

"Interestingly, the first year after diagnosis was the crucial window for quitting. At the time of diagnosis, we should emphasize the importance of quitting and support patients in this challenge," said study author, Dr. Jules Mesnier of Hospital Bichat-Claude Bernard, Paris, France.

Patients who quit smoking after coronary artery disease diagnosis significantly improved their cardiovascular outcomes regardless of when they quit, with a 44% reduction in the risk of MACE (adjusted hazard ratio [HR] 0.56; 95% confidence interval [CI] 0.42–0.76; p

Citation: Study: Quitting smoking nearly halves heart attack risk, cutting down does little (2024,

August 29) retrieved 30 August 2024 from <https://medicalxpress.com/news/2024-08-halves-heart.html>

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