

Extended support helps patients stay smoke-free after hospital discharge

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Credit: Vera Kratochvil/public domain

Smokers admitted to U.S. hospitals cannot smoke during their stay and could use this time as an opportunity to quit, but few are able to stay smoke-free after returning home. Now a study published in the August 20 issue of *JAMA* describes a program that increased the proportion of hospitalized smokers who successfully quit smoking after discharge by more than 70 percent. The system used interactive voice response

technology – automated telephone calls – to provide support and stop-smoking medication for three months after smokers left the hospital.

"Most smokers want to quit, and being hospitalized gives them an opportunity to do so because they can't smoke in the hospital. The health problems that led to the hospital admission can give them extra incentive to stop smoking," says Nancy Rigotti, MD, director of the Tobacco Research and Treatment Center at Massachusetts General Hospital (MGH) and the lead author of the *JAMA* report. "Many smokers get advice to quit in the hospital, but they are rarely connected to resources to help them stay quit when they return home."

The sustained care program developed by the MGH team provides smokers with a series of interactive automated telephone calls beginning two days after discharge and up to three months' supply of the patients' choice of any FDA-approved stop-smoking medication. At each call, the automated system asked patients to indicate whether they were smoking, gave advice on staying smoke-free, encouraged the proper use of medication and offered medication refills. Participants requesting additional help received a call back from one of the program's [tobacco](#) treatment counselors.

The study enrolled 397 smokers who had been hospitalized at MGH, received tobacco cessation counseling as inpatients, and indicated that they planned to try quitting after discharge. Half of the group was randomly assigned to receive the sustained care program. The other half received standard care, consisting of a recommendation to use a stop-smoking drug and to call the national tobacco quitline (1-800-QUIT-NOW) for support. At one, three and six months after hospital discharge, participants received assessment calls from study staff, during which they were asked whether they were currently using any tobacco products and whether they had used any stop-smoking medication or tobacco counseling. The six-month follow-up included a biochemical

test to confirm participants' self-reports of not smoking.

At each assessment, more patients in the sustained care group reported not smoking – either during the preceding week or throughout the study period – than did patients in the standard care group. Objective testing of tobacco exposure at six months confirmed abstinence in 26 percent of the sustained care group, compared with 15 percent of the standard care group. The authors note that a likely reason for the difference was that the sustained care group used more [tobacco cessation](#) counseling and medication – and used medication for a longer period of time – than did the standard treatment group throughout the study.

Offering smokers help to quit smoking during their hospital stay is now a measure of the quality of care for U.S. hospitals developed by the Joint Commission and endorsed by the National Quality Forum. "Our program can help other U.S. hospitals meet this standard and go even further to ensure that patients get the help they need to remain quit once they leave the [hospital](#)," says Rigotti, a professor of Medicine at Harvard Medical School. "Hospitals can and should play their part in reducing the burden of tobacco-related death and disease by helping [smokers](#) stay smoke-free when they return home."

More information: [DOI: 10.1001/jama.2014.9237](https://doi.org/10.1001/jama.2014.9237)

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