

Treating Elderly and Medically-Ill Smokers

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Tobacco remains the leading cause of premature death in our society, and the list of tobacco-caused diseases continues to expand as outlined by the latest Surgeon General's Report. Despite the detrimental health effects, smokers continue to use tobacco. This paradox is especially striking among those smokers who have already been harmed by a tobacco-caused disease. There are data indicating that up to 58% of smokers diagnosed with cancer continue to smoke, and that those cancer patients who continue to smoke have poorer response to treatment, higher recurrences, and higher rates of second malignancies. Besides cancer, smokers with cardiac and pulmonary disease have higher incidence of further complications and progression of disease, so it is also critical that these smokers quit whenever possible. The factors involved in a medically ill smoker continuing to damage his/her health are not fully understood, and the optimal strategies for treating these smokers remains unclear. However, considering the grave importance for these smokers to quit, intensive treatments are warranted.

There are a number of issues that come into play when treating elderly and medically ill smokers. Elderly smokers often feel that they have smoked for so long that "they could never quit", "the damage is already done...there's no point in quitting now", or they "haven't gotten sick yet, so why quit"? Medically ill smokers may comment that "I was fine until I quit smoking...then I got lung cancer or had a heart attack. I might as well start again". It is important to remember that most smokers want to quit and they continue to smoke because they are addicted. This is also true for elderly and medically ill smokers.

I'm Too Old to Quit

Today, people reaching age 65 can expect to live another 15-19 years (about one-fifth of their lives). Tobacco-caused diseases are illnesses of the elderly with 94% of tobacco-caused deaths occurring in people age 50 and older and 70% occurring in persons 65 and older. Therefore, elderly smokers should be strongly encouraged to stop smoking. In fact, there are some data that indicate that older smokers actually have more success in quitting than their younger counterparts.

Damage is already done – why not just keep smoking?

It is important in dealing with any patient that we are not missing any underlying depressive disorder. This type of resignation or hopelessness could be an early warning sign. In the absence of depression, it is important to educate smokers as to the wide range of benefits of cessation. These benefits start early on with lower blood pressure, lower carbon-monoxide, better stamina, smell, and taste. Within 2-4 weeks, respiratory infections decrease, and in 4-12 weeks, lung function improves. Within 2 weeks, there is an increase in HDL (good) cholesterol, and in 2-3 months, improved circulation. At 1 year, there is a 50% reduction in heart attack risk, in 5 - 15 years, the risk of heart attack and stroke equals never-smoker level. As for cancer, at 10 years after stopping, the risk of lung cancer is reduced by half.

In terms of medically ill smokers with cardiovascular disease, there is a high recurrence rate in continued smokers with heart attack and previous cardiac interventions. The risk of death following angioplasty and bypass surgery is increased by 75% in continuing smokers. For continuing smokers with cancer, there are

worse symptoms, poorer surgical outcomes, lower survival, and more metastases and subsequent malignancy in smokers with lung cancer, and there is less response to treatment and decreased survival in smokers with head and neck cancers who continue to smoke. It is also important to remind a smoker that just because



you have one tobacco caused disease doesn't protect you from another. People with cancer can still have heart attacks and develop lung disease. Finally, this is not simply a length-of-life issue, but higher quality of life issue. Smokers spend about 1-2 additional years with disability, despite a shortened overall life span, and have more acute and chronic illness, more restricted activity days, more bed-disability days, more work absenteeism, and make 6 more visits to the doctor annually.

I haven't gotten sick yet, so why quit?

There is a belief that you personally are immune to the health effects of tobacco. "It won't happen to me". Most smokers do not believe that *they* are at increased risk for heart disease or lung cancer, even if they understand that such risks exist in the general population. Despite a lack of obvious and visible health impacts right now, there are clear benefits of quitting early. Men who quit smoking before age 30 had normal life expectancy; by quitting before 40, smokers lived one year less than those who never smoked; those who quit by 50 increased life expectancy by six years; and those who quit by 60 added an average of three years to their life. Therefore, even quitting in your 60's can add *real time* to your life, not just a few weeks. These patterns are also seen with lung cancer risk, which decreases with earlier cessation and improved lung function, which can return to normal in those who quit before age 40.

I was fine until I quit smoking...then I got lung cancer!

There is a belief that smoking today causes lung cancer tomorrow. In reality, the time course between exposure to a cancer causing agent and the development and diagnosis of cancer can often take 20-30 years. The peak of lung cancer incidence in the mid-1980's among males is a result of the peak smoking rates from the mid 1960's, when 54% of adult males were smokers. The sequence of smokers quitting and soon after being diagnosed with cancer is obviously a shocking and frustrating experience. It is important to educate patients that the decades of smoking prior likely resulted in the cancer, not the recent stopping. Also, considering the poorer outcomes of smoking with a cancer diagnosis, there is no reason to go back to smoking after such a diagnosis.

It is important to remember that smokers of all ages and health status will benefit from cessation. One is never too old, young, healthy, or sick to stop smoking. Do not give into the "rationalization of addiction" that smokers often succumb to, and drives them to continue to smoke in the face of serious medical illness.