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## **Please Quit Smoking**

In 2007, 19.8% of adults in the United States were current cigarette smokers. This is the lowest percentage ever recorded.

Although a great achievement, it means 43.4 million U.S. adults still smoke. Cigarette smoking is the most important preventable

cause of morbidity, mortality, and excess health care costs in the United States. From 2000-2004, cigarette smoking caused an estimated annual average of 443,595 deaths and cost \$193 billion dollars per year in smoking attributable costs. Smoking is responsible for 95% of lung cancer, the vast majority of chronic lung disease, and is a significant risk factor for heart disease, as well as other cancers. At \$4.00 per pack the cost of the cigarettes alone can easily be more than \$2500/year.

Preventing smoking and providing effective treatment to help smokers quit will remain a public health priority for the foreseeable future. In support of this goal, the U.S. Department of Health and Human Services recently published the clinical practice guideline entitled *Treating Tobacco Use and Dependence: 2008 Update*.

The new guidelines present evidence that counseling by a physician, even lasting 3 minutes or less increase the odds for prolonged abstinence. Higher intensity counseling lasting greater than 10 minutes doubles the abstinence rate compared to minimal counseling. Tobacco cessation treatments are cost-effective and have been shown to reduce health-care costs. The number of effective medications for tobacco dependence treatment have increased. There are now 7 approved, (Chantix, Wellbutrin

SR, and Nicotine replacement therapy in the form of patch, gum, lozenge, inhaler, and nasal spray).

If you smoke, when you see your physician, he should ask you 2 questions. The first is “Are you willing to make a quit attempt now?” If the answer is “no” he should offer to help at another time when you are more motivated. If the answer is “yes” you and your doctor should set a quit date and move on to the second question... “What worked or did not work when you tried to quit before?” If you have no idea, your doctor should offer advice about strategies that generally do work. This likely will include the use of one or more of the approved medications for treatment. Recent studies show that Chantix, (varenicline), appears to have the greatest efficacy after 3-6 months. The most common adverse effect of Chantix is nausea, which at the maximal dosage occurs in about 1/3 of treated individuals. However most of the nausea reported was mild and treatment discontinuation due to nausea occurred in only 3% of patients.

If your attempt at quitting is unsuccessful, don't give up. Less than 40% of smokers try to quit each year and among those who make a quit attempt, few remain abstinent after 1 year. The true nature of tobacco use is that of a chronic disorder similar to other diseases such as diabetes and COPD. Relapse is expected. Successful treatment should take a long-term view of the relationship between you and your physician and should incorporate encouragement, counseling, and effective drug therapy at every opportunity. Permanent abstinence is the goal of treatment but is usually achieved only after multiple cycles of remission and relapse. If after reading this article you feel that now is the time for you to make a quit attempt, call your physician “RIGHT NOW”. You might have saved your own life.

For more information, please visit <http://www.safecare.com>.

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***Office Hours:***

*Mondays 9:00 AM - 4:30 PM,*

*Tuesdays 9:00 AM - 4:30 PM*

*Wednesdays 9:00 AM - 7:30 PM*  
*Thursdays 9:00 AM - 12:15 PM*  
*Fridays 9:00 AM - 4:30 PM*  
*Alternate Saturdays 9:00 AM - 1:00 PM*

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