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## CDC TARGETS OLDER SMOKERS

By NANCY ALDRICH

New options to help people quit smoking and deeper understanding of the importance of tobacco cessation for older adults have led to a new focus on smoking cessation among elders, according to a report released to media during the Aging in America Conference of the National Council on Aging and American Society on Aging in Washington, D.C., in March.

Prepared by the Centers for Disease Control and Prevention (CDC) and the National Association of Chronic Disease Directors, the report notes that of the 45.3 million people who smoke cigarettes in the United States, about 13 million are age 50 or older, with 4.5 million ages 65-plus. Older smokers constitute two-thirds (68%) of all deaths from tobacco smoking, say statistics from the United States Public Health Service (PHS).

### IMMEDIATE BENEFITS

“The single best step that smokers can take to protect their health—and that of nonsmoking family members—is to quit smoking,” said Matthew McKenna, director of the CDC’s Office on Smoking and Health. He added, “Quitting smoking has immediate as well as long-term benefits, including reducing risks for diseases caused by smoking such as cancer, heart disease, stroke and respiratory illnesses. Fortunately, there are now more options than ever to help someone quit using tobacco, and it’s important to remember that it’s never too late to take this important step.”

The CDC has found that 57% of smokers 65 or older indicate they want to quit. However, McKenna said that quitting tobacco use is complex and involves not only physical addiction but also emotional and psychological components—as well as a complete change in daily routine.

Healthcare and service professionals should be aware that older smokers are likely to be longtime tobacco users, McKenna said. He emphasized that seniors may be in the midst of a health crisis that precipitated a desire to quit or they may be facing huge life changes, such as loss of their independence or death of a spouse, in addition to the challenge of giving up smoking. Also, older smokers may be motivated to quit by the desire to live longer in order to spend time with their grandchildren or to keep their family members from being exposed to secondhand smoke.

The CDC media background report, part of a series of papers initiated with the American Cancer Society in 2002, cites focus-group findings from the Center for Social Gerontology (TCSG). Based in Ann Arbor, Mich., the center found that physicians and other medical professionals are probably the best catalyst for getting older adults to quit smoking. Among elders who had recently quit, advice from professionals had more influence than counsel from family or friends, said TCSG codirector James Bergman, who is director of the Smoke-Free Environments Law Project.

### PROFESSIONAL ADVICE

For patients willing to quit, according to the CDC, healthcare professionals should:

- **Assist** with setting a quitting date;
- **Outline** the plan;
- **Provide** self-help materials that are culturally, educationally and age-appropriate for each patient;
- **Discuss** medication use to reduce withdrawal symptoms, unless contraindicated.

In its 2006 document titled *A Practical Guide to Working With Health-Care Systems on Tobacco-Use*

*Treatment*, the CDC outlines ways in which healthcare professionals can promote access to effective treatment for tobacco dependence. For example, physicians can provide brief counseling to patients who use tobacco or have recently quit, as well as refer patients to quitlines and other available cessation resources. Professionals can offer first-line tobacco-dependence pharmacotherapies approved by the Food and Drug Administration (FDA) to all tobacco users who are trying to quit. In a hospital setting, healthcare practitioners can provide inpatient tobacco-dependence consultation services and medication, as well as ensure that discharged patients are referred to a quitline or other services for ongoing counseling and follow-up.

The PHS clinical practice guideline *Treating Tobacco Use and Dependence* ([www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)), published in 2000, identifies FDA-approved medications to help smokers quit. These drugs include nicotine-replacement therapy and a number of other prescription, non-nicotine medications. Nicotine-replacement therapies, which help relieve withdrawal symptoms, can be in the form of a nonprescription gum or a prescription inhaler or nasal spray. Some patch products also require a prescription. The usual side effects that patients may experience with each of these drugs include insomnia and nausea, as well as irritation of the mouth, nasal passages or skin.

However, FDA reported in February 2008 that serious neuropsychiatric symptoms have occurred in some patients taking Chantix, one of the aforementioned therapies. These symptoms include changes in behavior, agitation, depressed mood, and thinking about or attempting suicide. As with any medication, people should consult with their healthcare providers and carefully read the information on the package.

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#### CARE IN PRESCRIBING

Raymond Niaura, a principle investigator for the Medicare Stop Smoking Program (MSSP) demonstration funded by the Centers for Medicare and Medicaid Services, said that in general, medications to aid smoking cessation are safe for frail elders, “but with any medication in an older adult you want to exercise a little extra caution.”

For example, when people quit smoking, their metabolism of other medications may change. “What we recommend is a higher level of medical monitoring . . . when older patients use these medications,” said Niaura, a professor of psychiatry and human behavior at Brown Medical School, Providence, R.I. He added that MSSP patients have experienced few adverse events in the study, and most such problems were handled by a regular physician.

Regarding some other potential therapies, Corrine Husten, vice president of policy development at the Partnership for Prevention in Washington, D.C., said that PHS has found no evidence that acupuncture or hypnosis can help smokers quit. Alternatively, though, the MSSP demonstration found that telephone quitlines had the overall highest success rate. The study also found that physician counseling—alone or in conjunction with pharmacotherapy—was the most cost-effective intervention.

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#### POLICY DIRECTIONS

In taking a multifaceted approach to successful control of tobacco use, the CDC plans to continue working with policymakers, health officials, the public and others to ensure that smoking cessation remains a core component of public health.

“The way that we are going to reach older smokers may not be the way that we are marketing or targeting younger smokers on tobacco use,” said Kim Hamlett-Berry, director of the Office of Public Health Policy and Prevention at the Department of Veterans Affairs. “It may be more about outreach to community centers that serve older adults, engaging church organizations and other local organizations that older adults look to for information and services and seeing what can be done to engage them,” Hamlett-Berry added.

According to the CDC, if all states fully implemented proven strategies for tobacco-use prevention and control, the United States could prevent the staggering toll that smoking takes not only on older adults and their families but also on their communities. ♦

*Nancy Aldrich is the editor of Aging Opportunities News, based in Silver Spring, Md. This article is adapted from her more extensive background paper written for the Centers for Disease Control and Prevention as part of a series. The complete document, including resource links, is available online at [www.chronicdisease.org](http://www.chronicdisease.org). William F. Benson served as senior editor and project manager on this series.*

## SECONDHAND SMOKE

The U.S. Surgeon General concluded in 2006 that exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

“For older adults, secondhand smoke is a very important issue, whether it is in public, the workplace, such multiunit living arrangements as apartments or condominiums, or nursing homes,” stated Jim Bergman, codirector of the Center for Social Gerontology in Ann Arbor, Mich., and director of the Smoke-Free Environments Law Project.

A 2007 study by researchers at Indiana University found that, following a countywide smoking ban, the number of hospital admissions for heart attacks among nonsmokers with no history of heart disease declined by 70%.

As of January 2008, 488 cities in 35 states and the District of Columbia had banned smoking in restaurants, according to the American Nonsmokers’ Rights Foundation. In addition, 26 states had smoke-free laws on their books and four more states had laws that will take effect in the future. ❖

—Nancy Aldrich