



Opening windows of opportunity for smoking cessation treatment

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Smoking is the direct or indirect cause of more than 50 diseases, collectively known as “smoking-related” diseases. Therefore, it is not surprising that there are a large number of active smokers among patients hospitalized in Brazil.

Smoking control is one of the public health investments with the highest positive return in terms of its effects on the indicators of morbidity and mortality. In Brazil, the rates of active smoking in the adult population have been decreasing because of the implementation of public policies, due in large part to the persistent efforts of several entities, especially the *Sociedade Brasileira de Pneumologia e Tisiologia* (SBPT, Brazilian Thoracic Society). The SBPT, through its Committee on Smoking, is constantly engaging in advocacy, working with organizations that create legislation regarding the subject, as well as working with the media and fulfilling their social obligation. In this context, we can highlight instruction in smoking cessation treatment, a recent conquest and long-standing goal of the SBPT, now widely available, that will provide tools for all pulmonologists to treat their smoking patients, hospitalized or not.⁽¹⁾

The minimal approach, which can be performed by every health professional, reportedly produces a cessation rate of 1-3%.⁽²⁾ That approach should be routinely applied to smokers admitted to the hospital. Hospitalized smokers are often highly motivated to quit smoking, showing symptoms of nicotine withdrawal, and are open to undergoing the procedures offered in order to prevent relapse after discharge. However, few such patients undergo smoking cessation treatment and most of those who do relapse shortly after discharge from the hospital.^(3,4)

The ideal would be to put in place in-hospital protocols to train all staff members to speak to patients in the same way, thus intensifying the approach and increasing the chances of smoking cessation, although that is not always feasible.

In view of these considerations, Campos et al.,⁽⁵⁾ in this issue of the JBP, describe a timely study in which they proposed an easily accessed tool for approaching hospitalized smokers. The authors compared the efficacy of two cognitive behavioral therapy-based interventions and analyzed the factors related to relapse using the Brief Questionnaire of Smoking Urges, an instrument that evaluates craving from a multidimensional perspective. The overall abstinence rate at six months after hospital discharge was 40.7%, demonstrating the impact of


the program. The intensive intervention, performed by a trained professional, involved a 40-min smoking cessation treatment session, comprising a 10-min oral intervention and the presentation of a 30-min educational video produced by a pulmonologist, a cardiologist, and a psychiatrist. After discharge, the participants were contacted by telephone at three time points. At 6 months, a lower relapse rate and a higher smoking abstinence rate were observed in the intensive intervention group. The proposed intervention can be reproduced at other hospitals, without excessive cost.

The recommended practice is to offer counseling during hospitalization to all smokers and to schedule a follow-up interview, in person or by telephone, for a date at least 30 days after hospital discharge. In a meta-analysis of 50 studies, Rigotti et al.⁽⁶⁾ concluded that intensive approaches with follow-up after discharge were the most effective. Relapses occur mainly during the first month after discharge, and close monitoring is therefore important during this period. Characterizing the intensity of the craving and other factors that increase the risk of relapse, such as dependence on alcohol or other drugs, allows us to individualize the treatment of those at a higher risk of relapse.

By proposing the educational video presentation strategy, Campos et al.⁽⁵⁾ contribute to efforts to devise a more appropriate approach to hospitalized smokers. Video is a resource that, like other digital media and social networks, plays a fundamental role as a vehicle for interventions on smoking, especially for hospitalized smokers, who are more motivated and have more time available to use videos.⁽⁷⁾

For institutions that do not have a specialized smoking cessation team or protocols in place, video is an instrument that can increase smoking cessation rates. Although pregnant women and psychiatric patients were excluded from the study sample, they are populations that should be included in the approaches performed during hospitalization: the first because of the consequences for the health of the infant; and the second in order to reduce the high rate of mortality due to smoking-related diseases.

Although the study protocol did not include the use of medications, Campos et al.⁽⁵⁾ and the current guidelines^(3,4) recommend the use of nicotine replacement therapy to reduce cravings and to increase abstinence rates after discharge from the hospital.

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Smoking cessation treatment should be attempted at every opportunity, and hospitalization is, without a doubt, a unique window of opportunity. Let us continue

to open these and all other windows necessary for the treatment of smoking, a chronic disease that is a preventable cause of a panoply of other diseases.

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