OLDER ADULTS & SMOKING

Key Messages for Health Care Providers and Policy Makers

Overview

Tobacco use is the primary preventable cause of disability and death in older adults.[1,2] Older people who smoke have double the mortality rate compared to older adults who do not smoke. [3]

The Link between Smoking and the Elderly

- Smoking is linked to a higher risk of cognitive impairment and dementia in the elderly [4, 5, 6, 7, 8] and has also been associated with increased risk of macular degeneration, cataracts, hearing changes, and decreased abilities in smell and taste. [8]
- Smoking is an important contributing factor to loss of function, mobility, independence, and fire-related fatalities in the elderly. [9]
- Smoking is associated with age-related diseases in elderly women such as osteoporosis, breast cancer, and cardiovascular disease [2, 5] and has been shown to decrease physical strength and performance in this population. [10]
- Older adults who smoke are highly nicotine dependent, and are less likely to believe that smoking harms health. [9, 11, 12]

Impact

- As the elderly population increases worldwide, the health, social, and economic costs of smoking will continue to rise among those who smoke.
- Improved health and decreased mortality occurs when people quit smoking even after 65 years of age. [13] Benefits of smoking cessation in the elderly include: reduced progression of respiratory disease and improvement in lung function, [13]improved safety, quality and length of life, [9] decreased cognitive impairment and prevention of dementia [4, 5, 6, 8, 12] and reduced risk of all major causes of death. [9]
- A high percentage of elderly people who smoke want to quit, and people over 65 who smoke are more likely to be successful at quitting. [3, 11, 14] However, older patients who smoke are less likely to receive advice to quit from health care providers than younger patients. [1, 9, 13]

Action

- Older adults who experience more health problems and psychological distress are more likely to try to stop smoking, [11,12] while older adults with low psychological distress and fewer health concerns are less likely to quit. This second group may need different sorts of motivational and educational strategies to support smoking cessation.[14,15]
- Older adults are low users of existing smoking cessation programs [11, 16] and public smoking restrictions may not have the same impact on the elderly as they do on younger people who smoke. [17] Modalities such as mobile smoking cessation units may be effective in reaching the homebound or frail elderly. [11, 16]
- Health care professionals and older smokers need more education about the benefits to older adults of smoking cessation in order to improve cessation rates. [9, 13, 15]

Action (cont'd)

- The CAN-ADAPTT Guideline Development Group 18 recommends that health care providers should:
  - Ask patients about tobacco use status on a regular basis.
  - Clearly advise patients or clients to quit.
  - Assess the willingness of patients or clients to begin treatment to quit smoking.
  - Offer assistance to every tobacco user who expresses the willingness to begin treatment to quit.
  - Conduct regular follow-up to assess response, provide support and modify treatment as necessary.
  - Refer patients or clients to relevant resources as part of the treatment, where appropriate.

Helpful Resources

- The CAMH (Center for Addiction and Mental Health) Nicotine Dependence Service <www.camh.net>)
- Smokers' Helpline <www.smokershelpline.ca>
- Community Navigation and Access Program <http://www.cnap.ca>
- Public Health Agency of Canada Workshop on Healthy Aging <http://www.phac-aspc.gc.ca/seniors-aines/publications/pro/healthy-sante/workshop-atelier/tobacco/index-eng.php>

References

1. Tait, R., Hulse, G., Waterreus, A., Flicker, L., Lautenschlager, N., Jamrozik, K., et al. (2006). Effectiveness of a smoking cessation intervention in older adults. *Addiction, 102*, 148-155.
2. Cataldo, J. K. (2003). Smoking and Aging: Clinical Implications Part 1: Health and Consequence. *Journal of Gerontological Nursing, 29*(9), 15-20.
3. Donzé, J., Ruffieux, C., &Cornuz, J. (2007). Determinants of smoking and cessation in older women. *Age and Aging, 36*, 53-57.
4. Anstey, K. J., von Sanden, C., Salim, A., &O'Kearney, R. (2007). Smoking as a Risk Factor for Dementia and Cognitive Decline: A Meta-Analysis of Prospective Studies. *American Journal of Epidemiology, 166*, 367-378.
5. Bernhard, D., Moser, C., Backovic, A., & Wick, G. (2007). Cigarette smoke – an aging accelerator? *Experimental Gerontology, 42*, 160-165.
6. Gons, R., van Norden, A., de Laat, K., van Oudheusden, L., van Uden, I., Zwiers, M., Norris, D.G., et al. (2011). Cigarette smoking is associated with reduced microstructural integrity of cerebral white matter. *Brain, 134*, 2116-2124.
7. Huadong, Z., Juan, D., Jingcheng, L, Yanjiang, W., Meng, Z., &Hongbro, H. (2003). Study of the relationship between cigarette smoking, alcohol drinking and cognitive impairment among elderly people in China. *Age and Aging, 32*, 205-210.
8. Nicita-Mauro, V., Balbo, C. L., Mento, A., Nicita-Mauro, C., Maltese, G., &Basile, G. (2008). Smoking, aging and the centenarians. *Experimental Gerontology, 43*, 95-101.
9. Schmitt, E. M., Tsoh, J. Y., Dowling, G. A., & Hall, S. M. (2005). Older Adults' and Case Managers' Perceptions of Smoking and Smoking Cessation. *Journal of Aging and Health, 17*(6), 717-733.
10. Rapuri, P. B., Gallagher, J. C., & Smith, L. M. (2007). Smoking is a Risk Factor for Decreased Physical Performance in Elderly Women. *Journal of Gerontology, 62A*(1), 93-100.
11. Abdullah, A. M., Ho, L., Kwan, Y., Cheung, W. L., McGhee, S. M., & Chan, W. H. (2006). Promoting Smoking Cessation Among the Elderly: What are the Predictors of Intention to Quit and Successful Quitting? *Journal of Aging and Health, 18*(4), 552-564.
12. Honda, K. (2005). Psychosocial correlates of smoking cessation among elderly ever-smokers in the United States. *Addictive Behaviors, 30*, 375-381.
13. Maguire, C. P., Ryan, J., Kelly, A., O'Neill, D., Coakley, D., & Walsh, J. B. (2000). Do patient age and medical condition influence medical advice to stop smoking? *Age and Aging, 29,* 264-266.
14. Abdullah, A. M. & Simon, J. L. (2006) Health promotion in older adults: evidence-based smoking cessation programs for use in primary care settings. *Geriatrics 61*(3), 30-35.
15. Sachs-Ericsson, N., Schmidt, N. B., Svolensky, M. J., Mitchell, M., Collins, N., & Blazer, D. G. (2009). Smoking cessation behaviour in older adults by race and gender: The role of health problems and psychological distress. *Nicotine & Tobacco Research, 11*(4), 433-443.
16. Abdullah, A. M., Lam, T., Chan, S. K., Leung, G. M., Chi, I., Ho, W. W., et al. (2008). Effectiveness of a mobile smoking cessation service in reaching elderly smokers and predictors of quitting. *BMC Geriatrics, 8*(1), 25
17. Prochaska, J. D., Burdine, J. N., Bigsby, K., Ory, M. G., Sharkey, J. R., McLeroy, K. R., et al. (2009). The Impact of a Communitywide Smoke-Free Ordinance on Smoking Among Older Adults. *Preventing Chronic Disease, 6*(1), 1-10.
18. CAN-ADAPTT. (2011 Jan.). *Canadian Practice-Informed Smoking Cessation Guideline: Summary Statement*. Toronto: The Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment, Centre for Addiction and Mental Health. Retrieved June 27, 2011 from <http://www.can-adaptt.net/English/Guideline/Counselling%20and%20Psychosocial%20Approaches/Summary%20Statements.aspx>