

Smoking cessation after coronary angiography

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Background: Smoking cessation is crucial for risk reduction among patients with coronary artery disease (CAD). Effective support in smoking cessation (SC) and data regarding factors related to SC are still a matter of concern.

Purpose: To assess SC rates and factors related to effective smoking cessation in patients after coronary angiography (CA)

Methods: Patients scheduled to CA between 01.2014 and 11.2018 were screened for active smoking. Patients were contacted by phone after at least 6 months after procedure and investigated about current smoking, history of smoking and nicotine dependence.

Results: 3719 consecutive patients were screened, overall 921 (24.8%) patients declared active smoking within the last month before CA. 241 patients were contacted and questioned after at least 6 months. The mean age of patients was 61.2 ± 9.3 , 168 (69.7%) patients were men, 115 (47.7%) patients had acute coronary syndrome (ACS). Mean hospitalization time was 6 ± 4.4 days, 67 (27.8%) patients were scheduled for the second stage procedure. 80 (33.2%) patients declared SC during follow-up. In multivariate logistic regression analysis hospitalization time ≥ 4 days (OR 3.62; 95% CI 1.9-6.89), Fagerstrom score ≤ 4 (OR 1.96; 95%CI 1.01-3.79), scheduled second hospitalization (OR 2.54; 95%CI 1.32-4.86), and unexpectedly smoking load with ≥ 51 pack-years (OR 2.28; 95%CI 1.16-4.47) increased the chance of SC.

Conclusion: Substantial group of patients scheduled to CA are current smokers. Self-reported SC rates after procedure are higher than in general population but still reasonably low. Prolonged in-hospital stay and repeated hospitalization increase chances for smoking cessation as well as low measured nicotine dependence. Paradoxically high load of packing-years also increase the chances of SC which may support repetitive attempts to SC in this group of patients.