



# Quittin' Time

## Why Cutting Back on Cigarettes Is Not Enough

BY CHRISTINA KENT

**P**atti, a 42-year-old in Birmingham, Alabama, began smoking cigarettes when she was 12 years old. She quit for 10 years, but resumed to cope with the stress of a serious illness. Now, Patti has chronic obstructive pulmonary disease (COPD), and although she knows it's bad for her health, she still smokes.

"Each cold or flu takes longer to get over and each time the symptoms become more severe," she says. "I take steroids twice a day and use an inhaler four times a day. I cough all the time and this phlegm comes up. Everyone at work laughs at me because I use my inhaler and then light up a cigarette. It's pitiful."

Patti may feel she's very much alone, but she's not. A new survey by the US Agency for Healthcare Research and Quality found that nearly 40% of people with emphysema, 25% of those with asthma, and 20% of people with hypertension or cardiovascular problems continue to smoke.

### THE GRIP OF ADDICTION

The fact that so many people smoke even when they have serious lung diseases shows just how tight tobacco's grip can be. "Certainly nicotine can be addictive, even more so than heroin," says Dennis E. Doherty, MD, Co-chair of the National Lung Health Education Program and Chief of Pulmonary and Critical Care Medicine at the University of Kentucky Chandler Medical Center.

Nevertheless, smoking-cessation experts say it's crucial for smokers to conquer their addiction. "It's really not an exaggeration to say that quitting is probably the best thing they can do to help themselves," adds Douglas Jorenby, PhD, an

Associate Professor of Medicine at the University of Wisconsin Medical School's Center on Tobacco Research & Intervention. "For people with COPD, it's the only thing that can slow the progression of the disease."

Abstaining from smoking definitely increases life span, regardless of the age of the smoker, Dr. Doherty says. All people start losing some lung function after their twenties, he explains. When people with COPD stop smoking, the majority of lost lung function cannot be regained. However, the lungs return to the normal rate of decline brought on by aging, rather than the accelerated rate of decline caused by smoking.

The risk of stroke is decreased within a year of quitting and the risk of heart attack is reduced within months, Dr. Doherty adds. Five or 10 years after quitting, the likelihood of developing lung cancer becomes significantly lower.

Cutting back on the number of cigarettes won't do the trick, Dr. Jorenby stresses. It's rare that a regular daily smoker is able to cut back and keep it that way. "There's a tendency to creep right back up to the number that you were smoking before," he says. "The success rates are much higher for people who quit completely."

As long as a person with COPD inhales tobacco, its toxins will continue to damage the lungs and airways and accelerate the progression of disease. If the person quits, the small airways may begin repairing the damage done by tobacco, Dr. Jorenby says.

### GOOD IDEA, BUT HOW?

Abandoning a 20- or 30-year physiological addiction is by no means easy. Nicotine increases the

level of dopamine in the brain, which stimulates the so-called “pleasure pathways.” It also combines with the brain’s neurotransmitters to provide a variety of desirable effects. Nicotine blended with norepinephrine sharpens mental acuity and suppresses appetite. Nicotine and vasopressin improve memory, while nicotine and beta-endorphin reduce anxiety and tension.

Quitting may produce a variety of unpleasant withdrawal symptoms, especially if it’s done cold turkey. “Every time I have tried to quit, I felt absolutely awful,” says Patti. “Everyday things that normally would not bother me, like a dog barking, intensify by 500 percent. My heart starts to race and I feel like screaming. I become withdrawn and get so angry with myself for letting something control me this much. I always end up saying, ‘I’ll just smoke one to calm down; that won’t hurt.’”

Fortunately for Patti and other smokers, there are new drugs, devices, and support systems that can greatly ease these symptoms and increase the likelihood that they’ll quit successfully.

Nicotine replacement systems (patches, gums, nasal sprays, inhalers, and lozenges) deliver much less nicotine than do cigarettes but reduce cravings by producing some of the sought-after effects. The medication bupropion (Zyban®) also lessens cravings by boosting levels of dopamine and norepinephrine in the brain.

Studies show that smokers are much more likely to kick the addiction if they seek help. Only 5% to 7% of people who attempt to quit cold turkey succeed in doing so. The success rate rises to about 10% for people who use just nicotine replacement.

The combination of bupropion and nicotine replacement is much more effective. One recent study showed that 30% of smokers who took bupropion quit for at least a year; this rate increased to 35% for those who combined bupropion with the nicotine patch (these quitters also gained less weight).

Combining nicotine replacement with counseling may help as well. Some of the best university-based smoking cessation programs have quit rates of 40%. Many experts recommend programs that are four to eight weeks in length and that provide weekly one-on-one meetings with a counselor.

Internet sites provide information to help smokers quit and also have chat rooms for emotional support. Popular sites include the American Lung Association ([www.lungusa.org](http://www.lungusa.org)), the National Heart, Lung, and Blood Institute ([www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)), the Centers for Disease Control and Prevention ([www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)), and the National Lung Health Education Program ([www.nlhep.org](http://www.nlhep.org)).

The Breathing Space site ([www.thebreathing](http://www.thebreathing)

## Tips for Quitting

- Ask yourself why you want to quit. Write the reasons down on a list and tape it to your bathroom mirror.
- Talk to your health care provider about nicotine replacement therapy and medications to help with the process. Ask about smoking cessation programs and support groups run by hospitals and other local organizations.
- Set a quit date; do not try to “taper off.”
- Drink lots of liquids, especially water. Limit coffee, soft drinks, and alcohol, which may increase the urge to smoke.
- Avoid “triggers.” If you usually smoke when drinking coffee, try switching to tea.
- When a craving hits, distract yourself. Do something else immediately, such as talking to someone (maybe someone from a support group) or getting busy with a task.
- Save the money that you would have spent on cigarettes. At the end of each week or month, buy yourself a reward.
- Smoking is orally gratifying, so find alternatives to chew on, like a cinnamon stick or raw celery or carrots.
- Don’t focus on weight gain. Most people who quit smoking gain less than 10 pounds, and 90% lose that weight within a year or two.
- Socialize with nonsmokers, if possible. At parties, avoid the cigarette crowd. At work, if you can, enter and leave the building via doorways where smokers don’t gather.
- If your spouse also smokes, urge him or her to quit at the same time, to make your house smoke-free and to eliminate temptation.

**Sources: Agency for Health Care Policy and Research; Office of the US Surgeon General.**

space.com) is geared specifically toward people with COPD who smoke. The visitor will find tips on breathing better and a self-administered quiz to help people identify why they smoke.

A key factor in quitting is the strength of one's motivation. People are driven by different reasons, Dr. Jorenby says. Some don't want to inflict second-hand smoke on family members. Others want "that sense of taking back their lives. They don't want to be controlled by the nicotine." As an example, Dr. Jorenby recalls a man with lung cancer who had quit smoking while in the hospital. When he went home, his housemates blew smoke in his face and left cigarettes within easy reach. Not surprisingly, he resumed smoking. Eventually, when he told his doctors he wanted to quit, his cancer was so advanced that the doctors felt quitting wouldn't do much to lengthen his life. The man quit anyway because he didn't want tobacco to control him.

Katy Lynch, a 54-year-old retired nurse in Springfield, Vermont who started smoking when she was 13, stopped for other reasons. The first time she quit, she noticed that her breathing improved dramatically. "I was able to cross-

country ski, swim, and speed walk without that dragged-out feeling. I kept up with my friends and family and did not feel that I was holding them back because I was breathing heavily or needed to rest."

However, the stress of a family crisis drove her back to cigarettes. The second time she quit—just a year before her COPD diagnosis—the benefits were not as noticeable. Nevertheless, she says, her life improved. She could take a deep breath and feel her rib cage expand, and didn't have bronchitis every winter. She also was free of that cigarette smell that clings to hair and clothing. Quitting, says Ms. Lynch, was "a sort of personal promise that I made to the rest of my family."

Patti, meanwhile, plans to quit and has set a date to do so. Dr. Doherty applauds her resolution and says she should not be ashamed of failing in her earlier attempts. Most smokers try to quit five or six times before they succeed, he explains. "You prolong your life no matter when you stop smoking," he says.

"It's never too late," echoes Dr. Jorenby. 

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