RESPIRATORY AND CARDIOVASCULAR DISEASES AS A MOTIVATIONAL FACTOR FOR SMOKING CESSATION

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Rationale: Tobacco use represents a major worldwide health problem, and the most easily preventable risk factor. For developing specialized programs, detailed information on determinant quitting factors/reasons is required. It is known that smokers with tobacco-related disorders are more motivated to give up smoking than healthy smokers, but comparative data about the influence of each pathology type on motivation are still insufficient.

Methods: We have studied the behavior of persons with a history of smoking, healthy/sick with cardiovascular/respiratory tobacco-related disease, using two questionnaires (for former and active smokers, respectively) regarding motivation, preparation status for quitting, health status, degree of nicotin-addiction, quitting history, determinant factors for tobacco consumption. Data processing was performed with Microsoft Excel: chi-test, T-student test.

Results: 240 persons were interviewed: 83 women/157 men, average age 47 ± 16.24 years; 124 active/116 former smokers. Among active smokers, 43.6% patients had a disease (53.7% cardiovascular, 42.6% respiratory, 3.7% both) and 68.1% of former smokers had at least a disease (32.9% cardiovascular, 44 3% respiratory, 22.8% both) ($p=0.0001$). More former smokers had a respiratory disease or both diseases ($p=0.0038$) while healthy smokers were those who cannot refrain from first cigarette after waking-up (55.6%, $p=0.001$). Patients with cardiovascular disease seem to have a higher nicotin-addiction: 63.3% lit their first cigarette within five minutes after awakening and 54.5% in the first 30 minutes, without statistical significance. 69% of smokers with cardiovascular disease largely wanted to quit smoking, but only 38% of them were in the action-phase as compared to 65% of those having respiratory disease, of which 61% were at that time in the action phase ($p=0.005$). 95.8% of respondents believed that smoking can cause a disease, mostly ill patients ($p = 0.0001$). Unhealthy patients saw smoking as the cause of their illness ($p=0.005$) (especially those with respiratory disorders and both, $p=0.036$) and were more anxious to be informed about the consequences of smoking ($p=0.003$) (ibid. $p=0.005$). Patients with respiratory/both diseases were more determined to quit ($p=0.003$).

Conclusions: These results could be explained by the impact of disability degree and type of therapy on patients with respiratory disease. The most motivated and ready to quit smokers are the respondents with at least a disease (especially respiratory). Medical staff should focus attention mainly on already ill patients and "personalized" programs should be developed for those with cardiorespiratory disorders.