

Eight challenges faced by general practitioners caring for patients after an acute coronary syndrome

TO THE EDITOR: We would like to comment on some important inaccuracies in Vickery and Thompson's article on general practitioner management of patients after an acute coronary syndrome.¹

The authors state that unassisted cessation of smoking (quitting without professional support or pharmacotherapy) is the most effective method. In fact, it is

the least successful method and produces quit rates of only 3%–5% at 6–12 months.² In comparison, the quit rate from combined counselling and pharmacotherapy ranges from 22% to 32%, depending on the intensity of counselling provided.³

Although many smokers ultimately quit without help, it is usually after numerous failed attempts. Each year that smokers delay quitting after the age of 35 results in a 3-month reduction in life expectancy.⁴ It is therefore vital that smokers stop at the earliest possible opportunity and that every quit attempt has the best possible chance of success.

We advise doctors to follow the Australian⁵ and United States³ smoking cessation guidelines, which recommend the use of pharmacotherapy and counselling for all nicotine-dependent smokers.

The authors have also misinterpreted the Cochrane review data for the efficacy of nicotine replacement therapy (NRT). They state that 50%–70% of people achieve abstinence with NRT. However, the absolute long-term quit rate is only 6%–12% more than for placebo.⁶ The confusion may have arisen because NRT increases the rate of quitting by about 50%–70% compared with placebo.

Colin P Mendelsohn MBBS(Hons)¹

Paul V Camp MN, GradDipHealthPromotion, CertSmokingCessation²

¹The Sydney Clinic, Sydney, NSW.

²Mater Hospital, Brisbane, QLD.

mendel@bigpond.net.au

Competing interests: Colin Mendelsohn has received payments for teaching, consulting and conference



Each year that smokers delay quitting after the age of 35 results in a 3-month reduction in life expectancy



Mendelsohn et al

expenses from Pfizer Australia, GlaxoSmithKline and Johnson & Johnson Pacific.

doi: 10.5694/mja15.00242 ■

- 1 Vickery A, Thompson PL. Eight challenges faced by general practitioners caring for patients after an acute coronary syndrome. *Med J Aust* 2014; 201 (10 Suppl): S110–S114.
- 2 Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. *Addiction* 2004; 99: 29–38.
- 3 Tobacco Use and Dependence Guideline Panel. Clinical practice guideline. Treating tobacco use and dependence: 2008 update. Rockville, Md: US Department of Health and Human Services, 2008.
- 4 Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 2004; 328: 1519.
- 5 Zwar N, Richmond R, Borland R, et al. Supporting smoking cessation: a guide for health professionals. Melbourne: Royal Australian College of General Practitioners, 2011. <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation> (accessed Jun 2015).
- 6 Stead LF, Perera R, Bullen C, et al. Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev* 2012; (11): CD000146. ■

IN REPLY: We thank Mendelsohn and Camp for their comments on our article. Their opinion on the best way to quit smoking may be relevant to some smokers, but it is not shared by all ex-smokers, nor by all other quit-smoking authorities.

In contemporary practice, 54% to 69% of Australian ex-smokers had quit unassisted.¹ Reservations about the adequacy of unassisted quitting are at odds with a 2013

Gallup poll in the United States, which showed that only 8% of ex-smokers attributed their success to pharmacotherapy, whereas 48% credited quitting “cold turkey”.² Other internationally recognised Australian quit-smoking authorities have expressed the opinion that the impact of unassisted cessation on reducing smoking prevalence is underappreciated, and unassisted quitting should be considered before pharmacotherapy and other methods.³

The effect of social media campaigns on smoking cessation, an area in which Australia has considerable international leadership, may also be a major contributor.⁴ We note that Mendelsohn and Camp promote pharmacotherapy not only in their letter, but also on Mendelsohn’s “Smokers’ Clinic” website,⁵ without acknowledging that many patients successfully quit on their own. This is particularly so when patients have had a health shock such as an acute coronary episode, which was the context of our article. It has been shown that 57% of people who were smokers before an acute coronary syndrome were not smoking 8 months after their coronary event.⁶

We appreciate the correction to our statement on the efficacy of nicotine replacement therapy (NRT). Mendelsohn and Camp are quite right. The correct interpretation of the 2012 Cochrane review⁷ is that NRT increases the rate of quitting by 50%–70%, and we acknowledge that long-term cessation success rates remain low.

Peter L Thompson MD, FRACP, FACC¹

Alistair W Vickery MBBS, FRACGP²

¹ Sir Charles Gairdner Hospital, Perth, WA.

² University of Western Australia, Perth, WA.

peterlthompson@health.wa.gov.au

Competing interests: No relevant disclosures.

doi: 10.5694/mja15.00386 ■

1 Smith AL, Chapman S, Dunlop SM. What do we know about unassisted smoking cessation in Australia? A

systematic review, 2005-2012. *Tob Control* 2015; 24: 18-27.

- 2** Newport F. Most US smokers want to quit, have tried multiple times. Princeton, NJ: Gallup, 31 Jul 2013. <http://www.gallup.com/poll/163763/smokers-quit-tried-multiple-times.aspx> (accessed Mar 2015).
- 3** Smith AL, Chapman S. Quitting smoking unassisted: the 50-year research neglect of a major public health phenomenon. *JAMA* 2014; 311: 137-138.
- 4** Wakefield MA, Coomber K, Durkin SJ, et al. Time series analysis of the impact of tobacco control policies on smoking prevalence among Australian adults, 2001-2011. *Bull World Health Organ* 2014; 92: 413-422.
- 5** Dr Colin Mendelsohn Smokers’ Clinic. Top 10 myths about smoking. <http://colinmendelsohn.com.au/top-10-myths-about-smoking> (accessed Mar 2015).
- 6** Holtrop JS, Stommel M, Corser W, Holmes-Rovner M. Predictors of smoking cessation and relapse after hospitalization for acute coronary syndrome. *J Hosp Med* 2009; 4 (3): E3-E9.
- 7** Stead LF, Perera R, Bullen C, et al. Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev* 2012; (11): CD000146. ■



only 8% of ex-smokers attributed their success to pharmacotherapy, whereas 48% credited quitting ‘cold turkey’



Thompson et al