Smoking Cessation after an Acute Coronary Syndrome

Abstract

One of the most important secondary prevention strategies, after an acute coronary syndrome in smoking patients, is smoking cessation. To achieve this goal, in hospital counseling, pharmacological treatment and referral to a cardiac rehabilitation program are the three more relevant measures. The cessation effort must be extended post-discharge by referral to a smoking cessation program.

Keywords: Smoking cessation; Acute coronary syndrome; Secondary prevention

Discussion

The hospitalization of a smoker patient constitutes a great opportunity to apply measures of smoking cessation. It is a moment when patients rethink about their lifestyles and are open to changes towards healthier habits. At this time behavioral treatments involving exercise, healthy food, and smoking cessation are associated with both a short and long-time benefit. Smoking cessation reduces substantially the occurrence of new cardiovascular events and mortality at six months [4,5], and accounts of an approximate 30% lower risk rate of death and myocardial infarction during the subsequent 3 to 7 years [6].

In fact, various studies in patients after an acute coronary syndrome, showed that smoking cessation reduces future mortality up to approximately 50%, constituting one of the most powerful secondary prevention measures [7,8]. Among the most important strategies to follow in this group of patients are counseling during hospitalization, admission to a cardiac rehabilitation program and the use of pharmacological therapy.

A recently study (12) evaluated the use of varenicline in smokers hospitalized for acute coronary syndrome. The study showed a significantly higher rate of smoking cessation at 6 months post infarction in the group with varenicline in relation to placebo (47% vs 32%). The use of varenicline in this setting proved to be safe, showing no significant differences in cardiovascular complications.

Conclusion

It is important to point out that achieving cessation of tobacco consumption after an acute coronary syndrome, as already mentioned, is perhaps the most effective measure in terms of preventing a new future event. In order to achieve this goal, all different therapeutic approaches, pharmacological and non-pharmacological, must be considered. These measures should be initiated during the hospitalization phase by the treating team, and controlled after discharge. All patients must receive anti-
Smoking counseling and enter a cardiac rehabilitation program. Pharmacological therapy should be considered in all cases. Patients with a high level of addiction must be referred to a tobacco cessation program.

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Conflict of Interest

None.

References


