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Treatment of smoking during hospitalization. An opportunity not to be missed

Tratamiento del tabaquismo durante la hospitalización. Una oportunidad que no debe ser desaprovechada

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In this issue of Neumología y Cirugía de Tórax Bedolla-Tinoco et al. present a comprehensive review of interventions targeting hospitalized patients who smoke.[1] The authors highlight the hospitalization period as a particularly opportune moment to initiate smoking cessation strategies for several compelling reasons.

First, patients are often in a state of vulnerability during hospitalization, which may enhance their motivation to quit smoking. Additionally, the smoke-free hospital environment, coupled with enforced abstinence due to illness, creates a unique context in which patients may be more receptive to health-promoting interventions. This moment offers not only an immediate chance to support smoking cessation but also an opportunity to shift the prevailing paradigm of care.

From a health systems perspective, there is a pressing need to move beyond a purely restorative approach and embrace preventive strategies—particularly those focused on secondary and tertiary prevention. Smoking cessation during hospitalization represents a high-impact intervention with the potential for significant health benefits both in the short and long term.

The initial studies of this approach were conducted in patients with ischemic cardiovascular disease admitted for an acute event at the Ottawa Heart Institute. All patients were provided with a systematic intervention, regardless of their degree of motivation.The intervention consisted in asking about tobacco use, providing brief advice, nicotine replacement therapy with patches to active smokers and follow-up by telephone advice after discharge. The vast majority accepted the intervention (91%) and the reported abstinence rate was 44% at six months.[2] This «Ottawa model» by Pipe A et al was considered as a standard of care in all institutions for this Canadian province.[3] In 2014, Rigotti et al published a similar experience at Massachusetts General Hospital.[4]

Currently, US hospital quality recommendations (NHQM) adopted the recommendations of the Joint Commission and Medicare, promoting the implementation the current evidence of smoking cessation intervention in clinical practice. The requirement is for systematic documentation of tobacco use on admission, provision of smoking cessation counseling and medication during hospitalization and at discharge.

Systematic reviews and meta-analyses have evidenced a significant and consistent effect of interventions during hospitalization to achieve medium-term abstinence.[5]

However, health impact outcomes in terms of morbidity and mortality from tobacco-related diseases, which are the ultimate goal of smoking cessation interventions, have notbeen measured. Based on the available evidence,

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Jiménez Ruiz et al. published a guideline on the treatment of smoking in hospitalized patients.[6]

In Latin America, there are reports that show the scarce intervention in patients with respiratory pathologies related to smoking, such as chronic obstructive pulmonary disease (COPD) and lung cancer.[7] Among the barriers to implement smoking cessation intervention systematically in hospitals, some were related to health systems, such as lack of adequate resources to record tobacco use in all hospitalized patients, limited training of physicians in cessation counseling techniques, limited availability of effective cessation medications in hospital pharmacies and lack of standard of care protocols. While other reported factors were related to patients (denial of consumption at the time of hospitalization, refusal of intervention or pharmacological treatment, personal preferences regarding nicotine use, among others) and their relatives (e.g. skepticism about the effectiveness of the intervention, consumption environment influenced by social or cultural aspects).[8]

Finally, Torres Esteche et al. presented Hospital Maciel's experience, that evidenced the feasibility and the impact of implementing a similar aproach to the Ottawa model in a public hospital in Uruguay.[9]

Bedolla-Tinoco et al., propose a management algorithm and recommendations based on updated published evidence adapted to Mexico with the expectation of becoming an input to be implemented in all inpatient settings. Their initiative is very timely and worthy of attention by health authorities as a standard of quality care.[1]

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