Smoking and Older Adults

Key Points

This current generation of older adults in the United States has the highest smoking rate of any generation (The American Lung Association, 2010).

Smoking is the most preventable cause of disease and death in the United States (The American Lung Association, 2010, Jones et al., 2014).

Smoking is a strong risk factor for premature mortality in older age and smoking cessation is beneficial at any age (Gellert et al., 2012).

Long-term older adult smokers are at a higher risk for many diseases. Smoking plays an important role also in the development of other pathological conditions frequently seen in older age such as dementia, heart disease, cancer, lung disease, osteoporosis, diabetes, erectile dysfunction, senile macular degeneration, nuclear cataract and alterations of the skin (Nicita-Mauro et al., 2010).

Smoking can also interfere with the effectiveness of many medications.

Older adults who smoke have been shown to be more successful at quitting than younger smokers.

Intervention

The United States Preventive Services Task Force recommends that clinicians ask all adults about tobacco use and provide interventions for users of tobacco products (Zoorob, Kihlberg, & Taylor, 2011).

Secondary prevention modalities such as health care provider reminder systems, decreasing patient out-of-pocket cost for cessation therapies, and multifaceted cessation programs such as telephone support for those attempting to quit are highly recommended (Zoorob, Kihlberg, & Taylor, 2011).

Health care providers play a significant role in helping older adults quit smoking. Older smokers generally make multiple visits to their health care provider, allowing ample opportunity to counsel patients.

Four steps can be easily implemented.

- Ask about smoking.
- Advise the patient to quit smoking.
- Assist the patient in developing a quitting plan.
- Always arrange for follow-up (Boyd, 1996).
The first requirement of smoking cessation is the smoker's motivation to stop. Without this, any attempt is futile. (Nicita-Mauro, et al. 2010).

Approved pharmacological treatments for cessation include nicotine replacement therapies, bupropion, drugs targeting cannabinoid receptors and newer pharmacological approaches with selective nicotinic partial agonists (Nicita-Mauro et al., 2010).

Effective smoking cessation programs involve a combination of pharmacotherapy and cognitive counseling (Nicita-Mauro et al., 2010).

Historically, Medicare has covered two types of counseling: intermediate cessation counseling (3 to 10 minutes per session) and intensive cessation counseling (greater than 10 minutes per session). Medicare will cover two quit attempts per year. Each quit attempt may include a maximum of four intermediate or intensive counseling sessions, with the total annual benefit covering up to eight sessions in a 12-month period. The health care provider and patient have the flexibility to choose between intermediate and intensive counseling (Center for Medicare & Medicaid Services, 2012).

In addition, Medicare Part D will also cover smoking cessation treatments prescribed by a health care provider. Over-the-counter treatments will not be covered. Individual Medicare coverage is subject to change depending on the patient and current Medicare policy (Centers for Medicare & Medicaid Services, 2012).

References


