

CARDIAC REHABILITATION AND SMOKING STATUS

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INTRODUCTION

The benefits of quitting smoking and participation in cardiac rehabilitation (CR) to reduce preventable morbidity and mortality are established, however adherence to these behaviours is reported to be inadequate and relapse is common.^{1,2}

The European Society of Cardiology guidelines recommend identification of smokers and provision of repeated cessation advice with the help of follow-up support and smoking cessation therapies.²

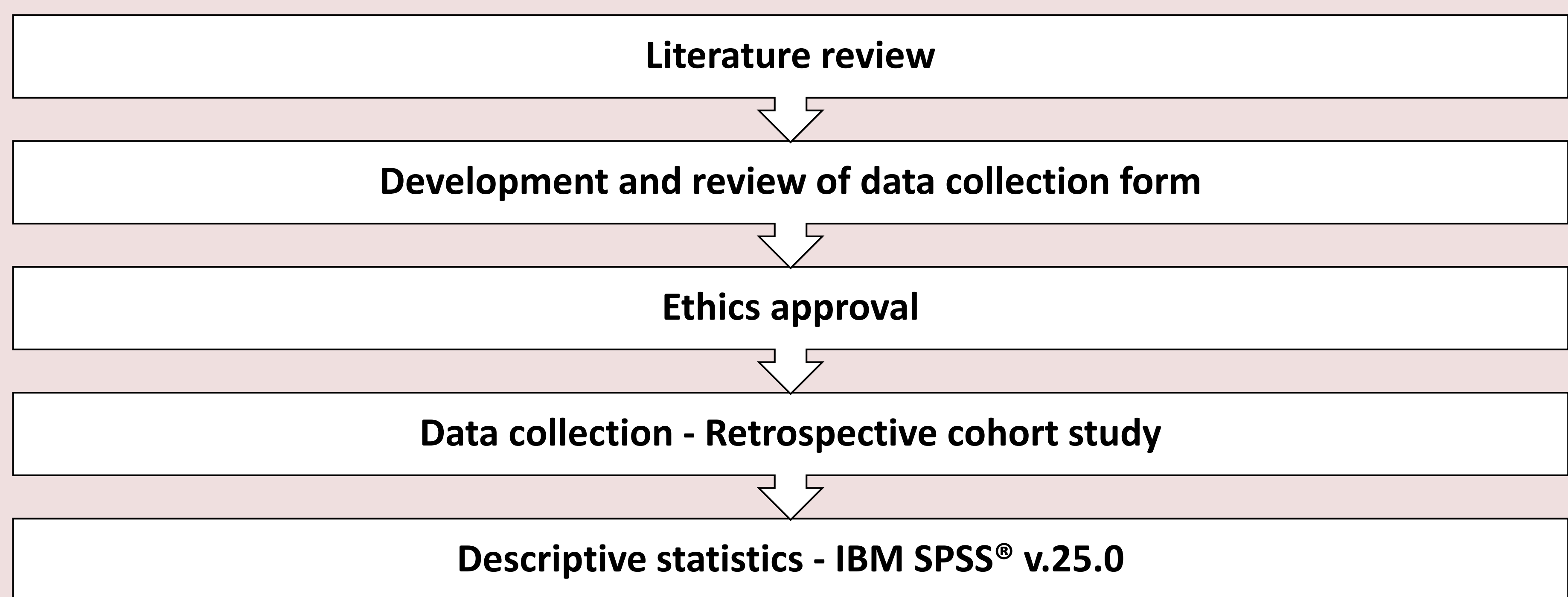
AIMS

- To assess participation of patients who are smokers in CR
- To evaluate the impact of CR on smoking status

Study setting

CR unit at Mater Dei Hospital in Malta, which is nurse-led and includes input from dieticians, physiotherapists and psychologists. The care pathway involves cardiologist referral, initial assessment (t1), six weeks of patient education and exercise training and two follow-ups; at six weeks (t2) and one year (t3) from t1.

METHOD



RESULTS

Patient Characteristics

- 557 patients attended t1 (Jan 2016-Dec 2017) - 415 non-smokers, 84 quit smoking at time of cardiac event and 58 still smoking.
- 58 current smokers at t1 (mean age 55 years; 43 male; 47 referred post-acute coronary syndrome; cigarettes/day - mean 13, range 1-90) were recruited and followed up.

CR Attendance and Smoking Status at Follow-up

- t2: 39 patients were still smoking (cigarettes/day: mean 12, range 2-40).
- t3: 32 patients were still smoking (cigarettes/day: mean 12, range 2-20).

Prescription of Smoking Cessation Pharmacotherapy

- 23 patients accepted to receive smoking cessation therapy, mostly nicotine replacement therapy (NRT) (n=20).

Patient follow-up (N=58)

CR Attendance

- t2
 - 15 did not attend
- t3
 - 20 did not attend, 1 passed away

Smoking status

- t2 (n=43)
 - 39 still smoking
- t3 (n=37)
 - 32 still smoking

Smoking cessation therapy prescribed (n=23)

NRT	20
varenicline	1
Both NRT and varenicline	2

CONCLUSION

Findings from this study indicate that participation in CR and smoking cessation are not optimal. Pharmacotherapy is underused and behavioural counselling is minimal. Healthcare professionals should concentrate their efforts on continued and relapsed smoking patterns. A pharmacist on the CR team could play a key role in providing patient advice and education on smoking cessation pharmacotherapy and in patient follow-up.

REFERENCES

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2. Piepoli MF, Hoes AW, Agewall S, Albus C, Brotons C, Catapano AL et al. 2016 European Guidelines on cardiovascular disease prevention in clinical practice. *Eur Heart J.* 2016; 37: 2315-81.

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