CORRESPONDENCE

Older Smokers' Motivation and Attempts to Quit Smoking: Epidemiological Insight Into the Question of Lifestyle Versus Addiction

by Dr. med. Lutz Ph. Breitling, Prof. Dr. med. Dietrich Rothenbacher, Christa Stegmaier, Dr. med. Elke Raum, Prof. Dr. med. Hermann Brenner in volume 27/2009

High Potential for Addiction

Whether smoking is a lifestyle habit or an addiction (1) is the subject of much controversial sociopolitical discussion, mostly of a highly emotional nature and often influenced by financial/economic considerations. In such debates, it is often forgotten that tobacco smoke, much as any other psychoactive substances, is not an "either/or" phenomenon but an "as well as" one. In Germany, on the one hand there are millions of non-dependent (lifestyle) smokers who determine their own smoking behavior, and on the other hand, there are millions of persons who are physically and psychologically dependent on smoking, and who are not able to control their smoking behavior individually. Tobacco smoke can therefore not be unequivocally categorized as an addictive substance, but it has a high addictive potential: nicotine dependency, as measured by the Fagerström test, in 356 smokers aged 15–64 years in Berlin reached an average of 37.2% (2).

According to the ICD-10, F17 (mental and behavioral disorders due to use of tobacco), tobacco dependence is a disorder. Extrapolated to the total population, some 7.2 million persons in Germany are affected by this disorder, mostly without being aware of the fact. Tobacco dependence is thus not only the main cause of epidemics such as chronic obstructive pulmonary disease, coronary heart disease, and cancers, but constitutes the very epidemic that is likely to be most severely underrated. The subcategorization into non-dependent and dependent smokers is not only statistically relevant but also has therapeutic and health economic implications. In the first group, low threshold services to prevent addition may often be sufficient, whereas dependent smokers should be offered guideline oriented addiction therapy delivered by specially trained psychologists and doctors.

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Smoking—A Study That Leaves Many Questions Unanswered

Some 10000 study participants were recruited by specialist physicians in private practice in the German state of Saarland for the data analysis of the ESTHER (Epidemiological Study on the Chances of Prevention, Early Recognition, and Optimized Treatment of Chronic Diseases in the Older Population) study's baseline examination (4).

As the clinical director of the hospital for internal medicine V (pneumology, allergology, respiratory and environmental medicine) at the University Hospitals of Saarland, I was very surprised by the evaluations of this baseline examination.

The analyses did not take into consideration smoking related pulmonary pathologies, such as chronic obstructive pulmonary disease (COPD) or cancers—especially lung carcinoma—although the internationally acknowledged epidemiological cancer registry in Saarland participated in the study.

Lung carcinoma is the fourth most common cause of death in Germany (Federal Statistical Office, ICD-10, C34) and the most common cause of death due to cancer in men. Worldwide, COPD is the fourth most common cause of death; it reached 6th position in Germany in 2007 (Federal Statistical Office, ICD-10, J44). It is to be expected that mortality due to COPD will move into 3rd position of the worldwide statistic by 2030; it should therefore be the focus of particular interest in the context of the ESTHER study.

In 1950, the British researcher Sir Richard Doll described for the first time the association between smoking and lung cancer (1). He later expressed regret that he had not included comorbidities (such as COPD) in his deliberations immediately at the outset of his clinical observations (2). It seems that the ESTHER study is subject to an identical error—namely, that diseases that are extremely important as smoking related comorbidities were not included. The result is a limited perspective, and the question arises of how such an epidemiological study was done with such a narrow approach. Surely, additional questions to the study participants, to elicit additional diseases and comorbidities, and their evaluation would not have been excessively time consuming or elaborate. A valuable opportunity was thus missed to collect data on these comorbidities—much as in a series of other studies in smokers (3).

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In Reply:

We were pleased to note the interest taken by Dr Bauer and Professor Dr Sybrecht in our work.

Bauer's observations seem to be mostly consistent with our own explanation of the problems, whereby we were not able to go into great detail about many aspects of smoking behaviour—dependent or non-dependent—for reasons of space. As Bauer himself mentions, tobacco smoke does not differ from other psychoactive substances in terms of non-dependent consumption. While our article did not intend to imply an “unreserved classification as an addictive substance,” Bauer's subsequent explanation of tobacco dependence as “the epidemic that is likely to be most severely underrated” confirms the fact that the addictive aspect of smoking still does not receive the attention that it deserves.

In our article, we focused on cessation attempts and willingness to stop smoking in persons with prevalent cardiovascular disorders and risk conditions. The associations between smoking behaviour and lung

cancer as mentioned by Sybrecht are, of course, undisputed and of great importance. An evaluation stratified by the presence, or otherwise, of a lung cancer, such as requested by Sybrecht, would not have been informative in the current scenario, since the known poor prognosis of these diseases means that the prevalence in the general population is low, although the incidence is relatively high. Only 7 out of 1652 smokers in our analysis reported having been diagnosed with lung cancer.

In our original article, we were able to explain only a small, part aspect of the ESTHER study. The study naturally includes extensive data collections about other important diseases, such as COPD; these have been, or will be, reported elsewhere.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.