Smoking cessation 2: supporting older people to quit

Many older people will have started smoking just after the Second World War and, having smoked all their lives, may be dismissive of attempts to get them to stop at this late stage. However, there are many reasons why stop-smoking advice can add value to the routine care of older people.

Health improvement
Health improvement is the most significant issue. It is well known that smoking is the biggest cause of preventable deaths in England, causing around 80,000 deaths each year, largely from smoking-related cancers, heart disease and respiratory conditions (Royal College of Physicians, 2018).

Less well understood by smokers, carers and some healthcare workers is that smoking contributes to, or exacerbates, many burdensome long-term conditions such as dementia, diabetes, macular degeneration and osteoporosis (National Centre for Smoking Cessation and Training, 2012). Smoking is a risk factor for poor bone health, as it affects the metabolism of hormones, body weight, vitamin D levels, calcium absorption and blood circulation, and increases oxidative stress, leading to osteoporosis (National Centre for Smoking Cessation and Training, 2012).

Lifting people out of poverty
As well as causing disease, disability and premature death, smoking also causes poverty. In the UK, it is estimated that the cost of tobacco drives over a million people into poverty, 143,000 of whom are aged >65 years (ASH, 2019b). Many older people are so dependent on smoking they prioritise buying tobacco over basic items, as well as things that improve their quality of life (Kim-Mozeleski and Pandey, 2020). A stop-smoking intervention by a nurse could transform a patient’s life by freeing up more money for better food and adequate heating.

Children whose parents and grandparents smoke are more likely to become smokers themselves, and this is more likely in disadvantaged communities.

Older people using stop-smoking services do at least as well as any other age group, and better than the average for all age groups.

Keywords Smoking cessation/Older people/Stop-smoking advice

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In this article...

- Details of the high health and social burden of smoking in older people
- Why it is never too late for older people to quit
- How to motivate people to take the first step

Key points

- Older people may dismiss the relevance of stopping smoking, thinking that the damage has already been done
- Smoking contributes to, or exacerbates, many long-term conditions such as dementia, diabetes, macular degeneration and osteoporosis
- Smoking can cost a disproportionate amount of household income, and quitting can lift older people out of poverty
- Children whose parents and grandparents smoke are more likely to become smokers themselves, and this is more likely in disadvantaged communities
- Older people using stop-smoking services do at least as well as any other age group, and better than the average for all age groups

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Abstract Older people who smoke may feel it is too late in life for quitting to be worthwhile, but there are many compelling reasons why nurses should encourage them to do so. This article, the second of five on smoking cessation, outlines the value and effectiveness of stop-smoking advice and interventions for older people. It offers advice on how to approach the subject with older patients and reinforce the smoke-free message in a non-judgemental way.

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Clinical Practice

Review

Box 1. Case study

Ernie* is 72 years old and has had chronic obstructive pulmonary disease (COPD) for around five years. He is a regular patient who attends the medical assessment unit with exacerbations. He has smoked every day since the age of 10, but now smokes fewer cigarettes than he did when smoking was cheaper.

On his most recent admission to hospital, a nurse who had just completed the National Centre for Smoking Cessation and Training’s Very Brief Advice training (Bit.ly/NCSCSTVBA) talked to him about his smoking. He was dismissive at first but, when she asked him what he really enjoyed about smoking, he admitted he no longer enjoyed it but needed it to keep cheerful even though he knew it was killing him.

The nurse asked him to try a 2mg nicotine patch she had prescribed, just to see how he got on with it. On her next shift, he proudly told her he had not been outside for a smoke. “I still want one, nurse,” he said, “but I’m going to stick with it. And my daughter’s going to get me one of those e-cigs too, to give me something to do with my hands”. The nurse congratulated him for being positive and said she really believed he could do it.

At his next outpatient appointment, Ernie reported that he had stopped smoking completely, he had less shortness of breath on exertion and no exacerbations.

The patient’s name has been changed.

Dependent on tobacco (ASH, 2018), Tobacco use is more often found in disadvantaged communities, and children growing up in families in which their parents and grandparents smoke are more likely to become smokers themselves; this leads to an inter-generational cycle of dependence, poverty and ill health (ASH, 2018).

Second-hand smoke

Second-hand smoke is a major risk factor for heart and respiratory conditions in adults and children (for example, when visiting grandparents or older relatives), and for miscarriage, stillbirth and sudden infant death; this could be significant if pregnant women also live in, or visit, the home (Bit.ly/NHSPassiveSmoking). Even if patients appear disinterested in their own health improvement, understanding the effects of smoking on other people or family members could increase their motivation to stop.

Domiciliary nurses can ask patients not to smoke indoors for two hours before their visit. Tobacco smoke lingers for hours after a cigarette is extinguished and nurses should not be expected to breathe in second-hand smoke; encouraging a smoke-free home also benefits patients and their family (Bit.ly/NCSCSTSecondHand).

Second-hand smoke is not just damaging to people; a joint campaign by the Royal College of Veterinary Surgeons and Royal College of Nursing aimed to raise public awareness of the harm smoking can cause to pets (Knottenbelt, 2013). Whether it is a dog or caged bird sitting near its owner and breathing in the smoke, animals’ vulnerability to second-hand smoke can come as a shock to owners and may prompt behaviour change.

Guided reflection

- Think of an older patient who wanted to stop smoking; what was their motivation?
- When an older patient presents with frequent exacerbations of chronic obstructive pulmonary disease, what could you say to help them think about stopping smoking?
- Leg ulcers will be slower to heal for a smoker because the blood supply is poorer, with less oxygen and more carboxyhaemoglobin. How would you put this into plain language for your patient?

Stop-smoking services

Data from NHS Digital (2020) shows that older people who use stop-smoking services have a good success rate and tend to do at least as well as any other age group, and better than the average for all age groups. In my experience, older people may dismiss the idea of attending a stop-smoking clinic – especially if they have the impression that it involves counselling or therapy. However, if a nurse can reassure patients that the process is straightforward and practical, providing tips to stay smoke free as well as free products to help them manage their urge to smoke, they might find it more acceptable.

Older smokers, perhaps even more than the general population, may feel there is virtue in doing it the hard way, unassisted. However, a sympathetic nurse explaining that a stop-smoking adviser will see them through their treatment from start to finish may inspire them to give such services a try.

It is important to ask about smoking at every consultation or visit. The case study (Box 1) shows how a Very Brief Intervention can make all the difference in helping an older person take steps to quit.

Finally, nurses need to consider other aspects of an older person’s life – such as physical conditions, impairments, and what extra support they will need – when they are trying to stop smoking. Box 2 outlines some things to take into account when encouraging older people to quit smoking or caring for those who are in the process of doing so.

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