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Addressing Tobacco Addiction: A Neglected Cornerstone of Preventive Cardiology?

By Alan Blum, M.D.

In March, a study by Chen et al was published in Circulation (121(11):1280-2), reporting a decline in heart attacks among Medicare patients. This news was hailed in The Wall Street Journal with the headline, "Some Success Fighting Heart Disease." That month I also received a brochure for a continuing medical education (CME) symposium entitled, "Coronary Atherosclerosis Prevention and Education." The program was sponsored by a nationally recognized center for cardiovascular excellence. Although the reduction in heart disease reported in Circulation — as well as in other journals over the past decade — was attributed first and foremost to smoking cessation, I was disappointed that none of the nearly 40 talks and workshops at the symposium were devoted to smoking. I was also disappointed that the importance of mastering approaches to tobacco use cessation and relapse prevention — as well as primary prevention strategies in the clinic and community — was not included in the course objectives.

No doubt the need to convey messages to patients about smoking was duly noted during the five-day course (how could it not have been?), but surely a presentation or workshop on approaches to the patient who uses tobacco deserves a featured place among talks on diabetes, radiation risks in imaging, women and heart disease, markers for atherosclerosis, atrial fibrillation, electrocardiogram review, complications of surgery, cardiac problems in pregnancy, sleep apnea, congenital heart disease, ischemia, angina, aortic disease, heart problems in athletes, cardiac rehabilitation, hypertension and several ones on lipid management. As it stands, the course could well be renamed the "Symposium on the Secondary and Tertiary Prevention of Coronary Atherosclerosis."

This program is hardly unique. The same neglect of tobacco cessation and prevention is found in the CME brochures I've received in recent years for cardiology in primary care courses from leading medical schools and heart centers in California, Florida, Georgia, Maryland, Ohio, Tennessee, Wisconsin, and other states. The American Heart Association itself is virtually missing in action on smoking in the CME courses it sponsors. After more than 35 years of studying, writing and speaking on the physician's role in smoking cessation and prevention, I have a pretty good idea why this subject has held so little appeal for CME course directors and attendees alike. It's a combination of the perception that smoking cessation is intellectually simplistic (i.e., beneath most physicians), as well as a time-consuming investment with little chance of observable success. At the other extreme, the clinical guideline on smoking cessation — which I have criticized as overly complicated while serving as a reviewer for all three of its editions — weighs in at a daunting 250-plus pages. Invasive procedures, in contrast, are more technically challenging, immediately gratifying and reimbursable.

What's urgently needed — and long overdue in my opinion — are engaging, focused, novel, continuity-of-care experiences in lifestyle education and behavior modification of patients by medical students beginning in their first year and continuing in each phase of medical school and residency training. Sadly and astonishingly, for all the lip service paid to the toll taken by tobacco, such a curricular component does not yet exist at a single medical school. The result is that residents and upper level medical students know a decent amount about even rare cardiovascular conditions, but next to nothing about enhancing patients' ability to stop smoking, to lose weight, to exercise or even to relax.

I am disappointed that medical schools in general — and cardiology courses in particular — are not placing the most preventable cause of heart disease among their highest priorities. With a venerable tradition of world-renowned cardiologists on its faculty, Emory ought to be in the vanguard of this effort. Nearly half a century after the publication of the landmark Surgeon General's report on smoking and health, I expect nothing less.

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