LUNG TRANSPLANT – NOT ENOUGH MOTIVATION TO QUIT SMOKING?

In January, a study of Czech authors was published: Miroslav ZMEŠKAL¹, Eva KRÁLÍKOVA²,³, Ivana KURCOVÁ⁴, Pavel PAFKO⁵, Robert LISCHKE⁵, Libor FILA⁶, Lucie VALENTOVÁ BARTÁKOVÁ⁵, Keely FRASER²: Continued smoking in lung transplant patients: a cross sectional survey

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One of frequent indications for lung transplant is chronic obstructive pulmonary disease (COPD), caused in about 85 % by smoking. Between 2009 and 2012, we conducted a cross-sectional survey of urinary cotinine, a nicotine metabolite, to assess tobacco smoke exposure in 203 patients in the Lung Transplant Program: 163 patients prior to inclusion on the transplant waiting list, and 53 patients post bilateral lung transplantation. Treatment of tobacco dependence was offered to smokers. None of patients used nicotine replacement therapy, two of them using electronic cigarettes were excluded from the evaluation, thus the only source of cotinine was tobacco smoke.

Among of all lung transplant recipients, 15.1% (95% CI 0.078 to 0.269) had urinary cotinine levels corresponding to active smoking (≥ 500 ng/ml); and a further 3.8% (95% CI 0.007 to 0.116) had borderline results (50 ≤ X < 500 ng/ml). As supposed, compared to other diagnoses, patients with COPD were **35 times more likely** to resume smoking post-transplantation (95% CI 1.92 to 637.37, p-value 0.016): they had positive and borderline values in 18.8 % (13/69) pre-Tx, and in 38.5 % (10/26) post-Tx. All patients who tested positive for urinary cotinine levels were offered smoking cessation support. Only one post-Tx patient was interested, came to just one visit and was unsuccessful.

Authors conclude that smoking resumption may be an under recognized risk for lung transplantation recipients, particularly among patients with COPD. More rigorous screening, as well as support and treatment to stop smoking among these patients are needed.

Reference:

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