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Title: Outpatient smoking cessation in non-healthy smokers

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Body: Background In 'healthy' smokers, intensive counseling with nicotine replacement therapy (NRT) results in a sustained 1 year quit rate (QR) of 22% (Van Weel C. et al, 2004). The value of this approach in smokers with comorbidities is unclear. Methods We retrospectively analyzed all 263 consecutive patients (pts) referred to the smoking clinic between Jan 2010 and Dec 2012. Smoking cessation (SC) intervention consisted of NRT and 6 clinic visits after quit date with carbon monoxid validated SC. Point prevalent QR is defined as the number of sustained quitters at 1 year over all participants receiving a quit date. Drop-outs are censored as failures. Data are reported as medians. Charlson Comorbidity Index (CCI) was categorized (Charlson M.E. et al, 1987). A multivariate analysis of prognostic factors was conducted with backward logistic regression. Results 117 pts were included: 57% men, 50 years (21-78), pack year 30 (2-80). 58% of patients had a mild, 35% a moderate and 7% a severe CCI. Fagerström Index was 5 (0-10) with 23% high and 26% very high dependence. Comorbidities were COPD (35%), alcohol abuse (30%), depression (26%), cancer (13%), diabetes (13%), asthma (13%), peripheral arterial disease (PAD) (9%) and ischemic heart disease (4%). Pts attended 4 clinic visits (2-10) with 71% NRT compliance. Overall QR was 18% (95%CI 12.1-27). Comorbid cancer (OR 10.2, 95%CI 2.7-39.2, p=0.001) and PAD (OR 5.2, 95%CI 1.1-24.1, p=0.034) were independent prognostic factors for successful SC. Conclusion In this series of non-healthy smokers, QR after intensive counseling and NRT is similar as reported in healthy ones. Comorbid cancer and PAD are prognostic for successful SC. An updated analysis will be presented at the meeting.