

# Older Tobacco Users<sup>1</sup>

<sup>1</sup> The research on older tobacco users ranges from users aged 65 and older and users aged 50 or older. This review includes both.



## Why it Matters

- Even people who are over the age of 65 and smoke can benefit greatly from abstinence.<sup>1</sup>
- Older adults are half as likely to try to quit as smokers aged 18 to 24 years.<sup>2</sup>
- Lifetime smoking history is a key determinant of mortality for people ages 70 and over. People who formerly smoked are at substantially reduced risk of mortality after age 70 relative to current smokers, even those who quit in their 60s.<sup>3</sup>
- Older people who smoke and who quit reduce their risk of death from coronary heart disease, COPD and lung cancer and decrease the risk of osteoporosis.<sup>4</sup>
- Abstinence can promote more rapid recovery from illnesses that are exacerbated by smoking and can improve cerebral circulation.<sup>5</sup>
- Age does not appear to diminish the desire to quit or the benefits of quitting.<sup>6</sup>
- People over the age of 65 who smoke may be less likely to receive smoking cessation medications.<sup>7</sup>
- 8.4% of adults aged 65 years and older smoke cigarettes.<sup>8</sup>
- In an analysis of the 2015 National Health Interview Survey and Cancer Control Supplement, just over half (54%) of older adults who currently smoke were interested in cessation but fewer than half (47%) made a past year quit attempt and 5% successfully quit.<sup>9</sup>
  - a. Two-thirds were advised by a healthcare provider to quit
  - b. One-third used evidence-based cessation treatments
  - c. Only 6% used the recommended combination of medication and counseling
- Although tobacco use rates are lower among the older population, the U.S. Census indicates that those over age 65 represent the second largest age cohort in the U.S. In 2010 there were 40.2 million, in 2018, 52 million, and by 2050 there are projected to be 88.5 million. Thus, the sheer volume of older people who use tobacco is important to consider.<sup>10</sup>

## What We Know About What Works

- A review of smoking cessation interventions for people aged 50 and older who smoke found that quit rates and the relative effectiveness of different intervention approaches are consistent with the general smoking cessation literature. However, in most studies, treatment effects were of short duration, and absolute quit rates were low, leaving the vast majority of older people who smoke at high risk for smoking-related health conditions.<sup>11</sup>
- A study employing comprehensive behavioral intervention indicated that the 12-month quitting rate for people aged 62 years and over who smoke (52%) was significantly higher than that for people younger than 62 years who smoke (38.1%).<sup>12</sup>
- Research has demonstrated the effectiveness of the “4 A’s” (ask, advise, assist, and arrange follow-up) in patients ages 50 and older. Counseling interventions, physician advice, buddy support programs, age-tailored self-help materials, telephone counseling, and the nicotine patch all have been shown to be effective in treating tobacco use in adults 50 and older.<sup>13</sup>
- Age appears to impact the effectiveness of smoking cessation medication. In one study, being over 60 years of age was significantly associated with increased cessation success among those who used nicotine replacement therapy (NRT) alone. The effectiveness of varenicline and bupropion were not significantly different across age groups.<sup>14</sup>
- Research suggests that women are less likely to quit than men when using NRT. This appears to be similar with older women.<sup>15</sup>
- Older adults visit doctors at increased rates and may benefit from being informed by healthcare providers that they can still derive substantial health and quality of life benefits from quitting and that their chances of success are better if they use evidence-based cessation treatments.<sup>16</sup>
  - However, medical records review found that only 40% of older adults had received smoking cessation advice from their provider.<sup>17</sup>
- Older adults who smoke heavily may require extended pharmacotherapy and counseling. As newly diagnosed health problems can be a trigger for smoking cessation, health care providers can motivate and help older adults quit (or reduce) smoking as an integral part of their practices.<sup>18</sup>

## What’s Relevant in Pennsylvania

- A Matter of Balance, a program offered to stabilize fall-related hospitalizations in adults age 55 and older, is supported by the Pennsylvania Violence and Injury Prevention Program and the Pennsylvania Department of Health. The Injury Prevention program partners with regional primary tobacco contractors to implement A Matter of Balance in rural counties. <https://www.mainehealth.org/healthy-communities/healthy-aging/matter-of-balance>
- In 2017, 10% of Pennsylvanians age 65 and older were current cigarette smokers, compared to 19% overall; 20% were currently using e-cigarettes.<sup>19</sup>

## References and Resources

- <https://60plus.smokefree.gov/> Website designed to provide information about topics that are often important to older adults in quitting tobacco.
- Quitting Smoking for Older Adults. National Institute of Health: National Institute on Aging. <https://www.nia.nih.gov/health/quitting-smoking-older-adults>. This site also has a good video on smoking's impact on older adults.
- The Center for Social Gerontology has compiled a list of publications and/or program descriptions which are germane to smoking cessation and the elderly. <http://www.tcsg.org/tobacco/cessation.htm>

- 1 Agency for Healthcare Research and Quality. Older Smokers: Treating Tobacco Use and Dependence: PHS Clinical Practice Guideline. <https://www.ahrq.gov/prevention/guidelines/tobacco/older.html>
- 2 US Centers for Disease Control Cigarette Smoking Among Adults--- United States 2007. MMWR. 2008;57:1221-1226. <https://pubmed.ncbi.nlm.nih.gov/19008790/>
- 3 Nash S, Liao L, Harris T, Freedman N. Cigarette Smoking and Mortality in Adults Aged 70 Years and Older: Results from the NIH-AARP Cohort. American Journal of Preventive Medicine. Vol 52 Issue 3 2016.
- 4 Agency for Healthcare Research and Quality. Older Smokers: Treating Tobacco Use and Dependence: PHS Clinical Practice Guideline. <https://www.ahrq.gov/prevention/guidelines/tobacco/older.html>
- 5 Ibid.
- 6 Henley S, Asman K, Momin B et al. Smoking Cessation Behaviors Among Older U.S. Adults. Preventive Medicine Reports Volume 16 December 2019 100978. <https://doi.org/10.1016/j.pmedr.2019.100978>
- 7 Tobacco Use and Dependence Guideline Panel. Treating Tobacco Use and Dependence: 2008 Update. Rockville (MD): US Department of Health and Human Services; 2008 May. 7, Specific Populations and Other Topics. <https://www.ncbi.nlm.nih.gov/books/NBK63960/>
- 8 Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. Morbidity and Mortality Weekly Report 2019, 68(45):1013-1019
- 9 Henley S, Asman K, Momin B et al. Smoking Cessation Behaviors Among Older U.S. Adults. Preventive Medicine Reports Volume 16 December 2019 100978. <https://doi.org/10.1016/j.pmedr.2019.100978>
- 10 United States Census Bureau. Older Population and Aging. <https://www.census.gov/topics/population/older-aging.html>
- 11 Zbikowski SM, Magnusson B, Pockey JR, Tindle HA, Weaver KE. A review of smoking cessation interventions for smokers aged 50 and older. Maturitas. 2012;71(2):131-141. doi:10.1016/j.maturitas.2011.11.019
- 12 Doolan, D.M., Stotts, N.A., Benowitz, N.L., Covinsky, K.E., Froelicher, E.S., 2008. The women's initiative for nonsmoking (WINS) XI: age-related differences in smoking cessation responses among women with cardiovascular disease. Am. J. Geriatr. Cardiol. 17, 37-47.
- 13 Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline, Chapter 7: Specific Populations.
- 14 Scholz J, Santos P, Buzo C, Lopes N, Abe T, Gaya P, Pierri H, Amorim C, Pereira A. Effects of aging on the effectiveness of smoking cessation medication. Oncotarget, Vol. 7, No. 21. April 28, 2016. [www.impactjournals.com/oncotarget/](http://www.impactjournals.com/oncotarget/)
- 15 Chen D, Wu L-T. Smoking cessation interventions for adults aged 50 or older: A systematic review and meta-analysis. Drug and Alcohol Dependence 154 (2015) 14-24. <http://dx.doi.org/10.1016/j.drugalcdep.2015.06.004>.
- 16 Henley S, Asman K, Momin B et al. Smoking Cessation Behaviors Among Older U.S. Adults. Preventive Medicine Reports Volume 16 December 2019 100978. <https://doi.org/10.1016/j.pmedr.2019.100978>
- 17 Brown D.W., Croft J.B., Schenck A.P., Malarcher A.M., Giles W.H., Simpson R.J. Inpatient smoking-cessation counseling and all-cause mortality among the elderly. American Journal of Preventive Medicine 26(2). 2004..
- 18 Choi NG, DiNitto DM. Role of New Diagnosis, Social Isolation, and Depression in Older Adults' Smoking Cessation. Gerontologist. 2015;55(5):793-801. doi:10.1093/geront/gnu049
- 19 Pennsylvania State Health Assessment 2019. [https://www.health.pa.gov/topics/Documents/Health%20Planning/3-SHA-Major-Risk-and-Protective-Factors\\_12-19.pdf](https://www.health.pa.gov/topics/Documents/Health%20Planning/3-SHA-Major-Risk-and-Protective-Factors_12-19.pdf)

### Tags:

Cancer, Youth and Young Adult