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SMOKING “QUIT LINES” AND LUNG TESTS HELP CHICAGOANS KICK HABIT
New Chicago Studies Test for COPD and Encourage Smoking Cessation

(Salt Lake City, UT, October 23, 2006) — Actively calling smokers, asking them to quit, and offering them counseling can encourage quitting, says a new study. The research, presented at CHEST 2006, the 72nd annual international scientific assembly of the American College of Chest Physicians (ACCP), shows that patients’ knowledge of their own lung function, coupled with telephone calls from quit lines, can be a motivator for smoking cessation.

“Current smokers, when confronted with decreased lung function, may be more motivated to quit, and we had a wonderful opportunity to coordinate our public health COPD initiative with our campaign to make Chicago smoke free,” said coauthor Bob Cohen, MD, FCCP, John H. Stroger, Jr. Cook County Hospital. “This program helped many persons from diverse communities in the Chicago metropolitan area by identifying, educating, and counseling.”

In a year-long study, Dr. Cohen, coauthor Diana Hackbarth, PhD, Loyola University, and their colleagues performed a public health study in the broad, six-county Chicago metropolitan area. In partnership with the American Lung Association of Metropolitan Chicago and the American Lung Association of Illinois, researchers examined the impact of both spirometry screening and active telephone contact on smoking cessation attempts. This study served as a follow-up to a larger study, in which 2,964 subjects sought free lung tests.

Of those in the original study, 2,250 subjects agreed to participate in the follow-up study. Researchers randomized 465 of these subjects who were current smokers into two groups: the active quit line group and the usual care group. The active quit line group received a telephone call from the Illinois Tobacco Quit Line, inviting them to participate in telephone counseling to quit smoking. Those in the usual care group were provided with the quit line number but were not contacted or offered services. Six-month follow-up telephone surveys are being conducted for all active smokers who participated and include questions about quitting attempts and current smoking status.

In preliminary results, based on the first sample of screening participants who were smokers, 90 percent of the active quit line group agreed to receive written materials, and 22% accepted telephone

counseling. At the 6-month follow-up, 40% of all smokers attempted to quit, and 16 percent were successful.

“We found that more than one third of smokers in this follow-up study said that participation in spirometry had a significant or moderate effect on their plan to change smoking behavior,” said Dr. Hackbarth, of the updated results. “Of the smokers, 70 percent attempted to quit or cut down since undergoing spirometry.”

The original study, conducted from June 2005 to March 2006, used modern spirometers and software to perform large scale, community, spirometry screenings for chronic obstructive pulmonary disease (COPD). Subjects were recruited at a national pharmacy chain for a free lung test, and a total of 2,964 subjects sought free spirometry. Of these subjects, 2,920 agreed to participate in an on-the-spot health survey, and 2,250 agreed to participate in the follow-up study. Sixty percent of those who underwent free spirometry were former or current smokers.

Fourteen percent of the 2,027 subjects who had interpretable spirometry had significant COPD impairment, and 3 percent had moderately severe or very severe impairment. In addition, 64 percent of these impaired patients reported being unaware of a previous diagnosis of COPD or asthma.

“We have continued to update the numbers for both studies by including data on all subjects tested throughout March,” said Dr. Hackbarth, “and we will present these numbers at the meeting [CHEST 2006] in October.”

According to Dr. Cohen, this study shows that a significant number of people in the community have undiagnosed obstructive lung disease. He suggests that public spirometry screening presents a great opportunity for public health intervention.

“Spirometry screening is an easy, painless, and noninvasive test that identifies people with obstructive lung disease, even at a stage when they may not be experiencing significant symptoms,” Dr. Cohen said. “This is especially important, because people in our sedentary society may not experience symptoms until COPD is relatively advanced.”

“Spirometry screening can help identify patients with lung impairment and may encourage patients who smoke to quit,” said Mark J. Rosen, MD, FCCP, President of the American College of Chest Physicians. “Clinicians should encourage spirometry screening in all patients who smoke and in people with respiratory symptoms with no known cause.”

CHEST 2006 is the 72nd annual international scientific assembly of the American College of Chest Physicians, held October 21-26 in Salt Lake City, UT. ACCP represents 16,500 members who provide clinical respiratory, critical care, sleep, and cardiothoracic patient care in the United States and throughout the world. The ACCP’s mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication. For more information about the ACCP, please visit the ACCP Web site at www.chestnet.org.

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