

Smoking when you have a lung condition

If you are living with a lung condition but continue to smoke, you are not alone. A large number of people living with a lung condition continue to smoke because they do not want to quit or have found it hard to do so.

It is never too late to give up smoking, even if you have been diagnosed with a lung condition. Many studies have shown that quitting smoking is highly beneficial for people with a lung condition, and that giving up can really help different treatments for all lung conditions.

This factsheet will highlight the benefits of quitting smoking specifically if you already have a lung condition, outline some of the health risks of continuing to smoke with a lung condition, give some of the reasons people continue to smoke, suggest how to manage discussions about smoking with your healthcare professional, and provide information on some of the most effective ways of quitting.

Why should I quit smoking?

Giving up smoking is one of the most positive steps you can take towards improving your health. If you have a lung condition and smoke, quitting is a vital part of the management of your condition.

Research has shown that quitting smoking can bring many benefits specific to people with lung conditions.

| Immediate benefits | Long-term benefits |
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| <ul style="list-style-type: none">• Your lung function will improve and carbon monoxide levels return to normal in 24 hours• Many of your symptoms, including cough, shortness of breath and wheeze, will become less severe• If you have asthma or chronic obstructive pulmonary disease (COPD) you will have a better response to treatments, including bronchodilators (medications that open your airways to help you breathe better) and corticosteroids (drugs that reduce inflammation in the lungs and airways)• If you have asthma or COPD you will find that you experience less flare-ups of your condition and that you will need to be admitted to hospital less | <ul style="list-style-type: none">• Your overall health will improve• You will be less prone to lung infections• You will be less likely to develop different types of cancer, including lung cancer• If you have lung cancer, you will be less likely to experience complications with your treatment, including radiotherapy, chemotherapy and surgery• If you have lung cancer, it is less likely that you will develop a second cancer, and you will be at a lower risk of your cancer coming back• If you have COPD, your risk of lung cancer is higher. By quitting, this risk will reduce• You will be more likely to live longer• You are less likely to develop new or worsening illnesses e.g. heart problems that also affect breathing• You will slow the decline of your lung function |

After stopping smoking, you may find that your cough initially gets worse as your lungs start to recover. However, this should get better after around 4 weeks, but this can also take longer.

How does smoking affect my lung condition?

As well as being a major cause of lung conditions, smoking can make many conditions, including asthma, COPD, lung cancer and tuberculosis, worse.

Smoking causes lung function to decline quickly, and the impacts from continuing to smoke can stop the benefits of any treatment you are prescribed for your condition.

We know that quitting completely rather than reducing the number of cigarettes you smoke is the only way to slow down the steady downhill course of lung function and symptoms.



“Smoking has made my COPD so much worse. I have a constant cough and live in fear of getting a chest infection, which could be fatal. I also can’t walk more than a few yards without being out of breath. This restricts my social life.

“However, I have managed to cut down from smoking 40 cigarettes per day to 10, and hope to continue to smoke less and less.”

Elaine Morris, UK, who has COPD and has smoked for 50 years

Why might I not be able to stop smoking?

You may not want to quit smoking, or may have found it difficult to do so.

Here are some reasons people often give that you may identify with:

- A particularly strong addiction, i.e. you may have been smoking for many years, and/or a large number of cigarettes each day
- Smoking is part of your habit and routine
- Your environment and social life, i.e. your friends and family may smoke
- Lack of willpower, self-confidence and/or motivation
- Isolation and boredom
- Mental health issues, i.e. depression, stress and anxiety
- A belief that, since you already have a lung condition, it is too late to quit smoking
- You enjoy smoking
- You do not get enough support from the health system
- You do not get the right type or right dose of medications proven to help quit smoking

“I watched my mother die at the age of 58 as a result of smoking, and I still continue to smoke. I started a quit smoking challenge with my friends, but only lasted five days.

“I can go for three weeks without smoking when I am in hospital. I am always determined not to smoke again, but as soon as I go to the supermarket, I buy cigarettes.”

Elaine Morris, UK, who has COPD and has smoked for 50 years

What support can I expect from my healthcare professional?

“Unfortunately, in the area I live in, the healthcare system is not involved in prevention or awareness about tobacco. I’ve never been encouraged to quit when I’ve visited the doctor, and neither have I been provided with information about related courses or workshops.”

Alejandro Gellego, Spain, who has asthma and has smoked for 34 years

Most healthcare professionals will routinely ask about whether you smoke, however, if not, you should not feel uncomfortable about bringing it up with them yourself.

Your healthcare professional should provide you with empathetic and non-judgemental advice when it comes to stopping smoking. If you feel that this is not the case, you may consider seeing another healthcare professional.

The first thing your healthcare professional is likely to do is ask you some questions. For example, they may ask how long you have smoked for, how many cigarettes you smoke per day, how soon after waking up you have your first cigarette, whether you have tried to quit before and how motivated you are to quit smoking. This will help them to understand how dependent you are on nicotine, and will help them to tailor their support in order to maximise your chances of quitting.

They may also do some short tests that can show you the effects of smoking on your lungs. For example, you may be asked to breathe into a device which can detect the levels of carbon monoxide in your body, or you may be asked to take a spirometry test, a lung function test that will show you how well your lungs are working.

The next step will be for your healthcare professional to outline the support they can offer you to quit smoking and to help you make a plan. At this stage, they may encourage you to set a quit date. They will also schedule some follow-up appointments or telephone calls so that they can give you regular support.



What is the most effective way of quitting smoking?

Research involving many thousands of people has clearly shown that the most effective way of quitting smoking is a combination of medication and counselling.

Medication

A range of evidence suggests that nicotine replacement therapy (including patches, gum, lozenges, microtabs, inhalators as well as mouth and nasal sprays) and drugs used to target smoking addiction, such as varenicline and bupropion, are all effective in helping people with lung conditions to quit smoking. Depending on your individual circumstances, your healthcare professional may prescribe you a single medication or a combination of these medications.



Counselling

You may be offered specialised counselling on a one-to-one basis or in a dedicated stop smoking group. This counselling (around 4–6 visits) will provide you with the advice and motivation you need to help you to quit, such as ways to cope with stress and the side-effects of not smoking.

“When I eventually stopped it was because I had a nurse helping me. She had never smoked but did not judge. She asked what would help, what my plan was, what I was going to do next, etc. then supported me through it.”

Jan Cowley, UK, who has COPD and quit smoking after 44 years of smoking

Further reading:

- The European Lung Foundation tobacco smoking page: www.europeanlung.org/en/lung-disease-and-information/risk-factors/tobacco-smoking
- SmokeHaz: www.smokehaz.eu
- Ex-smokers are unstoppable: www.exsmokers.eu
- Visit the health service website in your country to find out more about the services available to help you quit



ELF was founded by the European Respiratory Society (ERS), with the aim of bringing together patients and the public with respiratory professionals to positively influence respiratory medicine. ELF is dedicated to lung health throughout Europe, and draws together the leading European medical experts to provide patient information and raise public awareness about respiratory disease.

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