A combination of intensive, personalized telephone counseling and medication helped even long-time heavy smokers kick the habit, researchers from the University of Minnesota report.

After a year, 13% of the people in the phone counseling group had been smoke-free for the past 6 months, while just 4% in the regular care group were. The results are published in the Archives of Internal Medicine (2006;166:536-542).

That difference was larger than the researchers expected, said lead author Lawrence C. An, MD, Assistant Professor of Internal Medicine at the University of Minnesota. He thinks the counseling program worked better because it gave smokers ongoing, long-term support that changed to meet their needs.

“We know it’s hard to quit smoking and it’s important to have follow up, and that’s the opportunity over the phone,” he said. “We’re able to get to know the individual and come up with a personalized plan.”

An’s study involved 837 heavy smokers (nearly all of them men) who were patients at several Veterans Affairs medical centers in the upper Midwest.

An and his colleagues randomly assigned 420 of the smokers to usual care—they received self-help pamphlets about quitting and were able to see their regular doctor for more help. Nearly all of the people in this group (90%) saw a doctor within a year of the study starting. Of those, 98% said their doctor had talked to them about quitting, though the conversations were usually brief—5 minutes or so. Half said their doctor had offered them medication to help them quit.

Those rates of discussing quitting and offering medication are higher than national averages, An said. But there’s only so much a doctor can do during an office visit.

“The VA is doing a very good job in terms of what doctors can do in clinics,” he said. “They’re ahead of the curve, but even though they’re ahead of the curve, offering phone counseling is better than that.”
The remaining 417 smokers were enrolled in a phone care intervention designed by the researchers, in addition to their usual health care. The intervention combined telephone counseling (based on the protocol used by the California Smokers’ Helpline) with easy access to cessation medication. The people in this group got a series of 7 phone calls over 2 months from trained counselors and were encouraged to use nicotine replacement or other medications to help them quit. The study physicians gave them prescriptions for the medication in consultation with their primary care physicians as needed.

Participants in the intervention and control groups were similar with regard to their smoking habits. The median duration of smoking was approximately 40 years in both groups, and the median number of cigarettes smoked per day was approximately 26 in both groups. The majority of participants in both groups showed signs of severe nicotine addiction. More than 80% in both groups reported having their first cigarette within 30 minutes of waking up in the morning, and approximately 38% also reported waking in the middle of the night to have a cigarette.

The fact that the people in the study were such heavy smokers makes the results that much more impressive, An said.

“There is a kind of notion, true or untrue, that as smoking rates go down, you end up with this hard-core group of smokers who are resistant to treatment, and no one has ever shown that phone counseling would be effective for those smokers,” he said. “We show that phone counseling does work for those smokers.”

People in the phone care group made more quit attempts than those in the regular care group, and they made more use of counseling services (mostly by phone, but also one-on-one and in groups) and medications. Just 18% of the people in the usual care group used both counseling and medication to help them quit, compared with 88% of people in the phone care group.

That’s why the phone care strategy was so successful, An said.

“People who used both [medications and counseling] quit at about the same rate,” he explained, “but we had more people using both in the intervention group.”

An said all health services—including the VA—should consider adding a phone care component to their quitting programs. Doing so could not only save lives, but also money, said the American Cancer Society (ACS)’s Tom Glynn, PhD, Senior Director, International Tobacco.

“The CDC estimates that tobacco costs the US economy $157 billion a year from increased health care costs and lost productivity,” he said. “Anything that’s successful not only makes for better health, but it also makes for a better economy.”

But both Glynn and An say phone counseling shouldn’t replace doctors in the cessation equation.

“The message for doctors is keep doing what you’re doing—it’s really important to do those things,” An emphasized, “but what a great service to be able to offer your patients. We’re limited in what we can do in the clinic. We’re limited to brief interventions, and one of the best things we can do is get patients hooked up with programs that can give them real support and treatment over time.”

**PATIENT NAVIGATOR APPROACH BOOSTS CANCER SCREENING IN LOW-INCOME WOMEN**

Low-income women got more of the cancer screening tests they needed when encouraged and assisted by trained “care managers” who contacted them by phone, researchers report in *Annals of Internal Medicine* (2006;144:563-571). This patient navigator-like approach is a promising strategy for increasing cancer screening among populations whose rates are lagging, they and other experts say.