



Smoking Cessation Behaviours Among Older Adult Smokers in Ontario

Objective

In Canada, 9.1% of adult smokers are 65 years of age or older, representing 181,000 Ontarians. While this group has the lowest adult smoking rate, this population tends to suffer more from ill health than nonsmokers their age, and have higher lifetime health care costs than those of nonsmokers.¹ It has been demonstrated that there are health benefits of smoking cessation at any age.² We examined the predictors of smoking cessation behaviours among Ontario adult smokers 65 years of age and older.

Methods

Data for this study were obtained from the Ontario Tobacco Survey (OTS), a regionally-stratified longitudinal survey of 3,293 adult (18+ years) smokers from Ontario.³ Smokers were followed-up at six-month intervals for up to three years. Respondents who were 65 years of age and older and completed at least two consecutive interviews were included in this analysis (n=281). Bivariate analyses were conducted to assess factors associated with smoking cessation behaviours (no quit attempt, quit attempt lasting less than 30 days, quit attempt lasting 30 days or longer). Multivariable logistic regressions identified the factors predicting quit attempts and cessation for 30 days or longer during any 6-month follow-up period, adjusting for the complex and longitudinal survey design.

Results

Over the 3 year period, almost 3 in 5 older adult smokers attempted to quit during follow-up: 19% made a quit attempt lasting less than 30 days and 38% made an attempt lasting 30 days or longer (Figure 1). Education, perceived health, lifetime use of any pharmacotherapies and any

Highlights

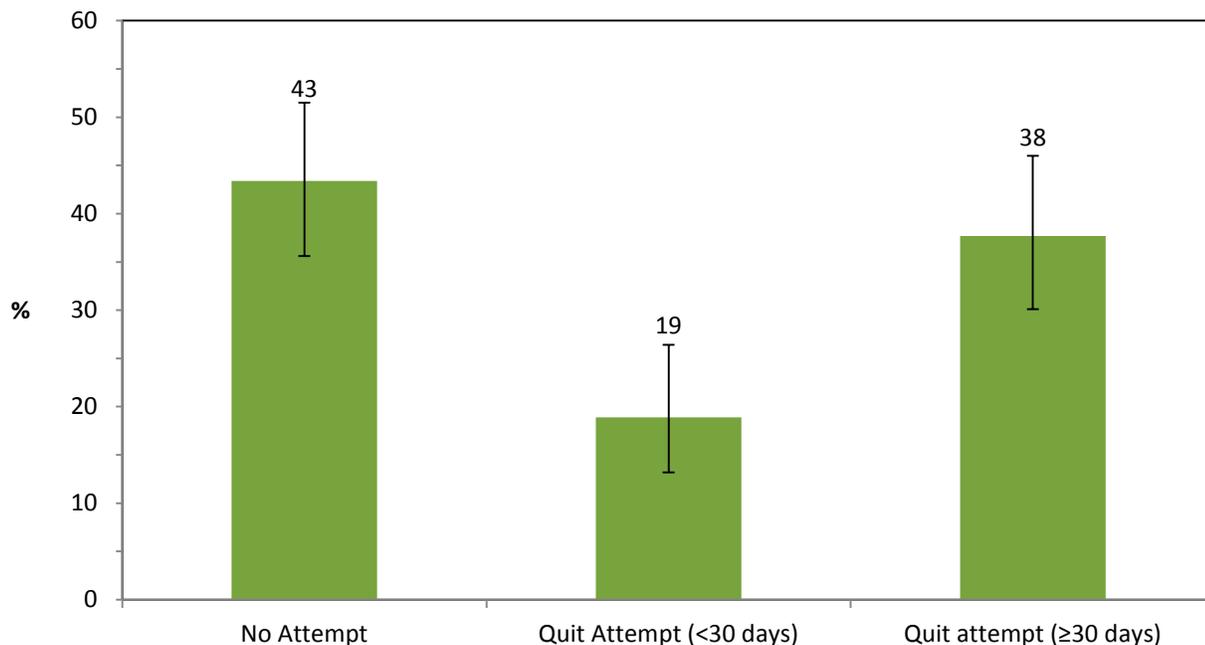
- Older adult smokers tend to be longer-term smokers, often with various health concerns and greater health care costs than nonsmokers their age
- Older smokers are trying to quit but they need assistance – pharmacotherapies are the most effective method to help these smokers succeed
- Health professionals are uniquely positioned to encourage older smokers to stop smoking and help them identify pharmacotherapies for success



behavioural therapies to quit, previous attempts to quit, and those who are physically and psychologically more addicted to smoking were significantly associated with cessation behaviours.

When adjusting for individual factors and beliefs as well as use of resources, quit attempts were predicted by: use of pharmacotherapies and behavioural therapy, having a history of quitting, and greater nicotine dependence. There was a greater odds of abstinence for 30 days or longer among those using the nicotine patch (Odds Ratio(OR)=3.28) or varenicline (OR=2.34), respectively. Additionally, occasional smokers were also more likely to maintain their abstinence than daily smokers (OR=2.12).

Figure 1: Smoking Cessation Behaviours among Ontario Adult Smokers, 65+ years



Conclusion

Older smokers are interested in quitting but they do need assistance; pharmacotherapies are effective in helping older smokers quit. While concerns about the effectiveness of pharmacological aids can prevent seniors from using them,⁴ there is no evidence that pharmacological treatments are less effective or more dangerous when used by older adults.⁵ Health professionals are uniquely positioned to deliver an important message to this population: it's never too late to quit.⁶ Additionally, health professionals can help older smokers weigh evidence about various treatment options to decide what might work best for them.



References

- ¹ Health Canada. *Healthy Aging: Tobacco Use and Smoking Cessation Among Seniors*. Ottawa, ON: Health Canada, 2002. Accessed February 12, 2016.
- ² Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 2004 Jun 26;328(7455):1519.
- ³ Diemert L, Chaiton M, Victor JC, Bondy SJ. *Ontario Tobacco Survey Technical Report 2: Six and Twelve Month Data*. Toronto, ON: Ontario Tobacco Research Unit, April 2010.
- ⁴ The Center for Social Gerontology. *Summary of Focus Group Research on Current and Recent Former Older Smokers*. Ann Arbor, MI: Center for Social Gerontology. Accessed February 12, 2016.
- ⁵ Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, May 2008. Accessed February 12, 2016.
- ⁶ M Müezziner A, Mons U, Gellert C, Schöttker B, Jansen E, Kee F, et al. Smoking and all-cause mortality in older adults: Results From the CHANCES Consortium. *American Journal of Preventive Medicine* 2015 Nov;49(5):e53-e63.