

Smoking: Quitting is Cheap, Keeping is Not Godoy MR and Callejas GFJ

Received: June 21, 2016; Accepted: June 22, 2016; Published: July 02, 2016

Keywords: Tobacco; Smoking; Efficiency

Editorial

Smoking is the most important preventable cause of morbidity and premature mortality in developed countries [1]. Indeed many diseases and pathological conditions are directly caused or linked to exposure to tobacco [2], such as tumors, non-tumor lung diseases like COPD (chronic obstructive pulmonary disease), infections, histiocytosis, cardiovascular diseases, among others.

In fact smoking is responsible for about 5 million deaths throughout the world. Other 600,000 people die from the "second hand" smoke (passive smoking). Tobacco kills more than tuberculosis, malaria and AIDS combined. If actions are not taken, it will likely kill 1000 million people in the 21st century [3].

Indeed, it is a systemic disease included in the 2015 version of the International Classification of Diseases of the WHO (World Health Organization), in the F-17 part of the ICD-10 (mental and behavioral disorders due the consumption of tobacco) [4-6]. It belongs to the group of addictions listed by the Diagnostic and Statistical Manual of Mental Disorders (DSM V) [7] of the American Psychiatric Association.

As a result of it, it becomes a public health problem with a high prevalence, mortality and consumption of resources [8, 9].

Without adequate support to quit smoking, only 3-5% of smokers will get it. We have treatments that have proven cost effective [10].

Proper diagnosis and treatment of tobacco dependence is based on psychological and pharmacological therapies. We mention three in particular: NRT (Nicotine Replacement Therapy), bupropion and varenicline [11].

In fact efficiency relates the results of an intervention with the

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Citation: Godoy MR, Callejas GFJ. Smoking: Quitting is Cheap, Keeping is Not. Insights Chest Dis. 2016, 1:3.

costs invested, so it answers the question if the treatment is finally cost effective [12, 13].

Although studies in Spain on cost-effectiveness of smoking cessation treatments are scarce they conclude [14]:

1. The cost per QALY (Quality Adjusted Life Years) gained would be between several hundred and a few thousand dollars, not so much.
2. The abandonment cost is also low.
3. There is an increased use of assistance in the period immediately before and after the abandonment time, but it is reduced to a great extent after a year.
4. Tobacco treatment produces a long-term cost savings by reducing healthcare consumption, increasing productivity and reducing insurance premium [15, 16].

In hospitalized patients and pregnant ones, cost-effectiveness of treatments for smoking cessation is particularly favorable.

Some of the most effective treatments of COPD patients are some of the cheaper ones (for instance anti-smoking therapies), as the QALY pyramid for COPD shows (**Figure 1**) [17].

In conclusion, it is hardly justifiable not to include anti-smoking therapies in Health Systems, especially in patients with certain diseases, hospitalized patients and pregnant women. Nicotine addiction treatments are the basis of treatment in COPD and other respiratory diseases patients.

Summary

Anti-smoking therapies are very cost effective. Then it is necessary to include these treatments in all Health Systems. Sometimes the most effective treatments are some of the cheaper ones, and in this case are the basis of many of them, for instance COPD, cardiovascular diseases, among others.

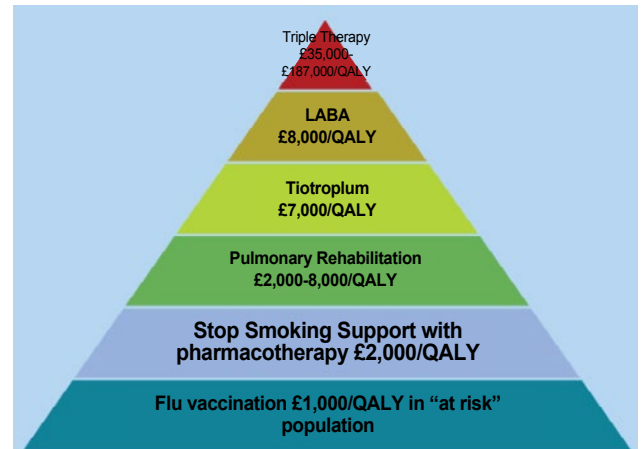


Figure 1 The QALY pyramid for COPD¹⁷. London respiratory team value pyramid. NHS (National Health Services) of England

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