



# Clinical Digest

ONLINE EDITION

## SMOKING CESSATION

### The Best Reason Ever to Stop Smoking?

How can you emphasize the necessity of smoking cessation to a patient who has just experienced a cardiac event? Perhaps tell them they could gain three years of life by quitting. According to 30-year follow-up data of patients who underwent successful coronary artery bypass graft surgery (CABG) between 1971 and 1980, patients who stopped smoking after surgery gained three years in life expectancy.

Researchers from Erasmus Medical Center, Rotterdam, The Netherlands analyzed the clinical outcomes of 1,041 patients (who were mostly men and had a median age of 51 years) and identified 551 smokers, 43% of whom stopped smoking in the first year. Their analysis revealed a 38% reduction in mortality for those who quit smoking. The baseline characteristics for the two groups were similar. The only significant differences were those who quit smoking were slightly older (52 years compared with 50 years;  $P = .02$ ), had more single-vessel disease (29% compared with 17%;  $P = .01$ ), and were less likely to have diabetes (6% compared with 10%;  $P = .04$ ) than those who continued to smoke.

Smoking cessation turned out to have a greater effect on reducing the risk of mortality after CABG than any other intervention or treatment—statin therapy resulted in a 29% reduction, angiotensin-converting enzyme inhibitor therapy resulted in a 23% reduction, and aspirin therapy resulted in a 15% reduction. The researchers say their results could be

“the ultimate reason to convince the patient to quit smoking.”

Source: *Am Heart J.* 2008;156(3):473–476.  
doi:10.1016/j.ahj.2008.04.007.

## CHRONIC ILLNESS

### Arthritis and Stress: How Does Race Factor In?

Most studies on the stress of coping with arthritis have focused on the white patient population. But researchers from University of South Florida, Tampa say it's important to consider the context in which a person experiences their stress—and they contend that race makes a difference because the daily life stressors are different. Arthritis, like any chronic illness, “does not occur in a vacuum,” they point out.

The researchers examined the effects of both arthritis-related stressors and chronic life stressors on well-being for African American women and white women. In the study, 175 women with self-reported osteoarthritis (recruited from community sites and rheumatology clinics) between the ages of 45 and 90 years were interviewed and completed questionnaires about their arthritis-related stressors (including pain, functional impairment, and perceived arthritis-related stress), chronic life stressors (including discrimination; financial stress; and other factors contributing to life stress, such as career, family, and love life), and well-being (with a focus on depressive symptoms).

The researchers found that the 77 African American women reported lower levels of perceived arthritis stress but significantly more functional

impairment, life stressors, financial stress, and discrimination than the 98 white women. The majority (82%) of the African American women reported experiencing everyday discrimination at least a few times a year, compared with 63% of the white women—and the African American women were more likely to report that the discrimination was due to race, whereas the white women were more likely to attribute it to age or other reasons.

The researchers also analyzed how the women's specific arthritis-related and chronic life stressors affected their reported depressive symptoms. They found that arthritis-related stressors accounted for similar proportions of variance in depressive symptoms for both groups. Chronic life stressors, however, explained significantly more variance in depressive symptoms among the African American women than among the white women. The researchers also found that perceptions of greater stress due to arthritis, financial situations, and everyday discrimination were related to higher levels of depressive symptoms for the African American women, whereas more functional impairment and everyday discrimination were related to higher depressive symptoms for the white women.

The researchers say the limitations of their study (including the fact that their results offer only a “snapshot view” of stress) must be taken into consideration, for the stress process is difficult to capture. They say that future research should take stressors across the lifespan, among other things, into account. ●

Source: *J Gerontol.* 2008;63B(5):S320–S327.