

MAKE SMOKING HISTORY[®]

The older smoker

While smoking prevalence is lower among older adults, they carry greater risks of smoking related disease and disability as they have smoked for many more years¹. However, getting older does not mean being sick. Most diseases in older age are preventable because they relate to lifestyle. There is substantial public health gain to be made by encouraging smokers of all ages to quit. Quitting has major and immediate benefits for smokers of all ages, and can even yield important health benefits for those already suffering with a smoking-related disease².

Health effects

All smokers are at increased risk of a range of serious and debilitating conditions, such as cancers, cardiovascular diseases and respiratory illness. However, smoking in later life is also associated with a number of conditions that can have a dramatic impact on quality of life.

These include:

- Periodontal disease (disease affecting the gum and bone surrounding teeth);³
- Higher rates of physical disability;³
- Higher levels and severity of depressive symptoms;^{4,5}
- Lower levels of physical function, bone mineral density, pulmonary function and muscle strength, and poorer self-perceived health status.⁶
- Increased prevalence of cough, phlegm and chronic bronchitis.⁶
- Complications in illnesses and conditions more prevalent in older smokers such as high blood pressure, circulatory and vascular conditions, duodenal ulcers, reductions in smell and taste, osteoporosis and diabetes.⁶

Smoking is also linked to:

- poor post-operative wound healing;⁷
- Crohn's Disease;⁷
- rheumatoid arthritis;⁷
- cataracts and age-related macular degeneration.⁷

In addition, smoking interferes with a range of drug therapies and may lead to drug dosages for the average older smoker being sub-therapeutic or ineffective.⁶ It also affects recovery immediately following surgery as a result of the effects of smoking on tissue oxygenation, heart rate, airways clearance, immune response, and circulation.⁴

We often hear the statistic that at least half and possibly up to two-third of all committed smokers with die from their tobacco habit.⁸ Fewer people know that smokers die about 10 years younger than non-smokers.⁸ That's a lot of living to miss out on.

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Why Quit?

Smoking does not have to be a lifelong habit. People may think that because they've smoked for a long time, the damage is done and there's no point in quitting. This is not the case. In fact, there are immediate health benefits as soon as someone puts their last cigarette out. The health effects of smoking are cumulative, and so the sooner someone quits, the better off they will be.

Smoking-related illnesses are not the inevitable result of ageing. The way someone lives reflects how healthy they are.⁹ There are many good reasons for older smokers to quit. Stopping at age 60, 50 or 40 can gain, respectively, about 3, 6 or 9 years of life expectancy.⁸

In addition to extending years, quitting at older ages can vastly improve quality of life. This helps to ensure people can better enjoy time with friends and family, as well as keep more active with interests and hobbies. It really is never too late to quit!

¹ Wakefield M, Kent P, Roberts L, Owen N. Smoking behaviours and beliefs in older Australians. *Australian and New Zealand Journal of Public Health*. 1996;20(6): 603-606.

² US Department of Health and Human Services. *The health benefits of smoking cessation*. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Centres for Disease Control, Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and health; 1990.

³ US Department of Health and Human Services. *The health consequences of smoking: a report from the surgeon general*. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, Centres for Disease Control, Centre for Chronic Disease Prevention and Health Promotion, Office of Smoking and health; 2004.

⁴ La Croix AZ, Lang J, Scherr P, Wallace RB, Comoni-Huntley J, Berkman L, et al. Smoking and mortality among older men and women in three communities. *New England Journal of Medicine*. 1991;324: 1619-1625.

⁵ Almeida OP, Pfaff JJ. Depression and smoking amongst older general practice patients. *Journal of Affective Disorders*. 2005; 86(2-3): 317-321.

⁶ Rimer BL, Orleans CT, Keintz MK, Cristinzio S, Fleisher L. The older smoker: status, challenges and opportunities for intervention. *Chest*. 1990; 97(3):547-553.

⁷ Stratton K, Shetty P, Wallace R, Bondurant S. *Clearing the Smoke: Assessing the Science Base for Tobacco Harm Reduction*. Washington DC: Committee to Assess the Science Base for Tobacco Harm Reduction, Board on Health Promotion and Disease Prevention, Institute of Medicine, National Academy Press; 2001.

⁸ Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. *British Medical Journal*. 2004;328: 1519-1530.

⁹ Smoking and Health Program. *Now's the time to stop: help for older smokers'* [pamphlet]. Perth: Department of Health WA; 1999.