



## **TOBACCO DEPENDENCE AS A CHRONIC DISEASE**

Tobacco dependence shows many features of a chronic disease. Although a minority of tobacco users achieves permanent abstinence in an initial quit attempt, the majority persist in tobacco use for many years and typically cycle through multiple periods of relapse and remission. A failure to appreciate the chronic nature of tobacco dependence may undercut clinicians' motivation to treat tobacco use consistently.

Epidemiologic data suggest that more than 70 percent of the 50 million smokers in the United States today have made at least one prior quit attempt, and approximately 46 percent try to quit each year. Unfortunately, most of these efforts are unsuccessful; among the 17 million adults who attempt cessation in 1991, only about 7 percent were still abstinent 1 year later. These discouraging statistics have led many clinicians to report that they feel ineffective in the treatment of tobacco dependence.

Moreover, as described in a recent editorial, much smoking cessation research and clinical practice over the last three decades has focused on identifying the ideal intervention that would turn all smokers into permanent nonsmokers. This effort may have inadvertently communicated two messages of dubious validity: first, that there is one treatment that will be effective for virtually all smokers; and second, that success should be defined only on the basis of permanent abstinence. These messages may have masked the true nature of tobacco addiction; it is typically a chronic disorder that carries with it a vulnerability to relapse that persists for weeks, months, and perhaps years.

A more productive approach is to recognize the chronicity of tobacco dependence. A chronic disease model has many appealing aspects. It recognizes the long-term nature of the disorder with an expectation that patients may have periods of relapse and remission. If tobacco dependence is recognized as a chronic condition, clinicians will better understand the relapsing nature of the ailment and the requirement for ongoing, rather than just acute, care. Clinicians also should recognize that despite the potential for relapse, numerous effective treatments are now available and described in this guideline.

A chronic disease model emphasizes for clinicians the importance of counseling and advice. Although most clinicians are comfortable in counseling their patients about diabetes, hypertension, or hyperlipidemia, many believe that they are ineffective in providing counseling to patients who use tobacco. As with these chronic disorders, clinicians encountering a patient dependent on tobacco must be encouraged to provide that patient with simple counseling advice, support, and appropriate pharmacotherapy. In updating the guideline, the panel has presented evidence-based analytic findings in a format accessible and familiar to practicing clinicians. Although this should aid clinicians in the assessment and treatment of tobacco users, clinicians should remain cognizant that relapse is likely, and that it reflects the chronic nature of dependence, not their personal failure, nor a failure of their patients.

*Source: Clinical Practice Guideline, Treating Tobacco Use And Dependence  
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