Smoking kills about 115,000 people a year in the UK largely as a result of smoking-related cancers, cardiovascular disease and chronic lung disease.

It is now over forty years since the real dangers of smoking became manifest. There have been repeated campaigns to curb or eliminate the habit but unfortunately not everyone is prepared to listen to the ‘smoking kills’ message or cannot overcome their smoking habit.

Smoking kills about 115,000 people in the United Kingdom each year. Of these deaths about 43,000 are from smoking-related cancers, 31,000 are from various types of cardiovascular disease and about 30,000 occur as a result of chronic lung diseases including emphysema.

Cigarettes contain hundreds of toxins and, during smoking, they reach temperatures of 700 degrees Centigrade. The result is that the tobacco breaks down and releases the toxins which are inhaled. As the cigarette burns, the breakdown products of the burned tobacco are concentrated towards the butt. The most significant breakdown products are tar, which is carcinogenic, nicotine, which is addictive, raises cholesterol and constricts arterial vessels, carbon monoxide which impairs the adequate oxygenation of tissues and a variety of particles and gas which produce chronic pulmonary disease (COPD). Smoking on average reduces life expectancy by about 7-8 years. In people under 70, smoking related deaths exceed all deaths as a result of AIDS, road traffic accidents, drug addiction and breast cancer added together. Women who smoke are more likely to develop lung cancer and it appears that they have a greater susceptibility to the disease. In the 1950s, six times more men than women developed lung cancer. The ratio is now seven to five, reflecting changes in smoking behaviour. Smoke-related damage is related to the number of cigarettes smoked, whether the cigarette has a filter and the type of tobacco in the cigarette.

Smoking causes major diseases all of which result in shortened lifespan. Smoking causes and accelerates hardening of the arteries as a result of disturbances in blood cholesterol and reflex arterial narrowing. The result is that a smoker is two to four times more likely to develop a blood clot resulting in a heart attack if a blood vessel supplying the
heart becomes blocked, or a stroke if the blockage affects a brain artery. Around 30% of all heart attacks are related to smoking. Blockage of arteries in the kidneys may result in raised blood pressure or kidney failure. If the blockage occurs in the legs, the result may be the onset of gangrene and amputation of the limb may be the only course of action.

Lung cancer is clearly linked to smoking. Indeed over 90% of all lung cancers occur in smokers and only one in 200 is found in a patient who has never smoked. One in ten moderate smokers and over one in five heavy smokers will die of lung cancer. It is important to understand that, over a period of 15 to 20 years after stopping smoking, the risk of developing lung cancer returns to normal. It is therefore important to stop the habit whilst smokers are as young as possible. Throat and mouth cancer are also clearly linked to smoking and some other cancers, such as oesophageal, kidney, pancreas and bladder cancers, are also found more commonly in smokers.

Chronic lung diseases, such as emphysema and chronic bronchitis, are caused by smoking and 80% of cases occur in smokers. COPD starts at about 45 in smokers and stopping smoking at any time will reduce the rate of deterioration of lung capacity. Persistent smokers risk death from slow and persistent lung deterioration and breathlessness. Asthma is also precipitated or aggravated in smokers.

Other diseases that can be caused or exacerbated by smoking include raised blood pressure, macular degeneration (of the eye), gum disease, stomach and duodenal ulcers, increased skin wrinkles, infertility and erectile dysfunction.

Smoking is a clearly very important cause of morbidity and mortality in the United Kingdom and this is reflected in the QOF. Currently there are 60 points available for two indicators:

**Smoking 3**: The percentage of patients with any or any combination of the following conditions; coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorders or other psychoses whose notes record smoking status in the previous 15 months.

**Smoking 4**: The percentage of patients with any of the diseases as above who smoke and whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months.

Both indicators are worth up to 30 points with target ranges between 40 and 90%

It is very important for practices to try to maximise this substantial number of points. Nurse cessation clinics, regular campaigns, PCT organised programmes and other innovative approaches are all good and should be used whenever possible, not only for maximal income but to control this huge cause of morbidity.

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