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## Hypnotherapy Outperforms Other Treatment Approaches for Smoking Cessation

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October 23, 2007 (Chicago) — Of hospitalized smokers who receive hypnotherapy, 50% show sustained quit rates 6 months after discharge, investigators reported here at CHEST 2007, the American College of Chest Physicians 73rd Annual Scientific Assembly.

This is twice the success rate of smokers who quit "cold turkey," which is even higher than the sustained quit rate with nicotine replacement therapy (NRT), principal investigator Faysal M. Hasan, MD, of North Shore Medical Center in Salem, Massachusetts, reported yesterday during a news briefing.

Dr. Hasan and colleagues studied 67 patients admitted to their institution with a cardiopulmonary diagnosis and a willingness to stop smoking. Patients were divided into 4 groups. The control group quit smoking without any supportive treatment, a second group underwent hypnotherapy, a third group received NRT, and the fourth group received both hypnotherapy and NRT.

Patients selected their own treatment approach, which Dr. Hasan explained was strongly influenced by their previous experiences with smoking cessation, with most patients choosing a different method.

Women were more likely to choose hypnotherapy, whereas men were more likely to choose a patch or go cold turkey. The men were looking for the "quick fix," news panel moderator Frank T. Leone, MD, of the University of Pennsylvania Health System in Pittsburgh, commented.

At 26 weeks postdischarge from the hospital, 25% of the control group, 15.78% of the NRT group, and 50% of both the hypnotherapy and hypnotherapy-plus-NRT groups remained smoking free.

"Adding NRT did not help" improve efficacy of hypnotherapy, Dr. Hasan said.

Success rates were higher with a cardiac diagnosis than a pulmonary diagnosis, at 45.5% and 15.63%, respectively, he added.

Dr. Hasan told *Medscape Pulmonary Medicine* that motivation is the key to success in any treatment approach: "Patients made their own [treatment] choice — this is important," he said. "Smoking cessation is only going to work if the patient is motivated."

Virginia Reichert, NP, of North Shore-Long Island Jewish Health System in Great Neck, New York, agreed. "We do anything we can to support the patient's willpower.... We need to offer whatever works."

"This concept of motivation is a mystery," Dr. Hasan commented. "It may be fear based, but you also need hope and frequent feedback.... As we say, you need the will, you need a pill — we couldn't rhyme with patch! — and you need Dr. Phil."

Both investigators stressed that many patients move from one addiction to another. "In general, every intervention doubles the success rate," Dr. Hasan said.

Ms. Reichert, Dr. Hasan, and Dr. Leone have disclosed no relevant financial relationships.

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### **Pearls for Practice**

- Hypnotherapy is more efficacious (50% quit rate) than control (25% quit rate) or NRT (16% quit rate) in maintaining quit rate at 26 weeks after discharge from hospital in patients with cardiac or pulmonary conditions, and adding NRT to hypnotherapy does not improve quit rate.
- Women are more likely to choose hypnotherapy, whereas men are more likely to go cold turkey for smoking cessation; cardiac patients maintain a higher quit rate (45%) vs pulmonary patients (16%) at 26 weeks.

[<http://www.chestnet.org/about/press/releases/2007/CHEST/071022HypnosisCessation.php>]



## **HYPNOSIS FOR SMOKING CESSATION SEES STRONG RESULTS**

### ***Cardiac Patients More Motivated to Quit Smoking than Patients with Respiratory Disease***

(Chicago, IL, October 22, 2007)—Hospitalized patients who smoke may be more likely to quit smoking through the use of hypnotherapy than patients using other smoking cessation methods. A new study presented at CHEST 2007, the 73rd annual international scientific assembly of the American College of Chest Physicians (ACCP), shows that smoking patients who participated in one hypnotherapy session were more likely to be nonsmokers at 6 months compared with patients using nicotine replacement therapy (NRT) alone or patients who quit “cold turkey”. The study also shows that patients admitted to the hospital with a cardiac diagnosis are three times more likely to quit smoking at 6 months than patients admitted with a pulmonary diagnosis.

“Our results showed that hypnotherapy resulted in higher quit rates compared with NRT alone,” said Faysal Hasan, MD, FCCP, North Shore Medical Center, Salem, MA. “Hypnotherapy appears to be quite effective and a good modality to incorporate into a smoking cessation program after hospital discharge.”

Dr. Hasan and colleagues from North Shore Medical Center and Massachusetts General Hospital compared the quit rates of 67 smoking patients hospitalized with a cardiopulmonary diagnosis. All patients were approached about smoking cessation and all included in the study were patients

who expressed a desire to quit smoking. At discharge, patients were divided into four groups based on their preferred method of smoking cessation treatment: hypnotherapy (n=14), NRT (n=19), NRT and hypnotherapy (n=18), and a group of controls who preferred to quit “cold turkey” (n=16). All patients received self-help brochures. The control group received brief counseling, but other groups received intensive counseling, free supply of NRT and/or a free hypnotherapy session within 7 days of discharge, as well as follow up telephone calls at 1, 2, 4, 8, 12, and 26 weeks after discharge. Patients receiving hypnotherapy also were taught to do self-hypnosis and were given tapes to play at the end of the session.

At 26 weeks after discharge, 50 percent of patients treated with hypnotherapy alone were nonsmokers, compared with 50 percent in the NRT/hypnotherapy group, 25 percent in the control group, and 15.78 percent in the NRT group.

Patients admitted with a cardiac diagnosis were more likely to quit smoking at 26 weeks (45.5 percent) than patients admitted with a pulmonary diagnosis (15.63 percent). “Patients admitted with coronary symptoms may have experienced ‘fear and doom’ and decided to alter a major health risk to their disease when approached about smoking cessation,” said Dr. Hasan. “In contrast, pulmonary patients admitted for another exacerbation may not have felt the same threat. They likely felt they can live for another day and continue the smoking habit.”

The researchers note that hospitalization is an important opportunity to intervene among patients who smoke.

“Doctors and other health personnel should use this occasion to firmly recommend smoking cessation and emphasize the impact of smoking on their disease process and hospital admission,” said Dr. Hasan. “Pulmonologists, in particular, should make a stronger case and more passionate message to their patients, and efforts should be coordinated with counseling.”

“As physicians, we are constantly reviewing new approaches for smoking cessation and revisiting existing approaches to confirm their effectiveness,” said Alvin V. Thomas, MD, FCCP, President of the American College of Chest Physicians. “The results of this study and many others confirm that using a multimodality approach to smoking cessation is optimal for success.”

CHEST 2007 is the 73rd annual international scientific assembly of the American College of Chest Physicians, held October 20-25 in Chicago, IL. ACCP represents 17,000 members who provide patient care in the areas of pulmonary, critical care, and sleep medicine in the United States and throughout the world. The ACCP’s mission is to promote the prevention and treatment of diseases of the chest through leadership, education, research, and communication. For more information about the ACCP, please visit the ACCP Web site at [www.chestnet.org](http://www.chestnet.org).