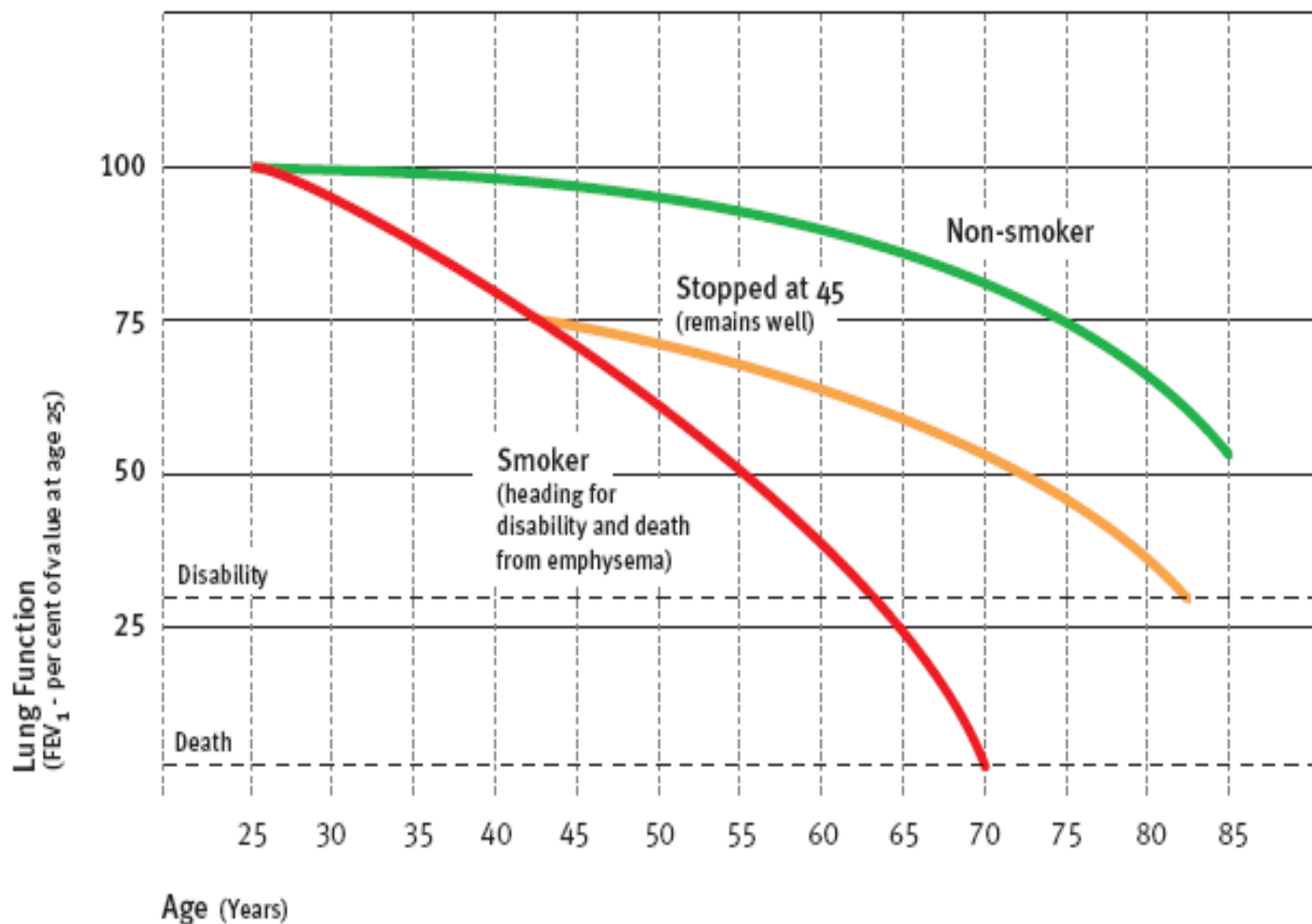


WHY IT IS WORTH STOPPING



- This diagram shows the benefit to your lungs if you stop smoking.
- Although the measure in the diagram is FEV₁, it's real value is to illustrate to the smoker **visually** the benefit of stopping.
- Lung function gets worse as you get older, but normally only very slowly and very slightly (**Non-smoker** line).
- In smokers lung function can get worse much more quickly. For example, the diagram shows a smoker who becomes disabled with emphysema at 56 (**Smoker** line).
- If you stop smoking you delay the damage to your health, and if you stop soon enough there will be no damage (**Stopped at 45** line).

These data are from: Fletcher D, Peto R (1977). The natural history of chronic airflow obstruction. *British Medical Journal* 1:1645-48. The text is approved by Professor Richard Peto.

HOW TO EXPLAIN TO SMOKERS THAT IT IS WORTH STOPPING

Many smokers put off stopping smoking because they believe the damage is already done, or it is too late to prevent it. For most this is not true. The damage done by smoking accumulates over years. The risk of damage is greater for those who have smoked more, and smoked for longer. Conversely, the sooner smokers stop the greater the benefit.

This is illustrated by the diagram (overleaf).

It is based on research on chronic obstructive lung disease (bronchitis and emphysema), and on one particular measure - FEV₁ - forced expiratory volume in one second, which is measured with a Spirometer. The diagram cannot necessarily be generalised to all smokers or all diseases caused by smoking, but it clearly illustrates the principle – **The sooner you stop, the sooner you avoid excess risk.**

The diagram shows that smokers with chronic airflow obstruction can avoid becoming disabled (first breathlessness, eventually emphysema) if they stop in middle age.

The middle line, **Stopped at 45**, shows that the effect is to delay the onset of disability beyond a normal lifespan. The effect of delaying cessation will be to bring the **Stopped at 45** line closed to the **Smoker** line.

How you use the diagram will depend on individual smokers and their relationship with you, but they may find the following key points helpful.

1

The diagram shows the benefit to your lungs if you stop smoking.

2

*Lung function gets worse as you get older, but normally only very slowly and very slightly (**Nonsmoker** line)*

3

*In smokers, lung function can get worse much more quickly. For example, the diagram shows a smoker who becomes disabled with emphysema at 65 (**Smoker** line)*

4

*If you stop smoking you delay the damage to your health and if you stop soon enough, there will be no damage (**Stopped at 45** line)*

The diagram is based on Fletcher and Peto's 1977 paper, The natural history of chronic airflow obstruction. The text of this resource has been approved by Richard Peto, Professor of Medical Statistics and Epidemiology, University of Oxford.

These are the relevant key conclusions of the study:

'Firstly, we found that FEV₁ declines continuously and smoothly over an individual's life...The rate of loss seems to accelerate slightly with ageing.'

'Secondly, non-smokers lose FEV₁ slowly and almost never developed clinically significant airflow obstruction.'

'Thirdly, many smokers lose FEV₁ almost as slowly as non-smokers and never develop clinically significant airflow obstruction. They appear to be largely resistant to the effects of smoke on their airflow. Smokers who are more susceptible to these effects develop various degrees of airflow obstruction, which in some ultimately becomes disabling or fatal.'

'Fourthly, stopping smoking will, of course, make little difference to FEV₁ of a non-susceptible smoker whose lungs are not being affected by his smoking. But it may make all the difference to a susceptible smoker. A susceptible smoker who stops smoking will not recover lost FEV₁, but the subsequent rate of loss of FEV₁ will revert to normal. This finding is strongly supported by the low death rate from bronchitis and emphysema among smokers, who have given up more than 10 years earlier,

'The important finding is that if those who would eventually die from airflow obstruction stop smoking in early middle age then their subsequent rates of loss of FEV₁ will on average be normal, so that most such individuals will keep well.'

Full reference: Fletcher C Peto R (1977). The natural history of chronic airflow obstruction. British Medical Journal. 1 1645-1648

Conceived and written by: Martin Raw.

©1994 Health Education Authority

Citation of this resource: Raw M (1994). How to explain to smokers that it is worth stopping. London, Health Education Authority.

