

# When Quitting Smoking Spontaneity Often Works

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January 27, 2006*

## MedPage Today Action Points

*\* Advise smokers that these findings do not imply that planning attempts to quit is counterproductive. On the contrary, behavioral support and nicotine replacement therapy -- which require planning ahead -- are known to improve the chances of success.*

*\*Be aware that some smokers' attempts to quit may be immediately triggered by current experiences or situations.*

## Review

LONDON, Jan. 27 - The spur-of-the-moment approach to quitting smoking may be more successful than advanced planning, at least for some nicotine addicts, a study here has suggested.

In fact, unplanned quit attempts were more than twice as likely as planned attempts to last six months or more, reported psychologist Robert West, Ph.D., of University College London, in a study published online by BMJ, formerly the British Medical Journal.

The results suggested that the prevailing "stage model" of how smokers quit—thinking about quitting, then planning the attempt, and then carrying it out—may need to be replaced by a "catastrophe theory" of smoking cessation, at least in some cases, Dr. West said.

The study analyzed national survey data from more than 1,900 individuals (918 smokers and 996 ex-smokers) on their attempts to quit over the past five years.

Unplanned attempts accounted for nearly half (48.6%) of all efforts.

In addition, spontaneous attempts tended to last longer than planned endeavors. Among the 611 documented tries at quitting, 65.4% of the spur-of-the-moment attempts lasted six months or more, compared with 42.3% of planned efforts (odds ratio=2.6; 95% confidence interval=1.9-3.6).

The trend remained significant even after adjusting for potential confounders such as age, sex, and socioeconomic group (adjusted OR=2.0; 95% CI=1.2-3.2).

The trend also remained significant when the study looked at current smokers only (i.e., those who had tried to quit and relapsed). This suggests the results were not due to a self-serving bias on the part of smokers who had successfully, causing them to report they had done it without planning, the authors said.

"These findings do not necessarily imply that planning quit attempts is counterproductive," the study authors said. "Use of behavioral support and nicotine replacement therapy are known to improve the chances of success even though they generally require planning ahead."

More likely, whether a quit attempt is planned or unplanned reveals something about the state of mind of the smoker at the time, which has importance for whether the attempt will last, they said.

Replacing the current "stage model" of quitting with the "catastrophe theory" may be useful in some cases, they suggested. The theory is derived from a branch of mathematics with the same name that deals with the way tensions develop and trigger change in systems.

"We propose that beliefs, past experiences, and the current situation create varying levels of 'motivational tension,' in the presence of which even quite small 'triggers' can lead to a renunciation of smoking," the authors said.

"Where they lead instead to a 'plan' for later action, this may signify a lower level of commitment in a proportion of smokers."

Clinicians and public health officials who want to help smokers quit may have success with the "3 Ts," the authors said. The first T is creating motivational tension. The second is triggering action in smokers who are on the cusp of change. The third is immediate availability of treatment such as nicotine patches and counseling to support quit attempts.

West R and Sohal T. Catastrophic pathways to smoking cessation: findings from national survey. BMJ (British Medical Journal). Advanced online publication January 26, 2006.