



# CHEST *Physician*

THE NEWSPAPER OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS



At only about 21% coverage, "we still have a long way to go" to vaccinate children aged 6-23 months, said Dr. Anthony Fiore.

## Flu Vaccination Rates Too Low in Young Kids

BY SHARON WORCESTER  
*Elsevier Global Medical News*

ATLANTA — Influenza vaccination rates remain low among children aged 6-23 months, despite a recommendation made 3 years ago by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices that children younger than age 2 years be vaccinated.

At the committee's autumn meeting, Dr. Anthony Fiore reported that the latest data show complete coverage of only about 21% in this age group.

"We still have a long way to go," explained Dr. Fiore of the CDC.

The findings, which are from the 2007 National Immunization

Survey and which are based on the 2006-2007 influenza season, were published recently in *Morbidity and Mortality Weekly Report*.

Data emerging from the 2007-2008 season appear similar to those from 2006-2007, Dr. Fiore noted.

Because children younger than age 2 years are at the greatest risk for influenza-related hospitalizations, ACIP in 2002 encouraged vaccination of this population, and in 2004 strengthened their stand by recommending vaccination.

According to the MMWR report, 32% of children aged 6-23 months received one or more doses of vaccine during the

See **Too Low** • page 19

## Smokers' Nicotine Dependence Rises, Complicates Quitting

*Most patients now highly dependent.*

BY MITCHEL L. ZOLER  
*Elsevier Global Medical News*

PHILADELPHIA — American smokers have, on average, become significantly more nicotine dependent since 1989—which means that more aggressive interventions are needed to help them quit.

That's because most of the smokers who could more easily quit have already done so. "The low-hanging fruit has been plucked; the less-addicted smokers are out of the pool. We're left with people who are more dependent," Dr. David P.L. Sachs said at the annual meeting of the American College of Chest Physicians.

"The vast majority of patients we see now in actual clinical practice are more highly nicotine dependent," said Dr. Sachs, director of the Palo Alto (Calif.) Center for Pulmonary Disease Prevention. Dr. Sachs documented this shift by comparing the average level of nicotine dependence in patients

who participated in three smoking-cessation studies that he collaborated on during 1989-2006.

In all three studies, nicotine dependence at baseline was quantified with the Fagerström Tolerance Questionnaire (FTQ), a brief, self-report survey that measures nicotine dependence on a scale of 0-10, with 10 being the highest level of dependence.

Among 220 U.S. smokers enrolled in 1989 and 1990 in a study of a nicotine patch, the average FTQ score was 6.65. The next study enrolled 206 patients in 1994 in a study of sustained-release bupropion; their average FTQ score was 7.02, significantly higher than in the prior study. This average also fell into the category of "high" nicotine dependence, which applies to FTQ scores of 7 or greater.

The third study group cited by Dr. Sachs included 204 patients who were enrolled in 2005-2006 to assess an individualized treatment regimen. These people

See **Dependence** • page 2

### INSIDE

#### News

#### Diagnoses Down

Lung cancer diagnoses fall, hospitalizations don't. • 4

#### Pulmonary Medicine Super Statins

Statin treatment was linked with a reduced risk for venous thromboembolism. • 5

#### Critical Care Medicine Fresh Is Best

Receiving red blood cells stored for at least 26 days doubled the risk of developing nosocomial infections. • 7

#### Pulmonary Perspectives Uncertain Link

The association between marijuana smoking and lung cancer is controversial. • 8

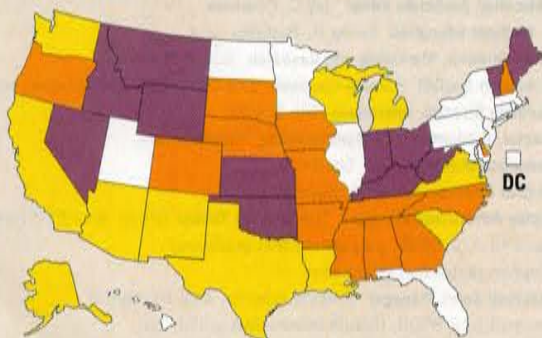


#### Critical Care Commentary Beating Burnout

Providing quality care and adequate staffing while decreasing burnout in the ICU is a daunting task. • 14

### VITAL SIGNS

#### Rate of Death With COPD as Underlying Cause



27.1-58.7    >58.7-69.0    >69.0-78.1    >78.1-93.6

Note: Deaths per 100,000 population in 2005, among adults at least 25 years old.  
Source: MMWR 2008;57:1229-32

## Strategy Boosted Oxygenation in ALI

BY MICHELE G. SULLIVAN

*Elsevier Global Medical News*

An individualized ventilation strategy based on transpulmonary pressure estimated by esophageal pressure significantly improved oxygen saturation in patients with acute lung injury, and was associated with a trend toward improved survival, a randomized trial has found.

Because the ventilation was adjusted to meet each patient's estimated transpleural pressure, it achieved optimal oxygenation while avoiding the problems associated with underinflation or overdistention, study investigators reported.

"The improvements [in lung function] were achieved without elevating transpulmonary pressure at the end inspiration above

the physiologic range," wrote Dr. Daniel Talmor, FCCP, of Beth Israel Deaconess Medical Center, Boston, and his colleagues (*N. Engl. J. Med.* 2008; 359:2095-104).

However, the use of esophageal pressure to estimate transpulmonary pressure is rife with possibilities for error, according to Dr. Gordon Bernard, FCCP, who wrote an accompanying editorial. "Estimating pleural

pressure this way is imprecise and may be inaccurate," he said in an interview. "If there was an easy, accurate way to measure pleural pressure, then we would have been titrating ventilation to it a long time ago."

The study comprised 61 patients (average age, 53 years) with acute lung injury or acute respiratory distress syndrome.

See **Oxygenation** • page 6

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# FDA Committees to Assess LABA Safety in Asthma

BY TERRY RUDD

Elsevier Global Medical News

The safety of long-acting  $\beta_2$ -adrenergic agonists for asthma treatment will take center stage this month at a joint meeting of three Food and Drug Administration advisory committees.

The FDA's Pulmonary-Allergy Drugs Committee, Drug Safety and Risk Management Committee, and Pediatric Advisory Committee are slated to meet Dec. 10-11 to discuss the risks and benefits of the long-acting bronchodilators in adults and children with asthma.

In 2006, the FDA issued a black box warning for Advair Diskus (fluticasone propionate with salmeterol), Serevent Diskus (salmeterol), and Foradil Aerolizer (formoterol). The warning cautions that long-acting  $\beta_2$ -adrenergic agonists (LABAs) may increase the risk of asthma-related death, and should be reserved for use in patients who aren't "adequately controlled on other asthma-controller medications," or in those for whom disease severity "clearly warrants" treatment with two maintenance therapies.

The black box warning came in the wake of the Salmeterol Multicenter Asthma

Research Trial (SMART), which pointed to an increased incidence of asthma-related deaths among patients taking salmeterol (Chest 2006;129:15-26).

However, two large meta-analyses published in 2008 found potentially positive trends in the safety of LABAs in asthma.

The first meta-analysis included 66 GlaxoSmithKline trials involving 20,966 patients who received either inhaled corticosteroids plus salmeterol or inhaled corticosteroids alone. Six of the trials involved a total of 1,575 children (aged 4-17 years). GlaxoSmithKline, which makes Advair and Serevent, funded the meta-analysis (Ann. Intern. Med. 2008;149:33-42).

The analysis suggested that adding salmeterol to inhaled corticosteroids did not increase the risk of asthma-related hospitalization, compared with inhaled corticosteroids alone, the investigators said. There were 35 asthma-related hospitalizations among patients using corticosteroid plus salmeterol, compared with

34 among those receiving inhaled corticosteroid alone.

The analysis "confirms that treatment with long-acting  $\beta$ -agonists and inhaled corticosteroids, compared with inhaled corticosteroids alone, decreases risk for some severe exacerbations but may not alter the risk for asthma-related hospitalization, intubation, or death," the investigators said.

In the second review, researchers examined the safety of the LABAs formoterol and salmeterol taken by asthma patients who also took inhaled corticosteroids, with a particular focus on serious adverse events.

Their meta-analysis included 62 randomized, controlled trials culled from a search of MEDLINE, EMBASE, ACPJC, and Cochrane databases, and involved 29,401 patients (Am. J. Respir. Crit. Care Med. 2008;178:1009-16).

The reviewers found no statistically significant differences in asthma-related

hospitalizations and asthma-related serious adverse events between groups taking LABAs and inhaled corticosteroids and groups using inhaled corticosteroid only.

Furthermore, "our results show that the absolute increase in LABA-associated deaths or intubations from asthma in populations, such as those participating in these trials, is small, if it exists at all (three deaths and two nonfatal intubations in 15,710 patients receiving LABA)," the investigators wrote.

"We have not, however, excluded the possibility of a relative increase in deaths in patients receiving LABA who are also using [inhaled corticosteroids], a possible increase that may be important at a population level or to individual patients," they cautioned.

Lead author Dr. Roman Jaeschke disclosed receiving lecture honoraria from AstraZeneca, Merck Sharp & Dohme, Boehringer Ingelheim GmbH, and GlaxoSmithKline.

## Several Agents Needed to Quit

Dependence • from page 1

had an average FTQ score of 7.44, a significant jump above the 1994 average.

Looked at a different way, the percentage of patients rated as highly nicotine dependent, with an FTQ score of 7 or higher, was 56% in 1989-1990, 66% in 1994, and 73% in 2005-2006.

The consequence of this trend is that physicians should expect a challenge with most patients whom they try to help quit smoking, Dr. Sachs said. He suggested that physicians start by measuring the FTQ score for each prospective quitter.

If the smoker is highly dependent, with an FTQ score of 9 or 10, then the physician will need to prescribe several agents to help the patient quit. "The higher the FTQ score, the more withdrawal symptoms and the less effective is treatment," he said. "If

you try to use over-the-counter treatments, it won't be effective."

For a highly dependent person, three or more standard, OTC nicotine patches worn simultaneously will probably be necessary. The patients also will need to have an additional nicotine source for times of stress, such as nicotine gum, nasal spray, inhaler, or lozenges. In addition, highly dependent patients will likely need treatment with sustained- or extended-release bupropion (Zyban). Another effective smoking-cessation drug is varenicline (Chantix).

The key to treating high dependence is individualizing treatment and finding a regimen that consistently controls a patient's urge to smoke, he explained. Once the patient quits, the next step is sticking with the regimen, and then

cautiously tapering it down over time.

Although some patients can eventually come off drug treatment entirely, others may require some type of maintenance treatment indefinitely, Dr. Sachs added.

Dr. Sachs has received research grants from, has been a consultant to, and has been a speaker for, Pfizer, which markets Chantix, and GlaxoSmithKline, which markets Zyban, as well as for several other drug companies.

To see a video discussion with Dr. Sachs, visit [www.youtube.com](http://www.youtube.com) and search for "ElsGlobalMedicalNews."

**Dr. Philip Marcus, FCCP, comments:** *We have been taught to ask about smoking, and if our patient smokes, discuss smoking cessation. Now, we need to recognize that the intensity of the addiction is also important and will help to determine the appropriate intervention. It should not take much time to incorporate this scale into our daily activities.*

### IN THIS ISSUE

#### News From the College • 11

##### President's Report

*Experience suggests there is a substantial shortage of physicians willing to care for advanced disease and complex problems. • 11*

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