Smoked for Years but Stopped a Few Months Back: Dilemma Regarding the American Society of Anesthesiologists Physical Status

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Dear Editor,

> '*Tobacco is the only legal drug that kills many of its users when used exactly as intended by manufacturers*'
> -World Health Organization

The American Society of Anesthesiologists physical status (ASA-PS) classification is the universally accepted, time-tested and probably the gold standard risk categorisation used by anaesthesiologists worldwide. It has been also shown to predict postoperative morbidity and mortality (1). However, few limitations of this gold standard classification have been noted (2). In 2014, the ASA House Of Delegates revised/modified the ASA-PS with the inclusion of examples (3). This is definitely helpful for easy allocation of ASA-PS class and has shown to be effective in increasing the correct assignment of the preoperative surgical patients (4). This modified ASA-PS gives importance to the smoking status. However, there are limitations and ambiguity on this common problem, which leads to the dilemma regarding the 'current smoker' status.

The definition of current smoker itself is a dilemma. The Ministry of Health, New Zealand Government, indicates that a 'current smoker' is an individual who has smoked >100 cigarettes (including hand-rolled cigarettes, cigars and cigarillos) throughout their life and has smoked in the last 28 days. The same authority also defines another category, that is, 'ex-smoker', as an individual who has smoked >100 cigarettes throughout their life but has not smoked in the last 28 days (5). Conversely, the World Health Organization (WHO) does not use the term 'current smoker' in their frequently asked questions sections of the Smoking and Tobacco Use Policy. The policy involves the use of terms such as 'smoker' (daily and occasional), which refers to an individual who smokes any tobacco product either daily or occasionally. WHO categorises an individual who smokes any tobacco product at least once a day as a daily smoker and an individual who smokes but not every day as an occasional smoker. The WHO also categorises a 'tobacco user' as an individual who smokes any tobacco product (6). Another survey authority under the banner of Centre for Disease Control and Prevention (CDC), the National Health Interview Survey, uses current smoking definition by screening for lifetime smoking ≥ 100 cigarettes only (7). A study has shown that differences in the definition also affect the estimate of prevalence of current smokers (8).

According to a report of WHO Global Health Observatory data, over 1.1 billion people smoked tobacco in 2015. The prevalence of smoking tobacco appears to be increasing in the WHO Eastern Mediterranean Region and African Region (9). In India, the prevalence of smoking is 15.3 %, 27.3% and 22.1% in the age group of 25-44, 45-64 and >65 years, respectively (10). These data clearly shows us the gravity of the situation. Therefore, contact with a person who has a history of smoking or tobacco use is extremely prevalent in the preanaesthesia evaluation clinic. Unfortunately, the term 'current smoker' results in a dilemma especially when the patient says that they

smoked for years but stopped a month. A cross-sectional survey at the primary care level in United Kingdom showed that misclassification of ex-smokers as non-smokers is likely to occur for those who quit smoking at an early age and/or a long time ago (11). Consequently, these individuals, who actually has significant smoking history even in the recent past, can be classified as ASA-PS I patients, i.e., non-smoker, instead of ASA-PS II. Moreover, the pulmonary system of a person who has smoked for years is likely to have a residual effect even if smoking cessation has reduced the incidence of postoperative pulmonary complications.

Therefore, it appears to be prudent to change the status of 'current smoker' to a status of 'current or ex-smoker' or 'smoker/tobacco user', when the definition is limited to a lifetime cigarette use of only >100 cigarettes to identify them as a smoker. This will probably end the ambiguity and help anaesthesiologists in better assessing the ASA-PS.

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