Acute eosinophilic pneumonia: a new smoking related illness?

To the Editor—Initiation of smoking begins primarily during the teenage years. The increase in the number of underage smokers and young women smoking is one of Japan's most important health problems.1 Young people may not be impressed by long term health risks such as lung cancer, chronic bronchitis, and emphysema. Recently, two young patients with acute eosinophilic pneumonia (AEP), which occurred just after smoking initiation. A 19 year old woman and 18 year old man, both previously healthy, were admitted to our hospital because of acute respiratory distress and diffuse pulmonary infiltrates on chest radiographs. Eosinophilic pneumonia was diagnosed by bronchial lavage and transbronchial lung biopsy. There was no evidence of an infectious etiology. Both patients rapidly improved with corticosteroid therapy, and AEP was diagnosed by its clinical course.

Of note is the fact that one patient had started smoking 10 days before the onset, and the other 3 days before. In the male patient, a challenge test was performed 44 days after his initial episode of AEP (two weeks after withdrawal of corticosteroids). He was asked to smoke three cigarettes in three hours. Subjective symptoms, physical findings, and pulmonary function tests were assessed after smoking each cigarette. He showed dry cough and paroxysmal nocturnal dyspnea (PND; 7.5 kPa) 15 hours after he smoked the last cigarette. Although a chest radiograph taken at that time revealed no abnormalities, FVC, FEV1, and diffusing capacity (transfer factor) were decreased significantly. He recovered quickly again following the administration of corticosteroids.

From a review of the literature and abstracts of medical congresses, we found approximately 40 cases of AEP reported in Japan, and most of them were under 20 years old or in their early 20s. To our knowledge, there were eight other cases that suggested a relationship between smoking and eosinophilic pneumonia. In a computer based search of the literature—using the key words “smoking” or “cigarette” and “acute eosinophilic pneumonia” in combination—we were unable to find a possible association between smoking and AEP.

Although AEP is a newly recognised clinical entity and a hypersensitivity reaction to inhaled antigen is suggested,1 no particular precipitating cause has been identified in any patient with AEP.3 It is well known that cigarette smoke is a complex mixture of more than 4000 compounds. Numerous clinical studies have documented smoking induced alterations in immune and inflammatory function.4 Cigarette smoking has also been shown to be a cause of heightened airway responsiveness.5

The possibility that inhalation of cigarette smoke might play a role in the onset of AEP should be further explored. We encourage other investigators to collect more cases of AEP to assess whether they may be related to smoking.

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What should we call ex-smokers?

To the Editor—Efforts to integrate the treatment of nicotine and tobacco dependence into the mainstream of addiction treatment have been hampered by resistance on the part of physicians responsible for their treatment, professionals, and their patients. Physicians want their patients who smoke to quit because smoking causes illness and premature death, but the success of standard medical therapies is so poor that many of them are reluctant to treat tobacco dependence, even with current methods. Most addiction treatment professionals concede that nicotine and tobacco dependence should be included in addiction treatment, but most are not aware of currently available methods. Seventy five percent of alcoholics and other drug addicts are smokers; most state that they would be "better off" if they stopped smoking, but few are willing to acknowledge that nicotine and tobacco dependence is representing an addiction similar to other addictions.

Part of this resistance may have a semantic basis. Alcoholics refer to the state of recovery from alcoholism as being sober. Heroin and cocaine addicts refer to the state of recovery from their addictions as being clean. As yet, no equivalent term referring to the state of recovery from nicotine and tobacco dependence has received general acceptance. "Smoke-free" has been used, but it lacks the necessary emotional impact. "Clear" has been suggested by Charyn Sutton (John Slade, personal communication), but it has failed to excite interest at professional meetings or in patients groups.

We propose the phrase "clean and free" to indicate the state of recovery from nicotine and tobacco dependence. "Clean" suggests the salubrious result of quitting smoking (clean lungs, clean breath, clean ashytrays) and "free" suggests physical, emotional, and spiritual freedom from being controlled by an addiction. "clean and free" has been the primary focus of public health professionals and physicians, while "free" has been the focus of addiction treatment professionals, psychologists, and psychotherapists. Placed together, "clean and free" unites the two concepts and the two treatment goals.

We hope others will explore the use of the phrase "clean and free" as a term to indicate the state of recovery from nicotine and tobacco dependence, and will report on its acceptance among various groups.

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In reply—The above letter generated animated discussion among the editors. We have strong doubts about the authors' central proposition ("Part of this resistance [in smokers to acknowledge nicotine addiction] may have a semantic basis.") and their claim that "few [smokers] are willing to acknowledge that nicotine and tobacco dependence represents an addiction similar to other addictions.") Kozlowski and colleagues have shown that polydrug users generally report an intense desire for cigarettes when they are unavailable that is as high or higher than for heroin, cocaine, or alcohol when the latter are not available. Moreover, public opinion polls have consistently shown that a large majority of smokers consider cigarettes to be addicts— for example, 91% of current smokers and 87% of former smokers in the USA according to a 1994 New York Times/ CBS News poll.

We are somewhat baffled by the suggestion that smokers lack a lexicon of meaningful ways of describing their having quit. We peeled off dozens of these (for example, I'm an ex-smoker, I labor the smoke, any more...since I finally stopped smoking) and wondered why the authors seemed to think it necessary or even desirable to somehow standardize the way former smokers speak about their past smoking. While objections about alcohol and other drug sobriety are part of the standard parland of different therapeutic movements such as Alcoholics Anonymous, these are not representative of former drug users at large, where, as with ex-smokers, a large proportion have stopped without recourse to formal therapies. Finally several of us felt that "clean and free" was redolent with quasi-religious overtones that many would find alienating and unnecessarily melodramatic, perhaps fuelling community perceptions about ex-smokers being tedious "converts" preoccupied with their sinful past. We would suggest that the correspondence on the wisdom of the authors' suggestion.

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