



## How to Make a Difference With Your Patients Who Smoke

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## Smoking & Health

- About half of all regular smokers will eventually die of their addiction
- Tobacco users die of various diseases prematurely, but most die because of CVD followed by chronic lung diseases.
- Smokers have a 4 times greater risk of stroke compared with people who have never smoked cigarettes. (World Heart Federation)

## Benefits of Quitting Tobacco

- A 12-year follow-up study found a 34% significantly decreased risk of stroke for former smokers compared with current smokers.
- Former smokers who had stopped smoking for two to four years had an almost identical risk of stroke as that of lifetime non-smokers
- Another study with a 26-year follow-up period also demonstrated that after quitting smoking, stroke risk decreased significantly by two years and was at the level of non-smokers by five years after cessation

## What's in a Cigarette



- 7000 chemicals - arsenic, formaldehyde, ammonia, battery acid, insecticides, nail varnish remover, paint stripper, lead, hydrogen cyanide.
- Tar - deposited when smoke condenses in lungs.
- Carbon Monoxide - depletes oxygen, body produces more red blood cells.
- Nicotine - from tobacco plant, addictive.

Giving with one hand and taking away with the other!



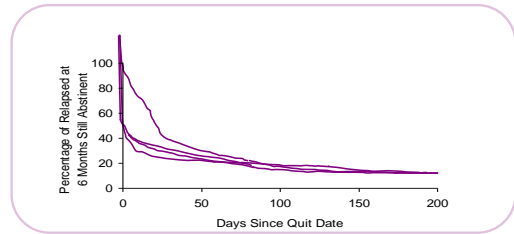
## Why is it difficult for smokers to quit?

- **Nicotine is highly addictive**
  - Severity of dependence often predicted by number of cigarettes smoked + time to first cigarette of the day
- **Withdrawal symptoms include:**
  - Depressed mood, anxiety, irritability, restlessness, insomnia, increased appetite, difficulty concentrating
  - Symptoms peak in first week, can continue ≥6 weeks
  - Psychological cravings for nicotine can last longer
- **Quitting smoking also requires behavior change**
  - Smoking is a comforting habit to many smokers

## Tobacco Cessation

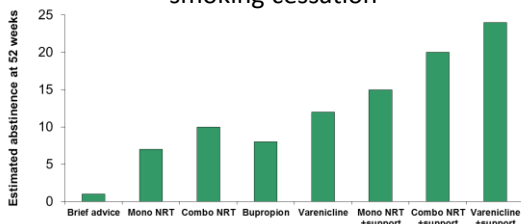
- Successful cessation may take a number of attempts
- Most former smokers report a history of several relapses
- The most effective cessation interventions combine behavioural support with drug treatment

## Quitting Smoking Unaided: Analysis of 4 Studies



Long-term smoking abstinence in Long-term smoking abstinence in those who try to quit unaided = 3%–5%

## Effectiveness of smoking cessation



'Support' = specialist individual behavioural support

Reference: West R, Owen L (2012) Estimates of 52-week continuous abstinence rates following selected smoking cessation interventions in England. [www.smokinginengland.info](http://www.smokinginengland.info). Version 2

## Pharmacotherapy

- **Nicotine Replacement Therapies (NRT)** – free on GMS Patch, gum, lozenge, nasal spray, nicotine inhaler
- **Varenicline (Champix)** – prescription only. Reduces craving for a cigarette by blocking nicotine receptors. Causes low level of dopamine release, thus reducing the need to smoke.
- **Bupropion (Zyban)** – prescription only. Reduces craving for a cigarette by reducing the rate of dopamine re-uptake, thus reducing the need to smoke.

## E-cigarettes

- Rapid increase in popularity
  - 1/3 are ex-smokers
  - 2/3 are current smokers



Source: ASH Briefing, Feb 2016

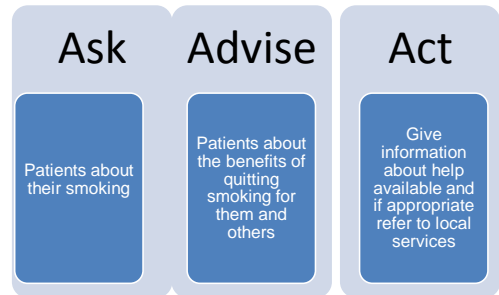
## E-cigarettes: the two sides of the argument

Arguments supporting e-cigarette use	Arguments against e-cigarette use
Acceptable to smokers, more popular than other forms of NRT	Wide uptake and marketing campaigns may encourage young people to start smoking
Considerably less harmful than traditional cigarettes	Risks not clear, lack of regulation means contents not well defined
Some evidence that they can support smoking cessation	Limited evidence they can support smoking cessation

## Whose role is it to raise the issue?

- All health professionals and other professionals who come into contact with a smoker, and their families

## What does a brief intervention involve?



That's all well in theory but!!!

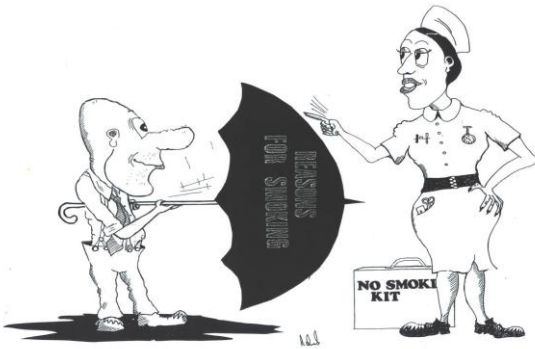
How do you engage the reluctant smoker???



## SMOKERS GIVE MANY REASONS FOR CONTINUING

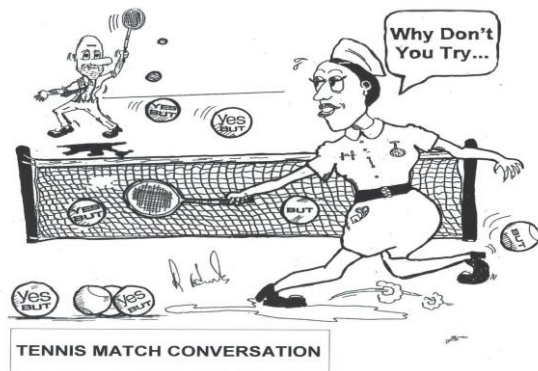
- Enjoyment
- Habit
- Social norm
- Ritual
- Routine
- Few mention addiction.





Instead of listening to your advice they can often spend quite a bit of time justifying their smoking habit!!

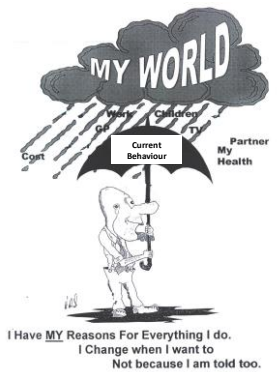
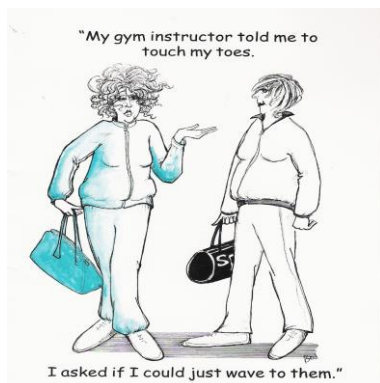
Which leads you to the 'Tennis match' conversation



**THE CHANGE PROCESS**

- No-one changes their behaviour without first changing their attitudes and beliefs.
- When a patient argues with you it means you have made a wrong assumption.
- Long term behaviour change takes time
- If you lose the sense of urgency you will find opportunistic interventions much easier

The Public's attitude to health advice is not always positive!!



**Do you follow all the good advice you are given?**



## People succeed when they:

- Invest time and thought in quitting
- Want to stop and know what to expect when they do
- Have enough information and have developed coping strategies
- Can plan ahead for difficult or unexpected situations
- Have encouragement from others
- Can see themselves as non-smokers

## Unsure about change?

- Examine the pros and cons
- Understand ambivalence
- Explore concerns

## Stopping Smoking - Not ready!

- Respect this decision
- Ask: What would need to be different for you to consider change?
- Explain your own concern
- Leave the door open for future discussions

## RELAPSE

### Why do smokers fail to quit?

- Stopping under pressure from someone else
- Lack of personal motivation
- Attaching insufficient importance to stopping
- Withdrawal symptoms
- Poor timing
- "I thought 'just one' wouldn't hurt"

Sometimes the doorway has to be opened wider and held open longer...

