



STOPPING SMOKING

evidence-based guidance

Introduction

Approximately a half of all life-long smokers will die of smoking-related diseases. In general, people who smoke cigarettes have twice as great a risk of developing coronary heart disease as those who do not. However, for those under 50 years the risk is 10 times greater than for non-smokers of the same age. The more people smoke and the younger they are when they start the greater is their risk. Stopping smoking carries almost immediate benefit and although the long term benefits are greatest in those who stop smoking before the age of 30 it works in middle age as well. For example, in those aged 30-59 who stop smoking after a myocardial infarction the five year mortality is 10% compared with 14% in those who continue to smoke.

Stopping Smoking

About 70% of smokers say they want to stop and helping them to do so is an essential complement to preventing young people from starting. Indeed, because of the long time lag in the development of smoking-related disease and the quicker attenuation of smoking related risk, the population health benefits over the next 25-50 years of stopping smoking would be much greater than those of stopping young people starting.

Nicotine addiction is now acknowledged as a treatable condition and there is substantial scientifically rigorous evidence of the effectiveness and cost-effectiveness of both behavioural and pharmacological cessation interventions. Systematic reviews of the results of large numbers of randomised trials show that (compared with no advice) simple, brief advice during routine care provided by doctors and nurses enhances by more than 50% the chances of a long-term cessation. Furthermore, nicotine replacement therapy (NRT) or bupropion (Zyban) can nearly double the success rates compared with placebo (18% versus 11%).

Recommendations

All health professionals and particularly those in primary care (because of the extent and ease of access to smokers) have a vital role in helping smokers to stop. The basic essentials are to:

Ask about and record smoking status, keeping the record up to date

Advise smokers of the benefits of stopping in a personalised and appropriate way, relating this to patient concerns and any health problems where possible.

Assess motivation to stop - and reinforce if possible. Smokers are much more likely to stop after suffering an acute event such as myocardial infarction after which about 20% quit smoking.

Assist smokers to stop: this to include useful tips on how best to try, the offer of support and considerations of either NRT *or bupropion * (with accurate information and advice about these). Bupropion is contra-indicated in patients with seizure disorders as well as patients on drugs which are known to lower the threshold of seizures including antipsychotics, other anti-depressants, anti-malarials, theophylline, quinolones and sedating antihistamines. There is also the possibility of potentially dangerous interactions with other drugs.

Arrange follow-up if possible - or review when next seen. Alternatively refer the patient to a specialist smoking cessation service.

Useful features of brief advice

- Set a date to stop completely
- Review past experience and what helped or hindered
- Identify possible problems and how to cope with them
- Enlist the help of family and friends

Conclusions

Given that smoking is a major cause of cardiovascular disease and that its risks reduce progressively after stopping helping those at high risk of and others with established CVD are a priority for advice and help to stop smoking. In addition, every opportunity should be taken to prevent young people from starting to smoke.

Further Reading

1. Tobacco Advisory Group of the Royal College of Physicians. Nicotine Addiction in Britain. London: Royal College of Physicians of London 2000.
2. Lancaster T, Stead L, Silagy C, Sowden A for the Cochrane Tobacco Addiction Review Group. Effectiveness of interventions to help people stop smoking: findings from the Cochrane Library. BMJ 2000; 321:355-8
3. Fowler G. Tobacco and Cardiovascular Disease: achieving smoking cessation. In: Evidence Based Cardiology. Yusuf S, Cairns J A, Camm A J et al. (Eds) London: BMJ Books 1998
4. Nicotine replacement to aid smoking cessation therapeutics bulletin 1990 37 52-54
5. Committee on safety of medicines Zyban modified dosage and safety precautions 30 May 2001 Ref:CEM/CMO/2001/7

Other Materials

1. The British Heart Foundation have a heart information series pamphlet on this topic (HIS No.2) In addition we fund the quit line for Asians Freephone 0800 00 22 00. The NHS smoking help line number is 0800 1690 169