

Special resource- crib sheet for health professionals to give brief advice on how to stop smoking to be put on websites for downloading, not in print.

Bringing up the subject of smoking- some suggestions for ways in

Back-pain

–‘Did you know that smoking has been linked with back pain; it could be due to damage that the chemicals you ingest do to the cartilage’

Cough/URTI/breathing problems

–‘I am concerned that smoking is making your condition worse and you may be starting to develop some airways obstruction’

Depression/anxiety disorders

–‘A lot of smokers think that smoking helps with their stress but in most cases it is actually making it worse. We can help you overcome the problems that comes on the first few weeks of stopping and after that you can expect to feel better than you do right now’

Circulatory problems/heart disease/diabetes

–‘I am concerned that smoking is starting to have an effect on your circulation/heart. If you stop now your body can start to repair the damage.’

Pregnancy

–‘Smoking damages the baby in many different ways some of which will not appear until the child starts to grow up. For example, smoking during pregnancy can lead to behaviour problems in the child because of damage to the brain of the fetus. Even stopping smoking later in pregnancy will help protect your baby’

Patient: ‘I enjoy/need my cigarettes too much to stop or I would like to stop smoking but this is not a good time’

Doctor: ‘That is entirely your choice. One thing you may want to consider is trying to cut down with the help of nicotine gum or the nicotine inhaler’

Patient: ‘I’ve tried the NHS Stop Smoking Service and it didn’t help’

Doctor: ‘Obviously there are no guarantees of success but I would like you to give it another go, perhaps with a different specialist’

Patient: ‘I’ve tried nicotine patches/gum and it didn’t help’

Doctor: ‘Not everyone gets on with one or other type medicine, I would like you to see a specialist who can advise you on some alternatives’

Patient: ‘I used ... the last time and managed to go for a long time but then I went back to smoking because of (a silly slip-up/stressful event)’

Doctor: ‘It sounds as though you did quite well and just got caught out, which happens to many smokers. There is no reason why you should not try the same approach this time or else I can recommend ...’

Patient: 'I used ... the last time but after a while (the weight gain, lack of enjoyment in life) became too much.'

Doctor: 'Some smokers find it hard to manage without nicotine in some form; I would like to refer you to the specialist stop smoking service because we may need prescribe you nicotine on a longer term basis.'

How to stop smoking- what advice should you give someone about to stop?

Your best chance is with specialist behavioural support and medication.

Set a day as the last day of smoking.

Review previous quit attempts- what led to relapse and what lessons can be drawn?

Plan ways to deal with the cigarettes that will be hardest to let go; often one at the start of the day but also ones that you smoke in the evening. This may involve changing the normal routines to avoid cues to smoke.

Alcohol is a major cause of relapse. Perhaps avoid it altogether for the first week or two. Do not get drunk.

Think of yourself as a non-smoker. Smoking is not even an option. Even one cigarette will seriously reduce your chance of making it.

Evidence-based practical tips for fighting urges to smoke

When smokers stop, they experience urges to smoke, like hunger.

Urges increase typically in situations in the presence of cues - objects or places associated with smoking e.g. going into a pub, having a cup of coffee.

They typically last just a few minutes, peak in the first week, and then gradually ease up. However, even weeks or months after the quit date they can strike because of a tempting situation, a crisis or just out of the blue.

None of these methods are sure to increase overall success rates, but there is evidence that they help reduce urges.

A meta-analysis of randomised trials showed that moderate or vigorous aerobic activity reduces urges to smoke at the time and for up to an hour afterward.⁴⁴ 'Build physical activity into your day when quitting'.

Isometric exercises involve stationary contraction of muscles (e.g. squeeze your knees together) and can be done without moving or looking strange. A single randomised trial showed that isometric exercises reduce the urge to smoke.⁴⁵ Bodyscan, a mindfulness technique based on breathing, has been shown in one RCT to reduce the urge to smoke.⁴⁶ This needs to be learnt and ideally you need to play the instructions on an mp3 when the urge to smoke strikes.

RCTs show some conflicting evidence that eating one or two glucose tablets reduce the urge to smoke more than placebo but there is very weak evidence that this leads to improved long-term abstinence.⁴²

One randomised trial shows that using an acute form of nicotine replacement e.g. gum will reduce urges more than placebo.⁴⁷

Data from observational studies shows that doing something - reviewing the reasons you stopped, thinking of future health, avoiding the situation, ring a helpline- is better than doing nothing and simply waiting for the urge to smoke to pass.⁴⁸

Avoid cues - places and things associated with smoking. Make it easy on yourself.

Why refer to a smoking cessation clinic?

Behavioural supports can nearly double the chance of success.

Observational studies show that behavioural support offered by non-specialists is not as effective as that given by specialists.

Satisfaction surveys show high patient satisfaction with specialist services.

Will my patient become addicted to nicotine replacement?

Your patient is already addicted to nicotine. At worst, they will swap a product- cigarettes- that has a 50% chance of killing them for another- NRT- that has no known harmful effects of long-term use.⁴⁹

NRT is much less addictive than cigarettes are, probably due to speed of delivery.

About 1 in 10 former smokers use NRT long term⁵⁰, mostly oral products or nasal spray.

If they are not reassured and want to stop, refer to a specialist service.

If a specialist service is not available, swap to a patch and taper slowly.

Always keep nicotine product handy in case urges to smoke strike. There is some evidence that prolonged use of as needed NRT can prevent relapse⁴³.

My patient cannot stop- what next?

Reassure your patient and yourself that relapse is normal and past failure does not doom them to lifetime smoking.

Review past attempts- what went wrong and what has been learnt?

Review past medication- what helped and what did not? Many people falsely blame a particular medication, such as NRT, for example, for relapses that occurred after medication was stopped. If it worked well before, reassure and use it again.

Offer renewed hope by new treatment choices. Try second line treatments like nortriptyline.

Consider prolonged medication.

Refer to a specialist clinic.