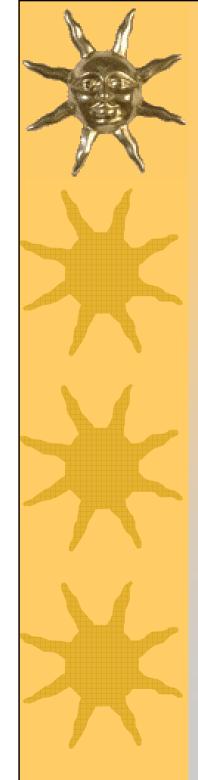


#### SMOKING CESSATION

DEATH IN OLD AGE IS
INEVITABLE,
BUT DEATH BEFORE OLD AGE
IS NOT

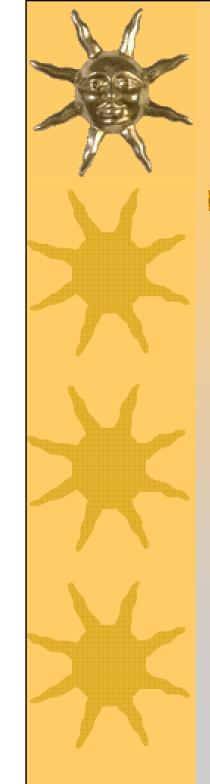
Sir Richard Peto, 2006



### THE RISK IS BIG

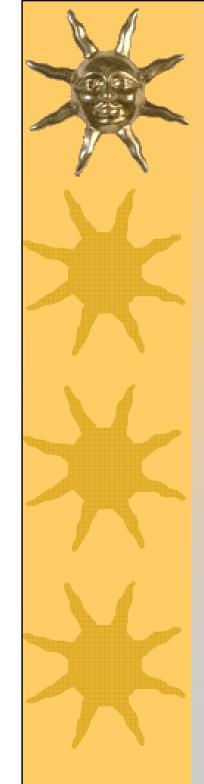
- \*ABOUT HALF OF SMOKERS ARE KILLED
- \*THOSE KILLED IN MIDDLE AGE LOSE 10, 20, 30 OR MORE GODD YEARS

www.deathsfromsmoking.net



# STOPPING SMOKING WORKS

- \*EVEN IN EARLY MIDDLE AGE (40y)
  THOSE WHO STOP, AVOID MOST OF
  THEIR RISK OF BEING KILLED BY
  TOBACCO
- \*STOPPING BEFORE MIDDLE AGE WORKS EVEN BETTER

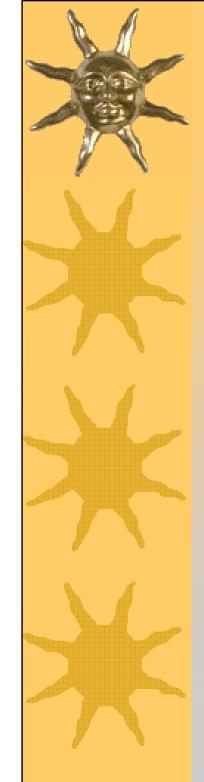


### IMMIDIATE CHANGES

\*WITHIN 20 - 30 MINUTES:

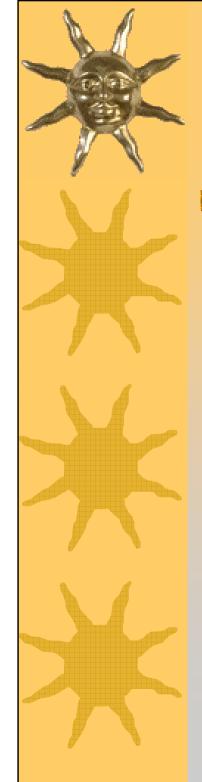
\*THE BLOOD PRESURE AND HEART RATE DROP TO THE REST VALUES

\*THE SKIN TEMPERATURE (LEGS)
RAISES BY 2° C



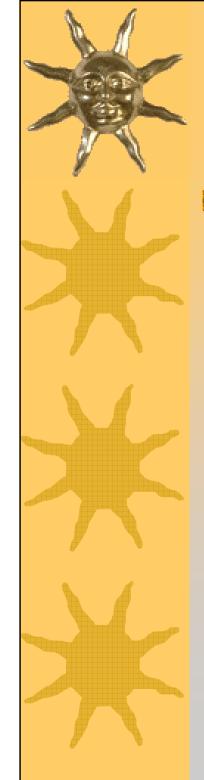
### SHORT-TERM CHANGES

- \*WITHIN 6 8 HOURS
- \*COHb LEVELS WILL DROP TO THE NORMAL VALUES (< 1%)
- **\*WITHIN 72 HOURS**
- \*PULMONARY FUNCTIONS WILL IMPROVE (MAXIMAL EXPIRATION)



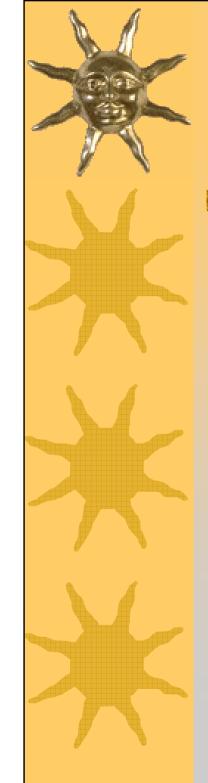
### MIDDLE-TERM CHANGES

- \*WITHIN 2 MONTHS
- \*MALE SPERM DAMAGES CAUSED BY SMOKING WILL BE REPAIRED
- **★WITHIN THE 1st TRIMESTER**
- \*THE RISK OF PREGNANCY
  PROBLEMS AND FETUS POOR
  DEVELOPMENT WILL DECREASED



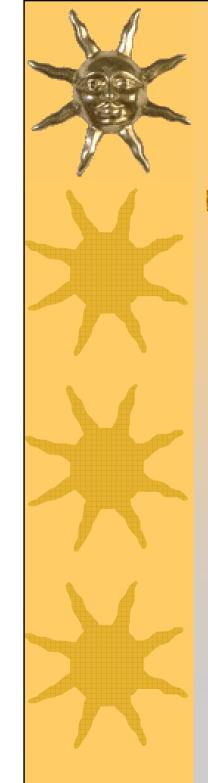
#### MIDDLE-TERM CHANGES

- **★WITHIN 1st YEAR**
- \*THE BLOOD LIPID PROFILE WILL BE IMPROVED,
- \*THE PARAMETERS OF HEMO-COAGULATION WILL BE IMPROVED
- \*THE RISK OF AC. CARDIAC ISCHEMY WILL BE DROPPED



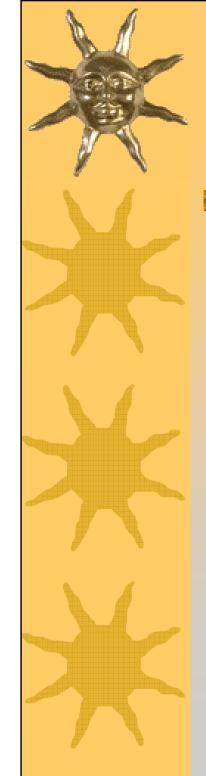
### LONG-TERM CHANGES

- \*WITHIN 5 YEARS
- \*THE RISK OF CVD DEATH WILL BE SIMILAR AS FOR NEVER-SMOKERS
- \*THE RISK OF SMOKING-RELATED CANCERS WILL START THE DECREASED TRENDS



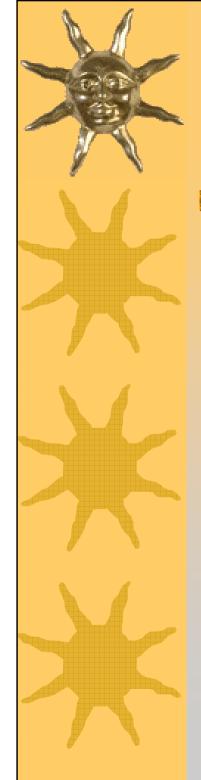
### LONG-TERM CHANGES

- \*WITHIN 10 20 YEARS
- \*THE RISKS OF SMOKING-RELATED CANCER'S DEATH WILL BE SUBSTANTIALLY DECREASED, ALMOST TO THE LEVELS FOR NEVER SMOKERS



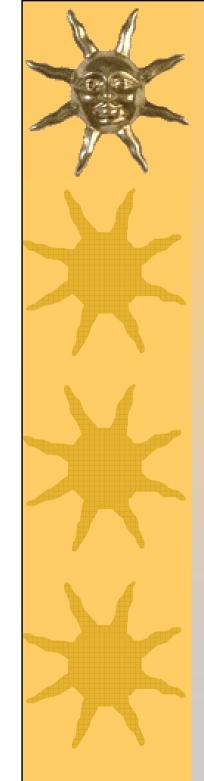
#### CONCLUSIONS

- \*THE RISK IS BIG
- \*STOPPING SMOKING WORKS:
  EFFECTIVE SUPPORT OF SMOKING
  CESSATION WILL CHANGE THE
  DEATH EPIDEMY WITHIN 10-20
  YEARS



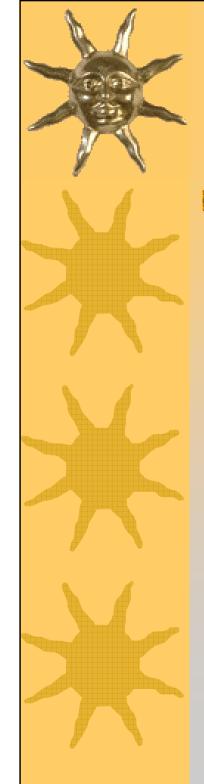
### BUT

- \*SMOKING IS HIGHLY DEPENDENT DISEASE – Dg. F 17
- \*BOTH PFARMACOLOGIC/PHYSICAL
- \*AND BEHAVIORAL ADDICTION



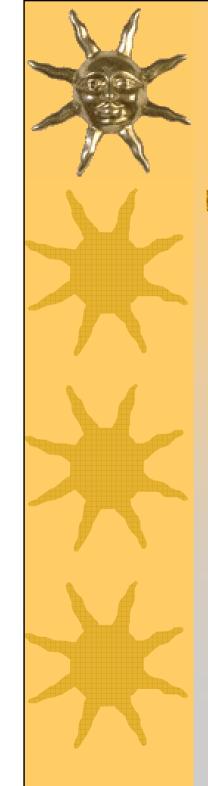
### TOLERABILITY

- \*THE SAME DOSIS CAUSES LOWER EFFECTS =
- \*FOR THE SAME EFFECTS THE INCREASED DOSIS IS NECESSARY



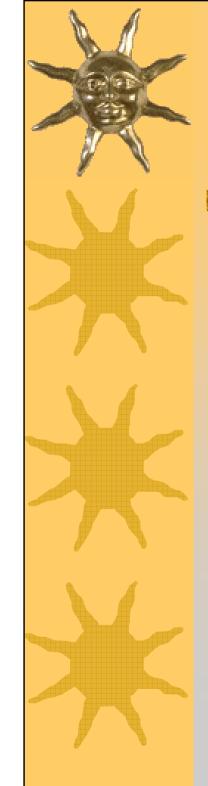
### WITHDRAWAL SYMPTOMS

- \*EXCITABILITY, NERVOUS, STRESSED
- \*ATTENTION DISABILITY
- \*COGNITIVE PROBLEMS
- \*DEPRESSION
- \*ANXIETY



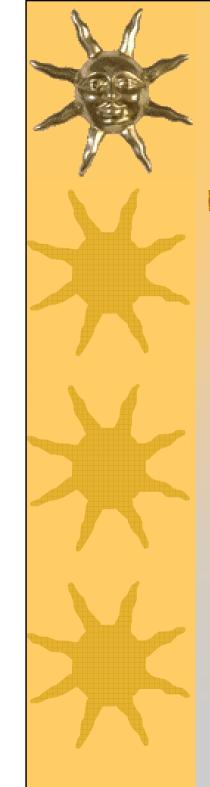
### WITHDRAWAL SYMPTOMS

- \*POORER WEIGHT CONTROL -> OVERWEIGHT
- \*EXPECTORATION
- \*CONSTIPATION



### WS - TIMING

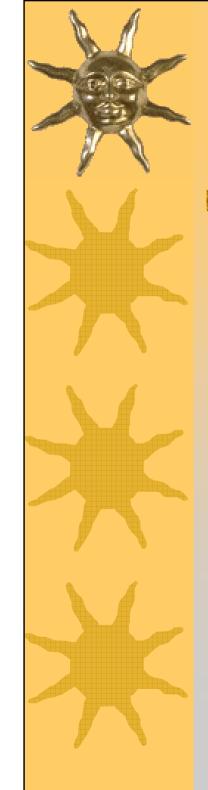
- \*WITHIN 2 HOURS AFTER THE LAST CIGARETTE
- \*WAVES WITH DIFFERENT FREQUENCY AND POWERTY
- \*SEVERAL DAYS WEEKS MONTHS
  - YEARS



#### WS - CAUSES

- \*LACK OF NICOTINE
- **\*LACK OF SOCIAL CONTACTS**
- \*CRAVING FOR SMOKING

- \*INCREASED FOOD INTAKE
- \*DECREASED BASAL METABOLISM

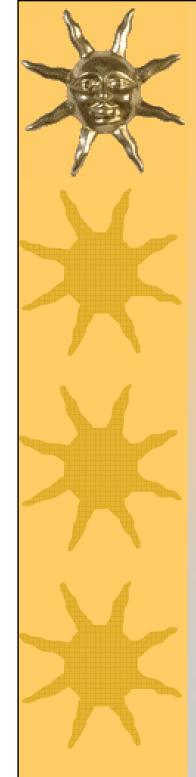


#### WITHDRAWAL SYMPTOMS

\*ARE NOT HARMFUL FOR HEALTH

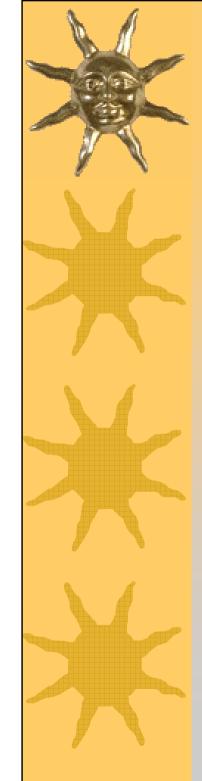
\*ARE THE MANIFESTATION OF THE DRUG ELIMINATION

\*ARE THE MOST FREQUENT CAUSE OF RELAPS



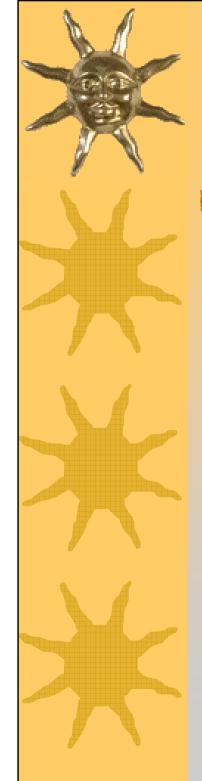
### WHAT TO DO?

- \*KEEPING SMOKERS' RIGHTS:
- TO BE INFORMED ABOUT HAZARD
- TO BE AVOIDED FROM RISK SITUATIONS
- TO BE MOTIVATED TO DECISSION
- TO BE SUPPORTED IN THEIR EFFORT TO STOP SMOKE



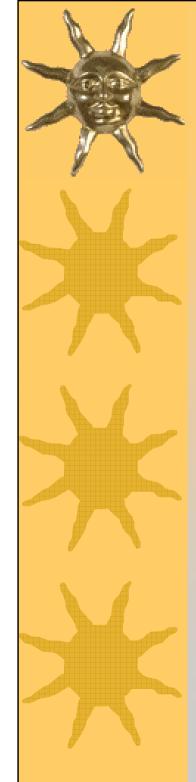
### WHAT IS THE BEST WAY?

- \* THE ,4A" PROGRAMME:
- 1. ASK
- 2. ADVICE
- 3. ASSIST
- 4. ARRANGE FOLLOW-UP



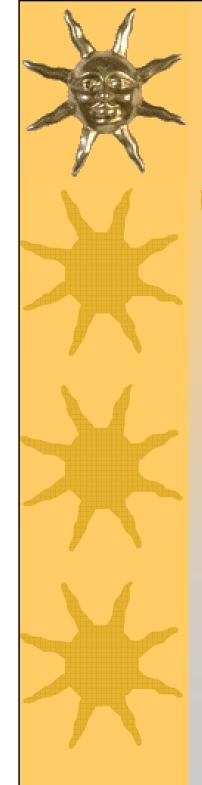
#### 1. ASK EVERY PATIENT:

- \* DO YOU SMOKE?
- \* HOW MUCH CIGARETTES DAILY?
- \* HOW MANY YEARS?
- \* AT WHICH AGE DID YOU START?
- \* AT WHICH MORNING TIME DO YOU LIGH YOUR FIRST CIGARETTE?
- **★ WOULD YOU LIKE TO STOP?**
- \* HAVE YOU SOME EXPERIENCES WITH STOPPING?



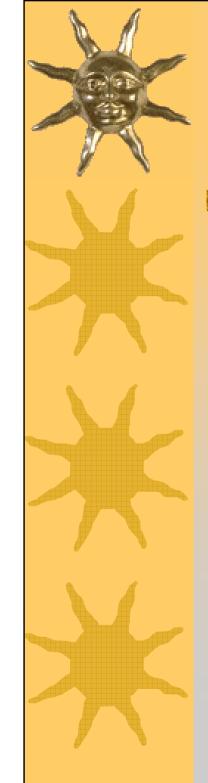
### 1A: CONGRATULATION

- \*TO EVERYBODY WHO:
- \*HAS NEVER SMOKE,
- \*HAS STOPPED TO SMOKE:
- ASK HIM/HER ABOUT PROBLEMS,
- SUPPORT HIS/HER EFFORT TO BE NON-SMOKER



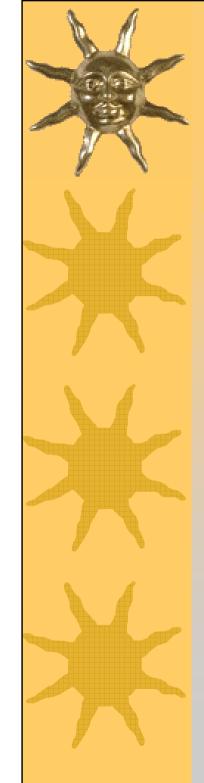
#### 2. ADVICE

- \*TO EVERY SMOKE TO STOP, because
- \*FAMILY HISTORY (HEREDITARY VULNERABILITY)
- \*SMOKER'S HEALTH HISTORY
- \*CURRENT HEALTH STATUS
- \*SOCIAL IMAGE, MODEL ROLE
- \*HIS/HER CHILDREN HEALTH



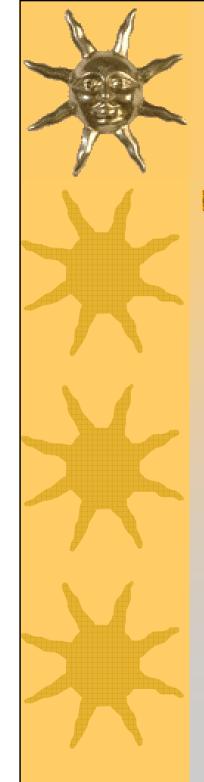
### ADVICE IS ESSENTIAL

- \*PEOPLE KNOW THE SMOKING HAZARD IN GENERAL
- \*PEOPLE FEEL PERSONAL IMMUNITY AGAINST THE DAMAGES
- \*SUCH FEELINGS ARE FALSE, ERROR AND VERY DANGEROUS



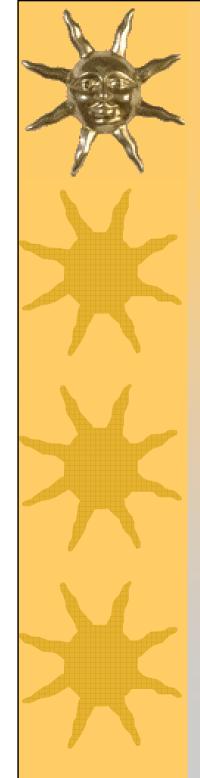
### SUPPORT OF ADVICE

- **\*USE THE BOOKLETS, LEAFLETS, PICTURES, ...**
- \*FOR TARGET POPULATION OF SMOKERS (CHILDREN, TEENAGERS, PREGNANT WOMEN, WORKERS, MINORS, SENIORS...)
- \*RECOMMEND THE SPECIAL OFFICE



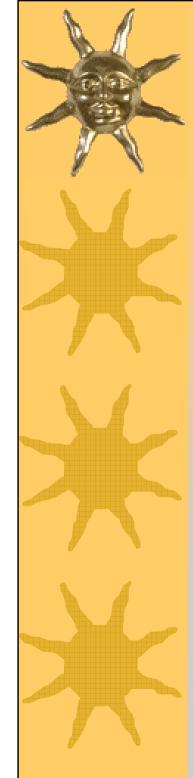
### 3. ASSIST WITH THE START

- \*ASSESSMENT OF DEPENDENCE ->
  THINKING ABOUT TREATMENT
- \*CHOICE THE STRONGEST MOTIVE
- \*CHOICE A DAY "D"
- \*EVALUATE THE RISK SITUATIONS: ,,TO KILL TIME", ,,PLEASURE", ,,STRESS"



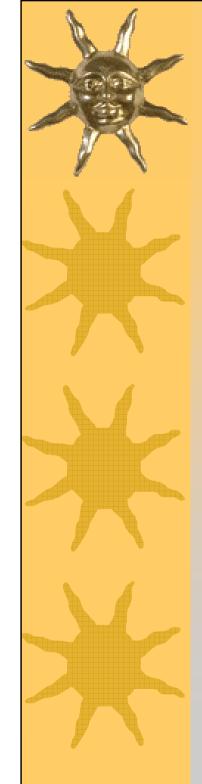
### ASSIST - continue

- \*CHOICE THE REPLACEMENT IN THE RISK SITUALIONS: WHAT TO DO WITHOUT CIGARETTE?
- \*THE DIFFICULT AVAILABILITY
- \*CHANGE THE ATTITUDES:
  CIGARETTE IS NOT A FRIEND, BUT
  THE WORST ENEMY



## MEDICAL SUPPORT - NRT

- **\*CHEWING GUMS:**
- NICORETTE 2, 4 mg: RULES FOR RIGHT CHEWING
- \*PATCHES:
- NICORETTE 16 hours 5, 10, 15 mg
- NIQUITINE 24 hours 7, 14, 21 mg

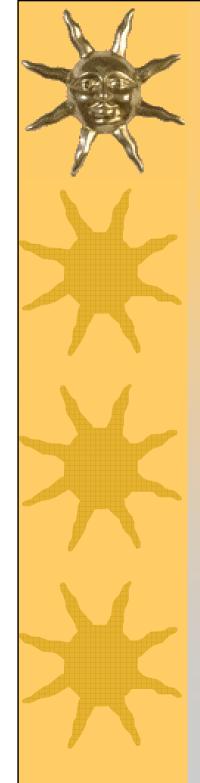


# NRT - continue

\*INHALATORS

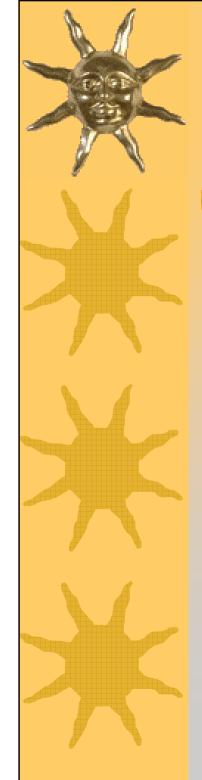
**\*SUBLINGUAL TABLETS** 

\*(NASAL SPREY)



#### SAFETY AND HAZARD

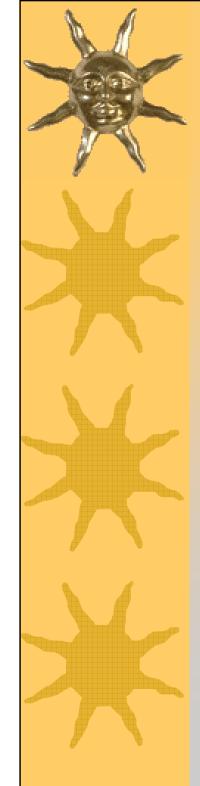
- \*DECREASED WITHDRAWAL SY.
- **\*SLOW RELEASE OF NICOTINE**WITHOUT VASOCONSTRICTION
- \*CROSS PLACENTAL BARRIERE
- \*ANTENATAL ACTIVATION nAChRs -> NEUROTERRATOGENIC EFFECTS
- \*MULTIPLE CARCINOGENICITY



### BUPROPION

\*ANTIDEPRESSIVE DRUGS: ZYBAN, WELLBUTRINE

\*COMBINATION WITH NRT

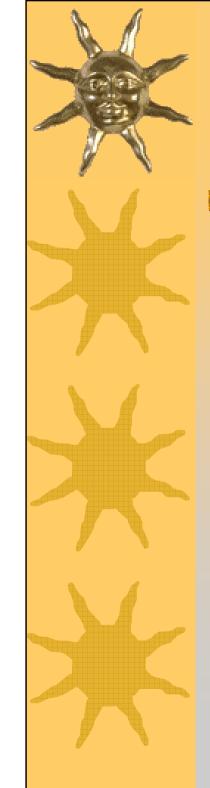


#### VARENICLINE - CHAMPIX

\*AGONIST OF NICOTINE:

- \*-> RELEASE OF DOPAMINE ->
- \*-> CIGARETTE IS NOT SOURCE OF PLEASURE

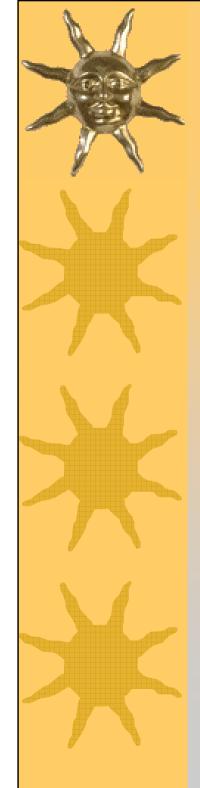
AFTER UNSUCCESSFUL ATTEMPT(s), ONE WEEK BEFORE STOPPING



# CONTRAINDICATIONS

\*PREGNANCY AND LACTATION – NO EXPERIENCES YET

\*CHILDREN, ADOLESCENTS – NO EXPERIENCES YET

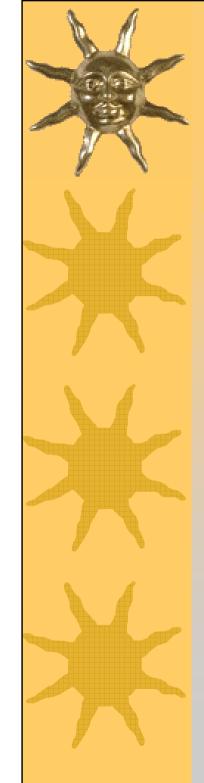


#### VACCINATION

\*AFTER UNSUCCESSFUL ATTEMPTS: THE HIGH-MOLECULAR COMPLEX

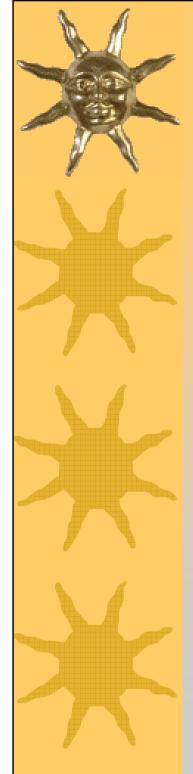
\* OF NICOTINE + ANTIBODIES = >

\*IMPOSSIBILITY TO REACH THE BRAIN



### 4. ARRANGE FOLOW-UP

- \*RELAPS MAY BE STRESSFUL FOR SMOKER
- \*REPEATED ENHANCE OF SMOKER'S RECENT MOTIVATION TO STOP
- \*BETTER ARRANGEMENT



#### CONCLUSION

- \* THE RISK IS BIG
- \* STOPPING SMOKING WORKS
- \*THE EARLIER START OF STOPPING, THE BETTER RESULTS
- FOR SMOKER
- FOR SMOKER'S RELATIVES
- FOR THE WHOLE SOCIETY
- \* NOT FOR THE TOBACCO COMPANIES

