

# Smoking cessation

**Smoking cessation - F17.1** (Clinical term: 137)

## Introduction

Smoking cessation interventions are highly cost-effective when compared with the long-term cost of illness and illness burden that is smoking related. Practitioners need to be positive and optimistic about the benefits of quitting smoking.

Some practitioners may wish to organize their practices systematically to screen and address smoking with all smokers at least once a year.

It is important to have available additional treatment resources for those who come asking for help to stop smoking.

## Co-existing conditions

It is worthwhile using this opportunity to discuss alcohol and other lifestyle issues alongside smoking.

## Essential information for patient and family

- Up to half of all current smokers will die of a smoking-related disease.
- Tobacco dependence is responsible for one in every five deaths in the UK, a third of all cancers, over 80% of all chronic obstructive pulmonary disease (COPD) deaths and a sixth of all ischaemic heart disease deaths. No single avoidable cause of disease accounts for more deaths, hospital admissions or GP consultations. Tobacco dependence shortens the lives of affected smokers by an average of 16 years (ref 222).
- Smoking cessation before middle age results in a 90% reduction in risk of lung cancer and a return to baseline risk of coronary heart disease within 10 years of stopping. Key improvements in mental and physical health will accrue more quickly.
- Smoking cessation treatments are demonstrably effective in that they double or more than double the chances that a person will stop and stay stopped for a defined period of time.

## References

**222** Royal College of Physicians. Nicotine Addiction in Britain. A Report of the Tobacco Advisory Group of the Royal College of Physicians. London: Royal College of Physicians, 2000

## General management and advice to patient and family

- Doctors should raise the subject of smoking in a sensitive way in the context of an established rapport.
- The doctor should base their approach on an assessment of the patient's current readiness to change (ref 223). This will enable them to focus on what is most useful to the patient. For example, if a patient has already decided to attempt to quit, helping him/her implement the decision is more useful than rehearsing reasons for quitting;

however, if the patient is not convinced of the reasons for quitting, then this should be addressed, rather than ways of trying to quit

- Smokers should be offered support and encouragement to aid their attempt to quit (ref 224)
- Simple advice increases the chances of someone stopping by approximately one third. If GPs identify smokers and advise cessation, an extra 2% of smokers will stop (ref 225).
- Opportunistically advise smokers to stop during routine consultations, giving advice on and/or prescribing effective medications to help them and referring them to specialist cessation services (224-227).
- Aim to advise most smokers to stop, and record having done so, at least once a year (ref 226).
- Face-to-face behavioural intervention is the use of simple interventions that are motivational or provide strategies to assist in maintaining behavioural change. This is substantially more work-intensive than brief advice. It should be offered when time and skill resources are not available for more intensive interventions. Brief advice should still be tailored to a patient's readiness to change.
- Self-help materials describe the cessation process and the feelings associated with cessation, and recommend a range of coping strategies.
- Telephone counselling can be incorporated into the cessation phase but is also useful for relapse prevention in the first 12 months after stopping.

## References

**223** Rigotti NA. Clinical practice. Treatment of tobacco use and dependence. N Engl J Med 2002, 346(7): 506-512. (CIV)

**224** National Institute for Clinical Excellence. Guidance on the Use of Nicotine Replacement Therapy and Bupropion for Smoking Cessation. URL <http://www.nice.org.uk>. (AI) Both drugs are effective in smoking cessation.

**225** Jackson G, Bobak A, Chorlton I et al. Smoking cessation: a consensus statement with special reference to primary care. ICGP 2001, 55: 385-392

**226** Raw M, McNeill A, West R. Smoking cessation guidelines for health professionals. Thorax 1998, 53(Suppl 5,Part 1): S1-S19.

**227** West R, McNeill A, Raw M. Smoking cessation guidelines for health professionals: an update. Thorax 2000, 55(12), 987-999.

## Medication

- Nicotine replacement therapy (NRT) and bupropion are recommended for smokers who have expressed a desire to quit and who feel they need pharmacological help in quitting, or who have had multiple previous failed attempts (ref 224).
- NRTs include gum, patches or sprays and these work to enhance the impact of face-to-face behavioural interventions; there is little scientific basis for matching individual smokers to particular forms of NRT (ref 225,228)
- Bupropion can be used in combination with other interventions.
- Cautions and contraindications should be taken into account when prescribing these medications. Potential negative effects should be discussed with patients.

## References

**224** National Institute for Clinical Excellence. Guidance on the Use of Nicotine Replacement Therapy and Bupropion for Smoking Cessation. URL <http://www.nice.org.uk>. (AI) Both drugs are effective in smoking cessation.

**225** Jackson G, Bobak A, Chorlton I et al. Smoking cessation: a consensus statement with special reference to primary care. ICGP 2001, 55: 385-392

**228** Silagy C, Mant D, Fowler G, Lancaster T. Nicotine replacement therapy for smoking cessation. (Cochrane Review). In: The Cochrane Library, Issue 2, 1999. Oxford: Update Software. (AI) One hundred and ten studies were analysed. All forms of nicotine replacement therapy can help people quit smoking, almost doubling long-term success rates.

## Referral

Specialist referral should be considered where locally available for people who have previously attempted to quit but continue to smoke and are motivated to try again.

## Resources for patients and families

**NHS Smoking Helpline** 0800 169 0169 (7am-11pm daily; senior advisors [counsellors] 10am-11pm)

Website: <http://www.givingupsmoking.co.uk>

**NHS Pregnancy Smoking Helpline** 0800 169 9169 (12noon-9pm, daily)

**Quit Line Smoking Helpline** 0800 00 22 00 (9am-9pm, daily)

**Action on Smoking and Health** <http://www.ash.org>