Updates on Smoking Cessation

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Context

Smoking is associated with an increased risk of total and cause-specific death, and ample evidence is available which showed quitting smoking could reduce such risk at any age. Cardiologists are encouraged to provide smoking cessation treatment or suitable referrals for smoking clients.

Objective

To provide an overview of updates in treatment strategies for smokers.

Methods

Drawing references from evidence-based practices of Mayo Clinic Nicotine Dependence Centre, and *Clinical Practice Guidelines: Treating Tobacco Use and Dependence 2008 update* from the USA Department of Health and Human Services, the key management strategies for treating tobacco dependence are reviewed.

Results

Physician advice, however brief, is effective in motivating patients to quit. The 4 "A"s (ask, advise, assess, assist and arrange) model are suitable for use at outpatient setting. Management strategies comprise addiction therapy, cognitive behavioral intervention, pharmacological treatment and relapse prevention. In addition to nicotine replacement therapy, other first line medications include benzodiazepine and varenicline, and combination therapies produce better abstinence than single therapy.

There is also a dose-response effect between intensity of intervention and abstinence rates. If very limited time is available, cardiologists can adopt an "Elicit-Provide-Elicit" model to help current smokers to quit.

Conclusions

Smoking is now treated as a disease entity, and no longer a mere personal habit. All healthcare professionals therefore have the ethical and moral responsibility to document smoking history and make appropriate interventions or timely referrals.

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