



Smoking Cessation What Can the GP Do?

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A family physician should be prepared to deal with the effects of smoking addiction and the withdrawal symptoms felt by chronic smokers. Nicotine replacement therapy (NRT) should be recommended to every smoker contemplating quitting. As primary care providers, we should go a step further to recommend that provincial pharmacare plans supply NRT for those who can't afford it.

Why is the family doctor the best person to help?

There are data that show that the success rate of smoking cessation is directly proportional to the number of minutes the doctor spends in the office giving smoking cessation care.¹ Labelling and flagging the files of patients who smoke, and using chart reminders increase the success rate. An organized team approach, with computer-assisted recall systems, may also increase success.

For some patients, smoking cessation is a lifelong process, therefore, followup is extremely important. There are also many issues to keep in mind when counselling a patient to quit smoking (Table 1). **Dx**

Bill's case

Bill, 55, was admitted to the cardiac care unit for two days. He complained of morning productive cough. He had a history of smoking one pack of cigarettes per day for the last 40 years. It suddenly dawned on him that he had a very serious illness. He was scared of being wired, monitored, and checked every few minutes. He was afraid he was going to die.

Thoughts of his smoking habit rushed through his mind, and he considered quitting for the first time in his life! No one had ever talked to him about quitting. He lived with his wife, who also smoked.

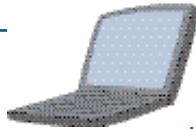
The major question for Bill was whether he was ready to quit. In a clear, strong, friendly voice, I reaffirmed his good intentions and validated his health concerns, trying not to sound threatening. His fear of a serious medical illness was definitely a significant motivator to quit.

Bill quit smoking, but gave absolutely no credit to my counselling, nicotine replacement therapy, or the followup routine. When we were chatting one day, he told me that the secret of his success was a Hungarian onion he took after his myocardial infarction that helped him quit!

Regardless of his belief, he never smoked again. Bill was one of the lucky ones who was able to quit cold turkey on his first try. However, most patients need the continued support and counselling of their health-care providers.

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Surf your way to...



1. Rethinking Stop-Smoking Medications (Ontario Medical Association, June 1999):
<http://oma.org/phealth/stopsmoke.htm>
2. Quick Reference Guide for Clinicians: Treating Tobacco Use and Dependence
<http://surgeongeneral.gov/tobacco/tobaqrg.htm>
3. BC Doctors' Stop-Smoking Program:
www.bcdssp.com

Table 1

Barriers faced by physicians counselling patients to quit smoking

Maintenance

- For patients who have recently quit, it is important to maintain the will

Uncertainty

- For patients who can't make up their minds to quit, motivational support is important

Relapse prevention

- Patients may need extra social counselling and support to prevent a relapse
- Pharmacologic support may also be considered

Negative reinforcements

- It is essential to look out for negative reinforcements (such as depression, alcohol and drug abuse, family and friends who smoke) which could hamper success

Age

- Adolescents have needs specific to their age and special care is required

Culture and gender

- People of different cultural backgrounds and of different genders demand diversity of treatment and support structures

*Look toward
the future with
full remission*

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Reference

1. Peto R, Lopez AD, Boreham J, et al: Mortality from Smoking in Developed Countries 1950-2000. Indirect Estimates from National Vital Statistics. Oxford University Press, New York, 1994, p. 307.