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Tobacco Cessation for Patients with Chronic Diseases

**Caution: Cigarette Smoking May
Be Extra-Hazardous to Your Health**



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Smokers with a chronic disease can experience:

- Increased hospitalization time
- Increased complications

Continuing to smoke after the diagnosis of a chronic disease can also affect treatment outcomes

(e.g., -in patients who have been diagnosed with cancer there is substantial evidence that continued smoking may reduce the effectiveness of treatment and increase the likelihood of a second cancer.)





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Smoking and Chronic Disease

Question:

As a health care provider, why is it important to know as much as possible about the connection between smoking and chronic disease conditions?



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Smoking and Chronic Disease

Answer:

The more you know about this connection the better you can tailor messages to be relevant to individual patients.

Five R's

Relevance

Risk

Rewards

Roadblocks

Repetition

In relation to client's particular condition,
treatment, & recovery



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Learning Objectives

- Identify how smoking increases risk for the following conditions;
 - diabetes
 - cardiovascular disease,
 - Stroke
 - COPD, asthma and bronchitis
 - specific types of cancer
- List both immediate and long term benefits of quitting tobacco use
- Demonstrate the use of information presented in this module to develop **Relevant** messages about quitting for patients who have chronic disease.



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Smoking and Diabetes

Smoking **may increase the risk of getting diabetes**

- Smoke contains cadmium, which is associated with diabetes
- Smoking may be directly toxic to the pancreas
- Smoking leads to higher abdominal fat, which can contribute to insulin resistance
- Smoking increases blood glucose levels, glucose intolerance, and blood pressure



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Smoking and Diabetes

- Smoking also makes the effects of diabetes worse. Among people with diabetes, those who smoke are more likely to develop diabetes-related kidney damage, nerve damage, eye problems, and heart disease.
- The death rate of people with diabetes who smoke is higher than that of people with diabetes who don't smoke.



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Smoking and Diabetes

Complications related to smoking:

- Increased vision problems.
- Raised risk of gum disease and teeth loss.
- Raised risk of nerve damage.
- Raised risk of heart attack or stroke.
- Raised risk of dying of a heart attack or stroke by 11 times.
- Raised rate of amputation rate of foot and legs.
- Increased numbness.
- Poorer blood flow.
- Tripled risk of kidney disease.
- Inhibited effectiveness of drugs that help prevent diabetes.

Source: Partnership for a Tobacco Free Maine; www.tobaccofreemaine.org



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Smoking and Cardiovascular Disease

“As many as 30% of all coronary heart disease (CHD) deaths in the United States each year are attributable to cigarette smoking, with the risk being strongly dose-related. Smoking also nearly doubles the risk of ischemic stroke.”

- American Heart Association



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Smoking and Cardiovascular Disease

- Cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers.
- Cigarette smoking approximately doubles a person's risk for stroke.
- Cigarette smoking causes reduced circulation by narrowing the blood vessels (arteries). Smokers are more than 10 times as likely as nonsmokers to develop peripheral vascular disease.
- Smoking causes abdominal aortic aneurysm.

Source: U.S. Centers for Disease Control and Prevention (CDC) Fact Sheet, Health Effects of Cigarette Smoking, updated January 2008



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Smoking and Cardiovascular Disease

- Increased blood pressure
- Decreased exercise tolerance
- Increased tendency for blood to clot
- Increased risk of recurrent coronary heart disease after bypass surgery
- Decreased **HDL** (good) cholesterol
- Damage to the **cerebrovascular** system
- Increased risk for **peripheral arterial disease**
- Increased risk of **aortic aneurysm**

Source: Partnership for a Tobacco Free Maine; www.tobaccofreemaine.org



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Secondhand Smoke and Heart Disease

- Blood platelets become stickier.
- Lining of blood vessels are damaged.
- Coronary flow velocity reserves decrease to levels observed in smokers.
- Heart rate variability is reduced.
- LDL cholesterol levels that can clog the arteries of the heart increase.



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Smoking and Respiratory Disease

- Cigarette smoking is associated with a tenfold increase in the risk of dying from chronic obstructive pulmonary disease (COPD). About 90% of all deaths from COPD are attributable to cigarette smoking.*
- Asthmatics who continue to smoke have more severe and frequent symptoms of the disease than former smokers

*CDC Fact Sheet, Health Effects of Cigarette Smoking, Updated January, 2008, www.cdc.gov/tobacco



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Smoking and Chronic Obstructive Pulmonary Disease (COPD)

- COPD is currently the fourth leading cause of morbidity and mortality in the United States.
- Smoking causes 80 to 90% of COPD cases, and smokers are 10x more likely than nonsmokers to die of the disease.
- COPD is the only major disease that is rising in prevalence and mortality.
- Prevalence and mortality data greatly underestimate the total burden of COPD because of the lack of diagnosis and because it is often cited as an underlying cause of death.

Source: Partnership for a Tobacco Free Maine; www.tobaccofreemaine.org



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Secondhand Smoke and Asthma

- Children with asthma who are exposed to secondhand smoke have, generally, increased asthma severity including coughing, wheezing, chest tightness, shortness of breath and decreased lung function.
- Childhood asthma leads to decreased participation in school activities.
- Asthma in children is the leading cause of absences due to illness.
- Asthma in adults is caused or made worse by their workplace.
- Asthma increases provider visits, emergency department visits, and increased hospitalizations, creating a strain on the social and economic fabric of the state.

Source: Partnership for a Tobacco Free Maine; www.tobaccofreemaine.org



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Those with Disabilities

- More likely to have smoked, and to be current smokers.
- Smoking prevalence among people with disabilities has been reported to be nearly 50 percent higher than among people without disabilities

[Centers for Disease Control and Prevention \(CDC\) Press release, October 4, 2004](#)



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Smoking and Cancer

Question:

What is the link between smoking and different types of Cancer?

Answer:

Smoking is a leading cause of cancer and of death from cancer. It causes cancers of the lung, esophagus, larynx (voice box), mouth, throat, kidney, bladder, pancreas, stomach, and cervix, as well as acute myeloid leukemia

U.S. Department of Health and Human Services. [The Health Consequences of Smoking: A Report of the Surgeon General](#)



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Smoking and Cancer

- The relationship between tobacco use and cancers of the lung and head and neck has been established for almost 50 years.
- Of the estimated 53,000 cases of head and neck cancer diagnosed each year, 85% are associated with tobacco use.

Smoking Cessation and Continued Risk in Cancer Patients (PDQ®), National Cancer Institute website:
www.cancer.gov



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Smoking and Cancer

Question:

Should someone already **diagnosed** with cancer bother to quit smoking?

Answer: Yes. There are many reasons that people diagnosed with cancer should quit smoking.

- For those having **surgery** or other treatments, quitting smoking helps improve the body's ability to heal and respond to the cancer treatment, and it lowers the risk of pneumonia and respiratory failure.
- Also, quitting smoking may lower the risk of the cancer returning or a second cancer forming.



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Counseling patients who have chronic conditions

- Express things in terms of your own concern about the smoker's health ("I'm worried about...").
- Acknowledge that the smoker may get something out of smoking and may find it difficult to quit.
- Be encouraging and express your faith that the smoker can quit for good.
- Suggest a specific action, such as calling a smoking quitline, for help in quitting smoking.
- Ask the smoker for ways you can provide support.



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Short-term Benefits of Quitting

- Heart rate and blood pressure, which were abnormally high while smoking, begin to return to normal.
- Within a few hours, the level of carbon monoxide in the blood begins to decline.
- Within a few weeks, people who quit smoking have improved circulation, don't produce as much phlegm, and don't cough or wheeze as often.
- Within several months of quitting, people can expect significant improvements in lung function

Quitting Smoking: Why To Quit and How To Get Help, National Cancer Institute website: www.cancer.gov



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Long-term benefits of Quitting

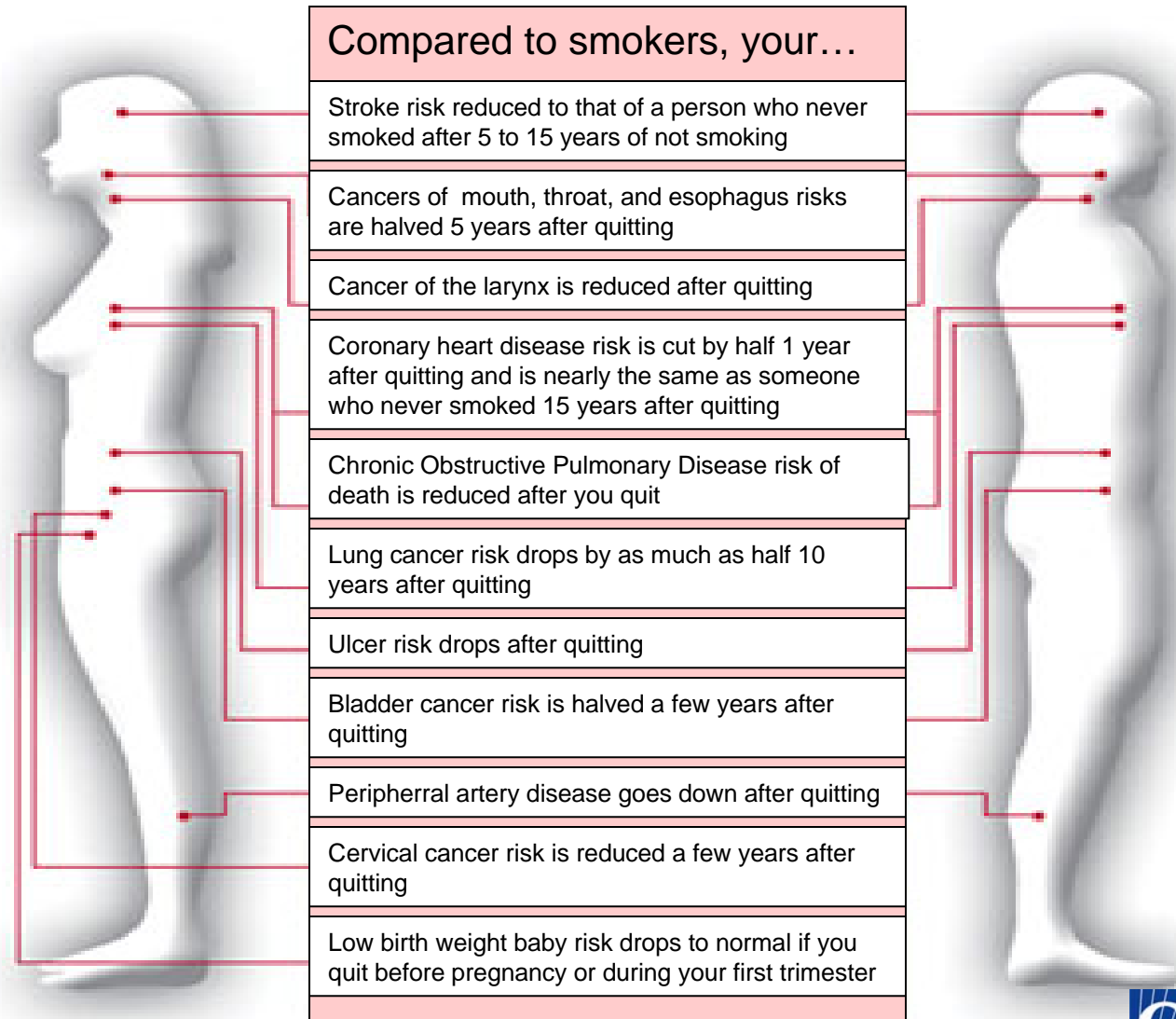
- Reduces the risk of cancer and other diseases, such as heart disease and lung disease, caused by smoking.
- People who quit smoking, regardless of their age, are less likely than those who continue to smoke to die from smoking-related illness.
- Studies have shown that quitting at about age 30 reduces the chance of dying from smoking-related diseases by more than 90 percent.
- People who quit at about age 50 reduce their risk of dying prematurely by 50 percent compared with those who continue to smoke.
- Even people who quit at about age 60 or older live longer than those who continue to smoke.



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This poster can be ordered free from CDC using the link provided in the glossary for this module

the benefits of quitting





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Recommendation for using this Information in combination with Motivational interviewing

- **Motivational Interviewing (MI)** focuses on overcoming resistance to change by increasing awareness that smoking is a problem, strengthening motivation, and increasing confidence that change is possible
- The information contained in this module can be used to help frame **relevant** messages about the risks of smoking for clients who have chronic disease conditions.



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For more information



Cigarettes: What the Warning Label Doesn't Tell You, provides a comprehensive look at the affects of smoking on health, and can be ordered online at: www.acsh.org