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Conquering Smoking: The Mother of All Health Hazards

If someone asked you the leading cause of death among smokers, you would probably respond, "lung cancer." But the fact is that many more smokers die from heart disease than from lung cancer. About 30 percent of all deaths from heart disease in this country are due to smoking.

The fortunate people who have never smoked just don't understand its attraction. However, they do not understand smoking's three incredibly powerful holds on its victims.

First, smoking is a physical addiction. According to the Surgeon General's report, "The pharmacologic and behavioural processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine." The smoker's body needs doses of nicotine on a regular basis. Asked which they would choose if they had to prepare for a big storm but could only stock cigarettes or food, most smokers would choose cigarettes: that's addictive behaviour!

Second, smoking is an ingrained set of learned associations. People smoked in certain situations, with certain people, in response to certain stimuli. These situations quickly become forever linked in the smoker's mind with the act of smoking. People who haven't smoked for years tell us that when they're in a situation where they used to smoke; say with a cup of coffee or on the phone, the situation may still briefly stimulate the desire for a cigarette.

Sometimes it's an emotional state that becomes tied to smoking. Both positive feelings such as happiness or relief, and negative ones, such as anxiety or anger can be linked to the wish for a cigarette. When a smoker gets a raise, for example, he lights a cigarette to celebrate. When that same smoker smashes the front fender of his new car,



he lights a cigarette to ease the suffering. Both reactions are automatic, learned responses.

Third, smoking may develop personal psychological meanings for smokers. For some, it may feel as though smoking as a "best friend." For others, it may seem a special means of handling stress. Still others feel certain that smoking helps them tackle difficult problems. These and other psychological meanings are in fact myths, but they seem quite real to the smoker who is contemplating quitting.

KICKING THE HABIT: REACTIONS VARY

Because smoking is a form of addiction, 80 percent of smokers who quit usually experience some withdrawal symptoms. These may include headache, lightheadedness, nausea, diarrhea, and chest pains. Psychological symptoms such as anxiety, short-term depression, and inability to concentrate, may also appear. The main psychological symptom is increased irritability. People become some irritable, in fact, that they say they feel "like killing somebody". Yet there is no evidence that quitting leads to physical violence.

Some people seem to lose all their energy and drive, wanting only to sleep. Others react in exactly the opposite way, becoming so over-energized they can't find enough activity to burn off their excess energy. Both these extremes however, eventually level off. These symptoms may be intense for two or three days, but within ten to 14 days after quitting, most subside. The truth is that after people quit smoking, they have more energy, generally need less sleep, and feel better about themselves.

HEART ATTACK PATIENTS REPORT FEW WITHDRAWAL SYMPTOMS

Interestingly, the lucky 20 percent of quitters who do not report withdrawal symptoms include most heart attack survivors. We are not sure why this is so. Perhaps



experiencing a coronary event helps put things in perspective so that withdrawal symptoms either are not perceived or seem a small price to pay for a chance at a longer life. When people quit, their cardiac status is likely to improve almost immediately.

HOW CAN I QUIT?

What is the most successful way to quit smoking? Studies show that 85 to 90 percent of people who actually do quit smoking quit on their own. These people are usually quite motivated, and realize that quitting cannot be done halfway - it must be total and permanent. They also seem to develop coping strategies for dealing with the inevitable urges to smoke that occasionally reappear, especially in those first few months following quitting.

For some people, especially those who have been repeatedly unsuccessful in quitting on their own, some type of smoking cessation program may be helpful.

Behavioural methods include self-monitoring (keeping a written record of smoking), nicotine feeding (getting lessening amounts of nicotine by using filters), reward/punishment (smokers reward themselves for abstinence or punish themselves for "falling off the wagon") or satiation (smokers must smoke so rapidly or so much that they feel ill).

Others methods include hypnosis and acupuncture. Programs that utilize several methods in combination have the best success rates, sometimes as high as 30 to 40 percent abstinence after one year.

WHAT ABOUT "THE PATCH"

Pharmacologic approaches have tried, unsuccessfully, to help smokers quit by making smoking unpleasant, by offering a substitute for nicotine, or by neutralizing the effects of nicotine. Although these methods have failed, one pharmacologic approach promises success: nicotine replacement.



As the name implies, this method replaces the addictive drug in a different delivery system. The most widely used methods are nicotine chewing gum is easy to use, but many people dislike it.

The patch, on the other hand, has a much higher rate of user acceptance. However, even the manufacturers of the patch advise that, for optimum results, it should be used in conjunction with a behaviourally-oreintated smoking cessation program. Preliminary studies show that, used alone, the patch is really no more effective than a placebo. When used properly with a cessation program, the patch seems to increase the rate of quitting.

On the negative side, the patch may raise unrealistic expectations about the ease of quitting. People who mistakenly believe that merely applying the patch will somehow make them stop smoking may become disillusioned when they find it just does not work that way. Also, since it delivers nicotine directly into the body, users who continue to smoke while wearing the patch could suffer nicotine overdose, with serious consequences such as heart attack.

QUITTING IS FOREVER

The decision to quit smoking may be half the battle, but it does not mean the war is won. As any reformed smoker can tell you, the struggle against nicotine is not easy, and the desire for it may never completely go away. Persistence is necessary. Many people require two, three, four or more tries before finally succeeding.

If you wish to quit, face the issue squarely and choose the method that makes most sense to you. But remember, your personal comittment and determination to quit is far more important than any technique. For someone with heart disease, the benefits of quitting are enormous: better health and longer life!