

**THE KINGSTON HOSPITAL  
TOBACCO CESSATION COUNSELING  
James R Kreitner, RPA-C**

**List of Disease and Other Adverse Health Effects for Which Smoking Is Identified as a Cause in the Current Surgeon General's Report**

**Cancer**

Bladder cancer  
Cervical cancer  
Esophageal cancer  
Kidney cancer  
Laryngeal cancer  
Leukemia  
Lung cancer  
Oral cancer  
Pancreatic cancer  
Stomach cancer

**Cardiovascular diseases**

Abdominal aortic aneurysm  
Atherosclerosis  
Cerebrovascular disease  
Coronary heart disease

**Respiratory diseases**

Chronic obstructive pulmonary disease  
Pneumonia  
Respiratory effects in utero  
Respiratory effects in childhood and adolescence such as impaired lung growth, early onset decline in lung function, coughing, phlegm, wheezing, dyspnea, and asthma symptoms  
Respiratory effects in adulthood: decline in lung function  
Other respiratory effects: coughing, phlegm, wheezing, dyspnea, poor asthma control

**Reproductive effects**

Sudden infant death syndrome  
Reduced fertility  
Low birth weight  
Pregnancy complications: preterm delivery, shortened gestation

**Other effects**

Cataract  
Diminished health status/morbidity: increased absenteeism from work; increase use of medical services; adverse surgical outcomes related to poor wound health and respiratory complications  
Hip fractures  
Low bone density  
Peptic ulcer disease

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**Summary of the Benefits of Smoking Cessation Over Time**

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| <b>Time Since Quitting Smoking</b> | <b>Benefits</b>   |
|------------------------------------|---|
| 2 weeks to 3 months                | Improvements in pulmonary function, circulation, and ambulation   |
| 1 to 9 months                      | Restoration of ciliary function of the lung epithelial cells; may result in temporary increase in coughing as lungs clear excess mucus and tobacco smoke particulates       |
| Over time                          | Measurable improvements in lung function: decreased coughing, sinus congestion, fatigue, shortness of breath, and risk of pulmonary infection                               |
| 1 year                             | Excess risk of coronary heart disease is reduced by half that of continuing smokers   |
| 5 to 15 years                      | Risk of stroke is reduced to a rate similar to lifetime nonsmokers  |
| 10 years                           | Chance of dying from lung cancer is half that of continuing smokers. Also, risk of developing mouth, throat, esophagus, bladder, kidney, or pancreatic cancer is decreased. |
| 15 years                           | Risk of coronary heart disease is reduced to a rate that is similar to nonsmokers   |

**Summary of Cognitive and Behavioral Tobacco Cessation Counseling Strategies**

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| <b>Strategy</b>                          | <b>Comment</b>   |
|--|--|
| <b>Cognitive Approaches</b>              |  |
| Commitment to quit                       | Have patients verbalize out loud that they want to be a nonsmoker and that they will overcome temporary temptations  |
| Distract thought pattern                 | Encourage patients to think about something else when the urge to smoke occurs   |
| Think positive                           | Smokers should give themselves "pep talks" to keep on track despite obstacles they may face  |
| Relaxation through imagery               | Focus thinking on positive, relaxing images  |
| Rehearse responses to possible scenarios | Practice how to react when temptations arise, such as if at a social gathering where there are other smokers, or if someone offers a cigarette   |
| <b>Behavioral Approaches</b>             |  |
| Coping with stress                       | Rehearse coping strategies to deal with work, school, or with family stresses, eg, taking a walk, deep breathing, call a friend for support, or massage  |
| Alcohol                                  | Alcohol use can lead to relapse so patients should be advised to limit or abstain from drinking, especially in the early stages of trying to quit  |
| Other tobacco users                      | Try to limit exposure to fellow family members, co-workers, and friends who are smoking. Encourage them to not smoke in your presence  |
| Satisfying oral gratification urges      | Keep non-tobacco oral substitutes on hand, including gum, sugarless candy, straws, bottled water, or NTR   |
| Break automatic smoking routines         | Identify situations when smoking is often part of an everyday activity and try to displace the smoking behavior from the routine. For example, <u>smoking while drinking morning coffee</u> take a walk after breakfast; <u>driving</u> have car detailed and aired out to remove all signs of cigarettes in the vehicle such as ashtrays, etc. and have some gum handy when you drive; <u>telephone</u> —keep hands busy, walk and talk, limit length of call; <u>after meals</u> —don't linger at the table, call a friend |
| Post-cessation weight gain               | Can be a barrier to quitting so address the issue, encouraging healthful eating with increased fruits and vegetables, adequate water intake and a modest exercise program; moderation is the key   |
| Tobacco cravings                         | Usually temporary, 5-10 minutes in duration; encourage distractive behavior and thinking   |