

Doctors urged to adopt clinical approach to target smoking

Doctors should treat smoking like a disease and adopt a more clinical approach, including pharmacological tools, to help their patients quit smoking, rather than relying on encouragement or admonition, says a leading Canadian smoking cessation expert.

“We’re asking our colleagues to think about smoking cessation like clinicians, to understand more the fundamental mechanisms which impel and maintain smoking behaviour and to recognize that those mechanisms can be very powerful,” says Dr. Andrew Pipe, chief of the Division of Prevention and Rehabilitation at the University of Ottawa Heart Institute and professor in the Faculty of Medicine at the University of Ottawa, Ontario.

For far too long, Canada’s health care system has been trapped in an ineffective approach to smoking cessation that focuses on stressing the importance of quitting, Pipe told *CMAJ* in an interview.

“I think that approach ignores a number of fundamental realities, the first of which is that the overwhelming majority of smokers know why they shouldn’t smoke and don’t want to be smokers,” Pipe says. “What smokers really welcome and will benefit from is an offer of distinct assistance with a cessation process that reflects a clinician’s understanding of how difficult smoking cessation can be.”

This clinical approach requires physicians to use “their knowledge of the pharmacokinetics and pharmacodynamics of nicotine and the factors that influence that, to help their patients more effectively,” says Pipe.

Though smoking numbers have been declining rapidly in Canada over the past decade, a new approach to smoking cessation could further those

efforts by treating the addiction more like a disease.

Just 17% of Canadians identify as smokers and only 14% as daily smokers, according to Health Canada, but smoking is still responsible for more than 37 000 premature deaths each year.



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Although the number of Canadians who smoke has declined over the past decade, treating the addiction more like a disease could further decrease those numbers.

“We want dispel the idea that is out there that somehow the tobacco issue has been taken care of,” says Pipe.

Many health professionals are unaware of the clinical relationship between nicotine and caffeine, says Pipe. When people stop smoking, it increases their ability to metabolize caffeine.

Once those smokers quit, “in the face of a constant caffeine intake, your levels of caffeine are going to double, triple or even more, and that of course produces a degree of irritability and the symptoms of caffeine-ism [sic],” says Pipe.

Most clinicians are also likely unaware that tobacco smoke contains molecules called beta-carbolines, which act as monoamine oxidase inhibitors

(MAOI), a type of anti-depressant. According to Pipe, those with depression feel better when they are smoking as a result of this mechanism, “so exposure to smoking produces an improvement in symptoms and smoking continues and is quickly embedded as an addictive behaviour.” And when these smokers quit, the MAOI activity disappears and “symptoms of depression might emerge,” adds Pipe.

Smoking has a deep-rooted relationship with mental health that health professionals should be aware of, agrees Dr. Milan Khara, clinical director of the Tobacco Dependence Clinic at Vancouver Coastal Health Addiction Services in British Columbia.

There are a lot of data that indicate a high smoking prevalence in those with a history of mental illness. Among people with psychiatric conditions such as schizophrenia, prevalence rates have been shown to be 70% or higher, he says.

“Whether cigarettes exacerbate mental illness is debatable, but many patients will report feeling better when they successfully quit,” says

Khara. “Many physicians are not aware of these concepts. There are also many unfounded fears about NRT [nicotine replacement therapy] that are obstacles to their optimal use.”

Khara would like to see a standard of care for all health care professionals who treat tobacco-dependent patients, much like the standards that are used to treat patients with chronic diseases.

A national cessation guideline supported by multiple stakeholders would be a valuable tool in helping to standardize smoking cessation treatments and further reduce smoking in Canada, he says. — Adam Miller, Toronto, Ont.

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