

Smoking Cessation a Priority for the Cardiac Patient



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Smoking is the single biggest cause of preventable mortality and morbidity, doubling the risk of developing heart disease and other cardiovascular diseases (CVDs). Three constituents of cigarette smoke as potential contributors to CVD are: nicotine, carbon monoxide and oxidant gases. Some research also investigated the contributions of polycyclic aromatic hydrocarbons, particulate matter, and other constituents of tobacco smoke to the pathophysiology of CVD including atherogenesis. The nicotine amount systematically absorbed from each cigarette is typically 1 to 2 milligrams. After each cigarette smoke, nicotine is rapidly absorbed into the blood stream, creating an arterial blood value of 40 to 100 ng/mL.



Nicotine is the most addictive substance encountered in one's community. It takes only a few days to establish nicotine addiction once inhalation has been "mastered." Thereafter, brain function, structure, and neurochemistry become transformed. Smokers smoke to ensure constant levels of nicotine and the elevated levels of dopamine, and other neurotransmitters, whose release follows the stimulation of nicotine receptors. The cigarette is a perversely engineered drug-delivery device constructed to deliver a precise aliquot of nicotine as rapidly as possible. Most smokers knew why they shouldn't smoke and majority of them never want to be smokers. Almost all smokers make one or two unassisted quit attempts each year with a proven failure result.



Smoking cessation is the most important modifiable risk factors for cardiovascular disease.



Though smoking cessation significantly improves current and future health, it is not easy to achieve quitting, due to nicotine's addictive nature. The benefits of smoking cessation cannot be exaggerated. A rapid and sustained reduction in the likelihood of cardiac event or a cardiac disease occurs in those who

successfully stop smoking; those with established cardiac disease experience a drastic reduction in the likelihood of complication, recurrence, or death after smoking cessation. Quitting tobacco should be accorded a priority in those with cardiac disease, in every professional setting and should be seen as reflective of substandard care.

A systematic approach to the identification and documentation of the smoking status of all patients, in every clinical setting, permits the provision of advice regarding the fundamental importance of cessation in the management of any cardiac condition and, more importantly, prompts the delivery of specific cessation assistance and appropriate follow-up. Offering patients who smoke very brief advice on smoking can motivate them to make a quit attempt; ensuring that a quit attempt takes place with the help of medication and behavioral support from a trained health care personnel will maximize the chances of these quit attempts being successful. Nurses' ideal position in health care industry will help to deliver these life-saving interventions.

