

Smoking Cessation

Every year on May 31st World Health Organization (WHO) observes World No Tobacco Day to highlight the harmful effects of tobacco products and to prevent tobacco related diseases. "We need food, not tobacco," is the theme for World No Tobacco Day 2023. The 2023 global campaign aims to raise awareness about alternative crop production and marketing opportunities for tobacco farmers. It also aims to expose the tobacco industry's efforts to interfere with attempts to substitute tobacco growing with sustainable crops, thereby contributing to the global food crisis.

Tobacco is obtained from Nicotiana plants, which are processed and used for various purposes. It contains the highly addictive component nicotine. People consume tobacco in different forms, including cigarettes, cigars, pipe tobacco, chewing tobacco, bidis, hookahs and snuffs.

The burning end of cigarettes leads to the formation of nicotine aerosol, which reaches the alveoli and is readily absorbed to the circulation and reaches the brain in about 15-20sec.

Cigarette smoke contains more than 7000 chemicals, out of which 250 are carcinogens including hydrogen cyanide, carbon monoxide, and ammonia.

Smoking is harmful both to the smoker and to the people around him. The active smoker breathes in the mainstream smoke during a puff, whereas the passive smoker inhales not only the smoke generated by the lit cigarette between two puffs but also the smoke exhaled by active smokers.

There are 267 million tobacco users in India, making it the country with the second largest number of tobacco users in the world. Tobacco use is the leading preventable cause of death in the world. Tobacco kills nearly six million people each year and more than five million of those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco. Smoking harms nearly every organ system in the body and diminishes immunity. Smoking causes cancers of the

lung, oesophagus, larynx, mouth, throat, kidney, bladder, liver, pancreas, stomach, cervix, colon, and rectum.

Tobacco use is the leading cause of lung cancer; 55% of lung cancer deaths in women and over 70% of lung cancer deaths in men are due to smoking. Hence, Guidelines recommend annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history (1 packet of cigarette / day for 20 years) and currently smoke or have quit within the past 15 years.

Smoking accelerates decline in lung function by 40 mL/year with an excess of 8-10 mL/year beyond 'normal' ageing. Hence, smokers are at increased risk for

to minors, and increased price for cigarettes.

Fagerstrom Test can be used to assess Nicotine Dependence and a score of more than 7 indicates high level addiction and it's a warning that they have to seek medical help to quit smoking.

Smoking cessation is the process of quitting smoking. Quitting smoking has many health benefits including normalization of heart rate and blood pressure within 20 minutes, carbon monoxide level drops to normal in 12 hours. Lung function improves by 2-12 week and risk of coronary heart disease is half that of a smoker's by 1 year. By 10 years, risk of lung cancer falls to about half that of a smoker.

Physicians follow 5As of

smoking quit rates than either type of treatment alone. Quitting smoking can lead to nicotine withdrawal symptoms such as nicotine cravings, anxiety, irritability, depression, and weight gain during the first week of quitting as nicotine level falls. Medications available for tobacco cessation can broadly be divided into two groups: Nicotine Replacement Therapy (NRT) and Non Nicotine Replacement Therapy.

Nicotine replacement therapy is designed to reduce the intensity of withdrawal symptoms. Nicotine is available in several forms as a gum or lozenge, a patch, a nasal spray, or an inhaler. Avoid acidic foods and drinks such as coffee, soft drink and juice for 15 minutes before using faster-acting NRT.

NRT can be started on the same day of quitting smoking and therapy has to be completed by 12 weeks by gradually reducing the dose. Nicotine gum is a chewing gum and is available in 2 strengths - 2g and 4g. The nicotine contained in nicotine gum is released with chewing and is absorbed through the lining of the mouth to enter the bloodstream. Nicotine gum is not chewed like regular chewing gum, but follows a "chew and park" protocol: the gum is chewed slowly until a peppery taste or tingling sensation can be felt in the mouth; the gum is then "parked" and held between the gums and the inside of the cheek for about a minute until the tingling subsides; chewing is resumed when the tingling fades. Each gum can be chewed for 30 minutes with an interval of 1 minute for parking near the buccal mucosa. Initially gums are taken at an interval of 1-2 hours and gradually the time gap is increased. It causes burning sensation, increased salivation, nausea and vomiting.

Nicotine lozenge comes in two sizes (regular and mini) and each size comes in two strengths (2 mg and 4 mg). Use 1 lozenge every 1-2 hours and then gradually reduce the dose.

A nicotine patch is a transdermal patch that gradually releases nicotine into the body through the skin over 24 hours. The nicotine patch comes in three strengths (7 mg, 14 mg, and 21 mg). Patch can be applied over the upper chest, upper arm, shoulder, back, or inner arm.



Chronic Obstructive Pulmonary Disease (COPD), the third leading cause of death worldwide. Smoking increases the risk for coronary artery disease and stroke by 2-4 times.

Adults who are exposed to second hand smoke are at increased risk of developing lung cancer by 20-30%. Passive smoking in pregnant ladies increases risk of premature, low birth weight babies and stillbirths. Infants exposed to passive smoking are at increased risk of developing asthma and sudden infant death syndrome.

Anti-Smoking awareness has increased worldwide to the extent that smoking bans have come up in public buildings, workplaces, and public transportation. There are Comprehensive tobacco control programs, including bans on advertising, restriction of sales

smoking cessation when a smoker consults you. The widely recommended 5A's model for brief smoking cessation includes five tasks: Ask, Advise, Assess, Assist, and Arrange. Ask all patients whether they smoke, Advise the smokers to quit, Assess willingness to quit, Assist with quitting treatment/referrals and Arrange follow-up contact.

After counselling, set a quit date for the patient. Choose a specific date to quit smoking, and mentally prepare for the challenges ahead. Inform family, friends, and co-workers about your decision to quit smoking and seek their support. Engage in activities that make you happy.

For all people who smoke and are willing to quit, we recommend a combination of behavioural support and pharmacologic therapy. The combination produces higher



Non Nicotine Replacement Therapy Acts on the similar set of neurotransmitters that are affected by nicotine. This tackles the need, or impulse to use nicotine and to minimize withdrawal effects. While with nicotine replacement therapy (NRT), the tobacco user immediately quits tobacco use upon starting NRT. In the case of non NRT medication, the user sets a quit date one to two weeks after initiation of the medicine.

Commonly used NNRT include varenicline, and bupropion. They are started initially at low doses and gradually increase over days. The course is completed in 12 weeks. Suicidal thoughts are common during Varenicline Therapy and if any such

thoughts, contact your doctor at the earliest.

Following initiation of pharmacotherapy, we schedule a follow-up visit (telemedicine encounter, telephone call, or in-person office visit) in one to two weeks to monitor for adverse effects, reinforce adherence to medication, and provide support for smoking cessation. Further follow-up to assess for new side effects, smoking cessation, or relapse, should be scheduled at three months and at one year, and more frequently if necessary.

Smoking cessation is a life-changing decision that requires dedication and perseverance. The benefits of quitting smoking extend far beyond the physical improvements to one's health. It is a journey towards regaining control, achieving personal freedom, and embracing a brighter, smoke-free future.

A health awareness class on smoking cessation was conducted World No-Tobacco Day at our hospital. We have started a smoking cessation clinic in our hospital so as to help those smokers who wish to quit smoking.

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International Nurses Day

International Nurses Day is celebrated on May 12th each year to honour and appreciate the contributions of nurses worldwide. The day is an opportunity to recognize and remember the vital role nurses play in the healthcare sector and to highlight their dedication and commitment to patient care. The day also aims to raise awareness about the challenges and issues faced by nurses globally. The department of Nursing in Iqraa hospital too celebrated the day with the active involvement of nurses and other staff.

- Best department: IKC SICU
- Best Nurse: Ajmal Mariatan - MICU
- Best incharge : Meena Mathew - S block 1
- Best ANM: Farisha OT
- Best Link Nurse: Kripa Devasia - Labour Room

Best Nurse



Ajmal Mariatan
MICU

Best Incharge



Meena Mathew
S Block (SWI)

Best ANM



Farisha K. V.
Operation Theatre

Best Link Nurse



Kripa Devasia
Labour Room

World Emergency Medicine Day



Different programs were conducted as part of the World Emergency Medicine Day observation on May 27 on Iqraa Hospital campus. The observation was intended to bring the importance of emergency medicine to the common man.

The theme of this year's Emergency Medicine Day is YOUR SAFETY - OUR PRIORITY. This time, the theme emphasises on the importance that has been given to ensure the safety of patients and health workers.

The Day was started in 2018 and the idea was put forward by the European Society of Emergency Medicine to make the public and especially the medical professionals aware of emergency medicine services.

Stalls were set up in various areas like BLS, trauma, snakebite, choking, heart attack, stroke etc. Quiz competition received the public's attention and we had a great turn out of patients, bystanders, doctors and staff.

Dr. P.C Anver, Executive Director, inaugurated the program in the presence of Mohammed Jezeel N, Group General Manager, Dr

Sanal Dev SS, Dr. Noorjahan, Dr. Akhil, Mujeeb Rahman, ED Manager, and Jeena, Nursing in Charge. The program was organized by the nursing team and emergency technicians.



Hand Hygiene: Why, How & When?



WHY?

Thousands of people die every day around the world from infections acquired while receiving health care.

Hands are the main pathways of germ transmission during health care.

Hand hygiene is therefore the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.

WHO?

Any health-care worker, caregiver or person involved in direct or indirect patient care needs to be concerned about hand hygiene and should be able to perform it correctly and at the right time.

HOW?

Clean your hands by rubbing them with an alcohol-based formulation, as the preferred means for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.

Wash your hands with soap and water when hands are visibly dirty or visibly soiled with blood or other body fluids or after using the toilet.

If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of *Clostridium difficile*, hand washing with soap and water is the preferred means.

WHEN?

