Breaking the habit

With No Smoking Day on March 10 encouraging people to get free from smoking, Lil Niddrie, Denplan Sales Trainer, discusses how the dental team can not only help patients quit, but can also build relationships in the process.

I am sure that, as a dental health professional, you are well aware of the physical risks of smoking, such as periodontal diseases, premature tooth loss and oral mucosal conditions, and come across them regularly in practice. What you may not be aware of is that a smoker's lifespan can be shortened by five minutes for every cigarette smoked and that around 50 per cent of all regular cigarette smokers will eventually be killed by their habit.

Smoking is also linked heavily with major general health problems such as strokes, coronary heart disease, ulcers, low birth weight babies and, of course, cancer. All these issues – as well as the sensory effects such as stains on hands and fingernails, premature aging, and smelly hair and clothes – can leave the non-smoking population wondering what possible reasons are left to justify this habit.

However, for many people, giving up smoking is about far more than overcoming the physical addiction to nicotine. It is also about breaking through the psychological aspect of smoking and the habits surrounding it. The following guidance is designed to help you assist your patients to quit smoking.

Things to read
Providing a range of literature for patients is all very well and good, but different people will respond to different messages. There- fore, it is really important for a health professional, you are sure that, as a dental health professional, you are well aware of the physical risks of smoking, such as periodontal diseases, premature tooth loss and oral mucosal conditions, and come across them regularly in practice. What you may not be aware of is that a smoker's lifespan can be shortened by five minutes for every cigarette smoked and that around 50 per cent of all regular cigarette smokers will eventually be killed by their habit.

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Things to read
Providing a range of literature for patients is all very well and good, but different people will respond to different messages. Therefore, it is really important for a treating dentist or hygienist to talk to their patients and provide appropriate literature to suit their particular issues. Rather than 'scare mongering' and producing long lists of diseases with shocking images of blackened lungs or stained teeth, it can often be more appropriate to provide literature educating patients about why they have an addiction. For example, nicotine is a stimulant which releases adrenaline into the body, which leads to increased stress levels. Stress releases sugars which create energy, so the body begins to rely on nicotine to feel good or to get going. As a result, some smokers may replace food with cigarettes and withdrawal may result in feeling weak and dizzy.

Withdrawing symptoms
The withdrawal symptoms experienced by patients vary greatly, as you can see from the chart below. It can be a real comfort to some smokers to know that the majority of withdrawal symptoms they are experiencing or have experienced in previous attempts will subside within a matter of weeks. (Table 1)

It can also be really helpful for patients to know that from almost the first moment they stop smoking their bodies start to adjust and begin reversing the damage. (Table 2)

(Source - QUIT 2005 The UK Charity Which Helps People to Give Up Smoking)

Smoking cessation aids
While smoking cessation aids cannot make a patient want to quit or make the process easy for them, they are proven to lessen the urge to smoke as well as boosting confidence and easing nicotine withdrawal. Holding samples of the different forms for cessation aid in practice, so that smokers can see them and ask questions, can be a valuable service and patients are far more likely to respond positively if they feel well informed.

Some patients may choose to deal with the physical withdrawal and the habit at the same time, while others choose to use nicotine replacement therapy, which takes care of the nicotine addiction so that the smoker can work on breaking the habit. You should also have details of your local NHS Stop Smoking Programmes and other workshops designed to tackle the psychological aspects of quitting smoking.

Past experience of quitting
Unfortunately, two-thirds of people, who stop smoking, start again and the most common reason for this is over confidence. The person thinks that they have control over the habit and therefore can easily smoke the odd cigarette with no repercussions. This is possible for a few people, but the neural pathways which developed and created the smoking habit in the beginning are dormant and have not disappeared. One cigarette, therefore, is enough to reactivate the pathway and so smokers who relapse find themselves smoking just as many if not more than before.

It is important however, to never reproach a patient for re- lapsing. By re-assessing the patient's goals and motivation and exploring their smoking triggers, you can remind them that they can still successfully quit. Patients who have stopped smoking in the past and then relapsed can more accurately prepare themselves to successfully quit this time, by recognising their triggers and creating appropriate strategies in advance for those difficult times, for example, if the first cigarette of the morning is with a cup of coffee, the patient may find that changing where they drink the coffee will reduce the craving for a cigarette.

It is important also to recognise that a person who stops smoking may not just be changing a simple behaviour – they may have to make changes to their entire lifestyle. For example, if a patient associates smoking with drinking at the pub, they may have to avoid the pub in the short term!

It is clear that encouraging patients to quit smoking is anything but simple. It is a complex issue with both physical and psychological aspects to tackle. Some payment plan providers offer tailor-made training days, which are specific to your practices needs and can incorporate modules focused on Smoking Cessation. Some of these courses can also count towards verifiable Continuing Professional Development (CPD) when undertaken in accordance with GDC requirements. This type of training will not only give you the confidence to offer guidance and support to your patients, but the means to build mutually beneficial relationships to last long into the future.

Table 1
Withdrawal symptom Duration Proportion of those trying to quit who are affected
Irritability / aggression Less than 4 weeks 50%
Depression Less than 4 weeks 60%
Restlessness Less than 4 weeks 60%
Poor concentration Less than 2 weeks 60%
Increased appetite Greater than 10 weeks 70%
Light-headedness Less than 48 hours 10%
Night-time awakenings Less than 1 week 25%
Coughing Greater than 2 weeks 70%

Table 2
Duration Symptom Proportion of those trying to quit who are affected
0-24 hours Tense, shaky and cold 85%
24-48 hours Oxygen levels in your blood return to normal 50%
48-72 hours Carbon monoxide has been eliminated from your body. Your lungs start to clear out mucus and other smoking debris 10%
72-10 days Breathe more easily. Your heart rate and blood pressure return to normal 65%
10-14 days You are able to breathe more deeply 70%
14-21 days Your immune system is greatly improved 80%
21-28 days You are about half-way back to being non-smoker 90%
28-56 days You no longer smell like a smoker 95%
56-90 days Your lungs function is increased by up to 10% 95%
90-120 days You are able to run for longer distances 90%
120-180 days You have returned to your normal weight 90%
180-240 days Your hair and skin recovery is complete 90%
240-360 days You are as healthy as a person who has never smoked 90%

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