Smoking Cessation

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Counseling J.S.

J.S. is a 55-year old male client with a 35 pack year history to stop smoking. J.S. has tried to quit many times in the past, but has been unsuccessful. Counseling measures for this patient should include encouragement regardless of past failures, a success story, pharmacological and non-pharmacological interventions, and a scientific and spiritually-based program designed to support him through the process.

**Beginning Counseling for J.S.**

At first, the patient should receive encouragement from the Nurse/HCP (Health Care Provider) to make a personal commitment to quitting and to strictly following the cessation program. The patient should be informed that most patients do not quit successfully on their first try and many take up to 10 tries to quit for good (Nicotine Replacement Therapy for Quitting Tobacco., 2017). This may help the patient to see the value in trying again. Spiritual encouragement should also be offered to the patient as they are open to receive it. Then the Nurse/HCP should go over all the treatment options and plans with the patient, allowing them to choose which treatment plan they would like to utilize.

**Pharmacological Interventions**

Several drugs are available for assistance with smoking cessation. Varenicline (Chantix) is a drug which interferes with nicotine receptors in the brain resulting in less pleasure from smoking and fewer withdrawal symptoms. This oral pill is begun about a month to a week before the quite date and taken after meals with a full glass of water. The daily dose is increased over the first 8 days it is typically taken for 12 weeks. However, if the patient quits during those 12 weeks, an additional 12 weeks may be added to increase the chances of staying off tobacco long-term. Side effects of this medication can include: nausea, vomiting, headache, trouble sleeping, constipation, gas, changes in taste, skin rashes, seizures, heart/blood vessel problems, and mood/mental changes. Risks may be associated with a simultaneous dosing of Bupropion (Zyban) or nicotine replacement therapy (NRT). It may also increase depression and thoughts of suicide.

Bupropion (Zyban) is an extended-release antidepressant which does not contain nicotine and is used to aid in smoking cessation by reducing cravings and symptoms of nicotine withdrawal. This drug acts on chemicals in the brain that are associated with nicotine craving and works best if started 1-2 weeks before the quit date. The usual does is 1-2 oral pills of 150 mg per day. These are normally taken for 7-12 weeks and, if cessation occurs, often continued prophylactically. Side effects of this medication may include: dry mouth, stuffy nose, trouble sleeping, tiredness, constipation, nausea, headaches, high blood pressure, seizures, feeling depressed, anxious, agitated, hostile, aggressive, overly excited, and having suicidal thoughts. This drug is contraindicated in patients with: seizures, heavy alcohol use, cirrhosis, a serious head injury, bipolar illness, anorexia or bulimia. Risks can also include an increase of suicidal thoughts and depression as well as multiple drug interactions.

Nicotine Replacement Therapy (NRT) is another way that has been shown to nearly double the chances of quitting smoking. This is done through the use of nicotine-containing gum, patches, sprays, inhalers, or lozenges which do not include the other harmful substances in tobacco. This enables the patient to have relief from some of the physical symptoms of quitting while concentrating on the *act* of not smoking a cigarette and the psychological aspects of cessation. This method is contraindicated for teens and pregnant women, includes risks of overdose, and is not proved to help reduce the use of smokeless tobacco. There is also a risk of becoming dependent on these therapies. However, they have been shown to be very effective in helping patients ween off of cigarettes when combined with other therapies and a supportive program. The nicotine patch is the most common method with a dosing of 15-22 mg of nicotine daily for 4 weeks, weening down to a weaker patch (5-14 mg of nicotine) for another 4 weeks, and continuing to ween down doses for 3-5 months. Benefits include that the patch only needs to be replaced daily and placed on a clean, dry, hairless area below the neck and above the waist (upper arm or chest). Side effects may include: skin irritation, dizziness, racing heartbeat, sleep problems, headache, nausea, muscle aches and stiffness. The 24-hr patch is known to cause more side effects than the 16-hr patch.

**Non-Pharmacological Interventions**

Cognitive Behavioral Therapy (CBT) has been shown to improve the ability of persons to quit smoking by providing the patient a way to change “unhelpful cognitions” (Chiu, N. Y., & Chang, C. J., 2019). Motivational Interviewing (MI) has also been shown to increase the likelihood of successful cessation through a goal-setting approach. Both of these therapies are designed to improve the patient’s self-confidence and motivation to improve in their self-control in resisting the urge to smoke (Chiu, N. Y., & Chang, C. J., 2019). Studies also show that encouragement from the patient’s physician has been shown to increase quitting rates by as much as 50% (Lancaster, T., & Stead, L. 2004). Moderate, daily, exercise is another good option that decreases the symptoms of withdrawal through its natural effects of relieving anxiety, tension, and improving mood (Nedley, N., & DeRose, D., 1999), (White, E. G. H. 2019). Another study done at Brown University showed that women who exercised were less likely to begin smoking again (Marcus, B. H., Albrecht, A. E., et al., 1991). All these interventions can be employed by the patient and medical team and incorporated into the patients program with low risk involved.

**Outline of Cessation Program with Resources**

The cessation program recommended in this paper would start with the Beginning Counseling procedure mentioned above. The patient would be held accountable to their chosen program through weekly accountability appointments. A weekly spiritual counseling appointment would be required and include prayer, keeping a daily journal of 1 encouraging Bible promise, and 3 things they are thankful for (White, E. G. H. 2019). Their program would include one pharmacological drug (possibly combined with NRT) and 2-3 non-pharmacological interventions. These will continue for 3 months or more as the patient’s needs demand. Available patient resources during this time and following include: 1-800-QUIT-NOW (which provides free telephone counseling), The American Cancer Society’s Guide to Quit Smoking, Proof Positive by Dr. Neal Nedley, adventisthealth.org, <https://nutritionfacts.org/>, and more.

**Personal Success Story**

The author knows of a lady who used to smoke about a pack a day and was able to quite smoking through Bible promises that she pulled out and claimed every time the cravings came to smoke. She also started putting the money she would have used smoking into a jar so she could have a visual incentive to quit. The spiritual support of her church plus her visual incentive helped her to quit smoking within a few months and be completely tobacco free now (several years later).

**Conclusion**

In conclusion, while cessation of smoking can be difficult and daunting, these measures can assist the patient in a successful, scientific, and spiritually-based manner. However, the most important means of cessation, as shown by the story, is the power of God’s word to help resist any and all temptations (White, E. G. H. 2019).

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