Smoking Cessation Counseling

Jiaming Lu

Dental Hygiene Department, New York City College of Technology

OL 10 Clinic A Cubicle 8

DEN 1100: Principles of Dental Hygiene Care I

Professor. Susan Davide, RDH, MS, MSEd

October 28, 2021

Tobacco use is becoming more common among people of all ages and genders. We've probably heard and seen cigarettes, and electronic cigarettes on television, in advertisements, and the news. There are also other tobacco products on the market, such as waterpipes, cigars, and smokeless tobacco products. It is well known that smoking is related to a variety of systemic diseases and can even lead to death. The most frequent diseases related to smoking include cardiovascular disease, lungs disease, gum disease, and cancers, among others.

Cigarettes are one of the most often consumed tobacco products in daily life, particularly among the middle-aged population. It is typically inhaled into a person's lung and then exhaled into the air once it has been lit. It was the first tobacco product I experienced because my father had been a cigarette smoker for over thirty years. The smoke's odor bothered me and caused me to cough all the time when I was younger. Recently, my father had been complaining to me about his bad breath and the looseness of his teeth as a result of serious gum disease induced by his smoking habit. He makes me realize how crucial it is to raise the possibility of adverse health impacts to the notice of individuals.

Cigarettes are a thin roll of porous tobacco paper containing over ninety harmful substances such as nicotine, tar, lead, and others. When smokers smoke, it produces gases such as carbon monoxide, nitrogen oxides, and hydrogen cyanide, all of which have been related to a range of diseases.1 According to the article *21st-Century Hazards of Smoking and Benefits of Cessation in the United States*, those with a smoking history or who are currently smoking have a greater rate of death and lose at least a decade of life span compared to those who have never smoked.2 But what does this have to do with people's dental hygiene and systemic disease?

Smoking is a major cause of adult periodontal disease in the United States.3 “The results suggest that smokers demonstrate less inflammatory response, poorer oral hygiene, and greater calculus accumulation compared to nonsmokers.”4 As stated in the article *Effects of cigarette smoking on oral hygiene status*, it is relatively common to observe people who smoke have substantial staining on their teeth, gum disease, and develop severe bone loss compared to nonsmokers, which can eventually result in teeth mobility and tooth loss. Furthermore, cigarette causes are related not just to periodontal disease but also to other systemic diseases. Smoking has a significant detrimental influence on several inflammatory diseases because it suppresses the immune mechanism's ability to produce specific agents such as immunoglobulins.5 Tobacco use can cause cancer in various organs: the lung, the mouth, the nose, the larynx, the pharynx, the breast, the esophagus, and the stomach, and so on. The oral cavity, head and neck are also at risk of cancer. Every year, smoking is responsible for at least 30% of all cancer diagnoses and around 163,700 deaths in the United States.6 Furthermore, Smokers are also more likely to develop the peripheral vascular disease, cancer, chronic lung disease, and a variety of other chronic diseases.7

As a result, it is important to educate patients about the health risks of tobacco use and to offer tobacco cessation counseling. Tobacco use has a profound deleterious impact on the periodontium. The negative consequences, such as bone loss, are irreversible. However, smoking cessation is one of the most successful ways to decrease the harmful effects of tobacco use and maintain periodontal health. Dental hygienists have the obligation to inform the side effects of smoking and explain the advantages of quitting smoking to their patients. Despite the fact that regular dental checkups might enhance patients' oral health, patients' daily maintenance is more vital. Cigarette smoking has a long-term harmful impact on people's oral health. Only when patients understand that quitting smoking is the most effective way to protect their oral health will the dental team be able to optimize the effects of dental treatments.

An adolescent who began smoking only two months ago is more likely to quit. When we talk about quitting smoking with this patient, we can use the Five A's Model during individual counseling. Ask, advise, assess, assist, and arrange are the acronyms for the five A's model. First and foremost, we must inquire about the patient's tobacco use status, including the tobacco product ingested, the frequency of smoking, and the intensity of usage. For example, I will ask the patient how often he smokes and how many cigarettes did he smoke yesterday. Secondly, I will express concern for his health by telling him the disadvantages of smoking and strongly urge him to quit smoking. Following that, approaching him with an open-ended question to determine if the patient is willing to quit. Furthermore, offer help to the patient by encouraging him to set a quit date along with other assistants such as discussing challenges in the process, or offering further information on the cessation program. Finally, arrange to follow up to re-evaluate the cessation progress.

On the contrary, a 30-year-old adult who has been smoking for 12 years is more challenged to quit smoking. During the first visit, I will use the Five A's Model to ensure that the patient understands how smoking cessation will enhance his health and stress the importance of follow-up. This patient is easy to have withdrawal symptoms since tobacco use is continuously reinforcing one another to build dependency physiologically, psychologically, and habitually. It is usual in this instance for a relapse to develop. I will make the patient understand that not only the first quit effort is important, but so are the subsequent tries until his final successful attempt. Meanwhile, as dental healthcare professionals, we will continue to give help and referrals as needed.

This assignment has inspired me in a variety of ways. When I was younger, I was informed that smoking was harmful, but I never really understood why. During the research process, I concluded that the negative effects of smoking are not limited to certain organs, but rather generalized to our entire bodies. It is a silent killer that is associated with numerous systemic diseases, including oral cancer, head and neck cancer, and other severe diseases due to its addictive nature. On the other hand, smoking can cause secondhand smoke and thirdhand smoke to influence others around them, putting their health at risk. Fortunately, Tobacco cessation is a preventive measure that can reduce harmful outcomes and avoid serious illness immediately. All this information has helped me understand the significance of assisting others in quitting smoking and providing them with a better quality of life. Simultaneously, I learned the proper technique for educating and counseling patients to quit smoking.

This assignment is beneficial as it gives me a deeper understanding of tobacco use and how it affects human bodies. As a result, we recognize our responsibilities to benefit people and society as a whole by educating our patients and assisting them in successfully stopping smoking. Thus, I can attempt to encourage my father, who has been a smoker for almost 30 years, in quitting. Now I'm more confident in discussing smoking cessation with him, as well as future patients. Because I understand that it is never too late to quit smoking, and I am here to support them in avoiding not just periodontal disease but potential systemic diseases. I have learned the appropriate strategy for approaching patients, which encourages me.

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