



## Clinician's practices and perspectives regarding tobacco cessation in a teaching hospital

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### Abstract

Chewing tobacco is a type of smokeless tobacco product consumed by placing a portion of the tobacco between the cheek and gum or upper lip teeth and chewing.

The study has planned to study the physician's practices and their standpoint on this significant but preventable health hazard. Complete ban on tobacco is not possible. Thus behavioural changes play a very important role into tobacco cessation. It has been clinically proven that smoking is a chronic relapsing disorder. Thus it requires repeated and regular assistance. Tobacco cessation programs not only protect health but also have monetary benefits, as money spent on buying tobacco products, as well as investing in treatment interventions at later stage is saved. Physicians are the key stake holders to help patients quit smoking.

**Keywords:** cessation, smoking, tobacco etc.

### Introduction

Chewing tobacco is a type of smokeless tobacco product consumed by placing a portion of the tobacco between the cheek and gum or upper lip teeth and chewing. Unlike dipping tobacco, it is not ground and must be manually crushed with the teeth to release flavour and nicotine. Unwanted juices are then expectorated (spat).

Chewing tobacco is typically manufactured as several varieties of product – most often as loose leaf (or scrap), pellets (tobacco "bites" or "bits"), and "plug" (a form of loose leaf tobacco condensed with a binding sweetener). Nearly all modern chewing tobaccos are produced via a process of leaf curing, cutting, fermentation and processing or sweetening.

Oral and spit tobacco increase the risk for leukoplakia, a precursor to oral cancer [1]. Chewing tobacco has been known to cause cancer, particularly of the mouth and throat [2]. According to International Agency for Research on Cancer, "Some health scientists have suggested that smokeless tobacco should be used in smoking cessation programs and have made implicit or explicit claims that its use would partly reduce the exposure of smokers to carcinogens and the risk for cancer. These claims, however, are not supported by the available evidence [2].

Gutka or Gutkha is a preparation of crushed areca nut, tobacco, catechu, paraffin wax, slaked lime and sweet or savory flavorings [3]. It is manufactured in India and exported to a few other countries. A mild stimulant, it is sold across South Asia in small, individual-sized packets that cost between 2 and 10 rupees per packet. It is widely consumed in countries like India, Pakistan & Bangladesh. Gutka is consumed by placing a pinch of it between the gum and cheek and gently sucking and chewing [4]. It is considered responsible for oral cancer and other severe negative health

effects [3]. As with paan and other smokeless tobacco products, there are preventive efforts to encourage users to quit and young people not to start.

Gutka is a powdery, granular, light brownish to white substance. Within moments of chewing mixing with saliva, the gutkha begins to dissolve and turn deep red in color. It may impart upon its user a "buzz" somewhat more intense than that of tobacco chewing, snuffing and smoking.

In India, 11% of deaths in men aged 30-59 years (economically productive age group) were produced by tobacco smoking, thus a considerable loss of bread winners to smoking [5].

Apart from having direct effects on health, the indirect effects of smoking on health are many. One such example is that tobacco use contributes to malnutrition when hard earned money is spent on tobacco instead of food. The World Health Report: "Reducing Risks, Promoting Healthy Life" listed tobacco among its 10 top risks to health. But first on the list was underweight [6]. Thus, tobacco does have an indirect role here.

Although the damage done by tobacco is well-documented, we are still on the lookout for effective action for tobacco control. These range from complete ban on tobacco to behavioural changes. Most of the smokers visit a doctor for various health related ailments and thus these clinic visits provide many opportunities for interventions and professional cessation advice. Health care professionals who advise a patient to quit can increase patient's success rate by more than 30% [7, 8]. Thus, a better thoughtful of the influences that simplify or obstruct physician contribution in cessation actions will help to project policies and databases to further reduce smoking. There have been a multiple studies that have been supported out in the west among physicians, but there are

barely any that have been agreed out in the Indian perspective. Hence, this study has planned to study the physician's practices and their standpoint on this significant but preventable health hazard.

### Methodology

The Tobacco Cessation, Career Institute of Medical Sciences and Hospital Lucknow, Uttar Pradesh is located within the Chest Medicine department and is a collaborative effort between the departments of Chest Medicine and Psychiatry. The study was conducted in 100 cases.

The survey was conducted among practicing physicians in the following special tiesnamely medicine (which included General Medicine, Pulmonology, Nephrology, Urology and

Gastroenterology), Surgery (which included General Surgery, Gastro Enteric Surgery, Neurosurgery and Plastic Surgery), Psychiatry and Others (which included Ear, Nose and Throat, Ortho pedics and Community Medicine).In-patients from each unit of mentioned study specialties were selected by random sampling. They were administered oral questionnaire by the first author. It consisted of general details (such as name, age, sex and occupation), disease status if any, smoking index, willingness to quit, physician counseling if any and other details regarding tobacco cessation practices and perspectives.

### Results & Discussion

The data from the 100 cases about the tobacco chewing habit is collected and presented and discussed below.

**Table 1:** Smoking cessation practices

Physicians who "Usually	Surgery	Medicine	Physician	Psychiatry
Number of Cases	25	25	25	25
	<b>Percentage</b>			
Ask about smoking status	90	100	96	100
Advise patient to stop smoking	85	100	92	100
Assess patient willingness to quit	72	76	72	88
Assist patient to quit smoking	30	74	52	92
Refer patients who smoke to others for appropriate cessation treatment	46	49	51	95
Monitor patient progress in attempting to quit	32	52	48	75
Arrange follow-up visits with patient to address smoking	20	38	39	75

In a study conducted by Association of American Medical Colleges, about 86% physicians advised the patients to quit smoking, 84% asked about the patients smoking status, 63% assessed patient's willingness to quit and 17% arranged follow-up<sup>[9]</sup>. In another study conducted by Than kappa *et al.* only 57% of the physicians almost always asked about patient's smoking status and 77.3% almost always advised the patient to quit<sup>[10]</sup>. However, in all the studies the physician participation was very low in providing assistance to quit and arrange regular follow-up. Thus, physicians must be encouraged to regularly assist and arrange follow-up with the patients.

The Smoking cessation practices Surgery, Medicine, Physician and Psychiatry is seen positive in various perspective. The responses by physician to a series of general know ledge questions on tobacco use and treatment effectiveness was compared with findings of clinical studies on tobacco use described in recent scientific literature<sup>[11]</sup>. Majority of physicians reported perspectives consistent with the literature. More than four-fifths correctly knew that physician advice motivates patients to quit, that smoking is a chronic relapsing disorder and intensive inter ventions were more effective than brief treatment. Interestingly nine out of every ten physicians incorrectly agreed that medication was effective only when accompanied by counseling. Approximately half incorrectly agreed that smoking cessation interferes with recovery from chemical dependency.

### Conclusion

Complete ban on tobacco is not possible. Thus behavioural changes play a very important role into tobacco cessation. It has

been clinically proven that smoking is a chronic relapsing disorder. Thus it requires repeated and regular assistance. Tobacco cessation programs not only protect health but also have monetary benefits, as money spent on buying tobacco products, as well as investing in treatment interventions at later stage is saved. Physicians are the key stake holders to help patients quit smoking.

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