The Clinical Case for providing stop smoking support to Hospitalised Patients

Why intervene in secondary care?

1. Hospital patients are more receptive to ‘Very Brief Advice’ (VBA) and an offer of support to stop smoking, as they are often experiencing a period of heightened motivation.

2. Giving VBA to a hospital patient (the ‘3 A’s’: Ask, Advise, Act) can also encourage compliance to the smokefree hospital policy, and highlight any need for withdrawal management. Providing Nicotine Replacement Therapy (NRT) to a patient during a period of forced abstinence, will ease nicotine withdrawal symptoms.

3. Stopping smoking can lead to significant health benefits, and reduce post-operative complications and improve recovery time.

What is the aim of this ‘clinical case’ document?

The aim of this document is to provide clinical support for hospital staff in terms of supporting patients to stop smoking, even if this is just for a period of forced abstinence whilst in hospital. Being in hospital provides an opportune moment to intervene and provide both brief advice and support to stop smoking; including making a referral on to local stop smoking support. There are many benefits for a patient if they have temporary abstinence from smoking, including a shorter time for recovery and this can often stimulate a full attempt to stop smoking.

What is the relationship between smoking and hospitalisation?

Smoking is a major contributor to hospitalisation. In one large population-based study, increased short-term rates of hospitalisation in a young healthy population were attributable to smoking. It has been estimated that eliminating smoking would reduce annual rates of all-cause hospitalisation among older adults by 9%.

Effects of hospitalisation on stopping smoking

- The experience of hospitalisation itself led to a substantial number of patients stopping smoking long-term.
- Many patients stop smoking during hospital admissions and those who do not stop completely, tend to decrease their use of tobacco.
What are the health benefits of stopping smoking for hospitalised patients?

Stopping smoking will not only benefit a patient’s long term health by reducing the risk of developing smoking related disease, but smoking abstinence may also help a patient to recover quicker by eliminating the acute effects of smoking on the body. There is an evidenced benefit of stopping smoking in terms of hospitalisation outcomes and general outcomes (see below).

### Main acute effects of smoking on the body
(estimated time of recovery, if known)

- Increase in sympathetic tone leading to an increase in blood pressure, heart rate and peripheral vasoconstriction leading to an increased demand for oxygen and cardiac function.8
  *(24 – 48 hours)*

- Formation of carboxyhaemoglobin leading to a reduction in oxygen delivery to the tissues.9
  *(8 – 24 hours)*

- Formation of carboxymyoglobin leading to a reduction in oxygen storage in the muscles.10
  *(8 – 24 hours)*

- Increase in red blood cell production, which leads to an increase in blood viscosity, a decrease in tissue perfusion, a decrease in oxygen delivery to the tissues and potentiation of thrombotic process.11,8

- Hypersecretion of mucus, narrowing of the small airways, decrease in ciliary function and change in mucus rheology leading to a decrease in mucociliary transport.11,8 *(12 – 72 hours)*

- Changes in functioning of a range of immune cells (pro- and anti-inflammatory cytokines, white blood cells, immunoglobulins) which lead to decreased immunity and are associated with atherosclerosis.11,8 *(1 week – 2 months)*

- Induction of hepatic enzymes which increases drug metabolism through both pharmacokinetic and pharmacodynamic mechanisms.12 *(6 – 8 weeks)*
Stop smoking support is effective

Providing stop smoking support has been proven effective for hospitalised patients, regardless of reason for admission.\textsuperscript{16}

Effective methods typically include a combination of medications, replacing unhealthy habits with healthy habits and behavioural support. Evidence indicates that NRT, bupropion and varenicline are all effective treatments for stopping smoking both short and long-term.\textsuperscript{17}

A 2008 Cochrane review demonstrated the positive impact of implementing stop smoking services for hospital patients.\textsuperscript{16}
Providing ‘Very Brief Advice’ to hospital patients: the ‘3 A’s’

Providing a stop smoking intervention to a hospital patient is proven to be effective regardless of the reason for admission.\(^{18}\) Offering VBA is the single most cost effective and clinically proven preventative action a healthcare professional can take\(^{19}\) and it is important to keep giving advice at every opportunity, as smokers may take several attempts to stop smoking successfully.\(^{20}\)

In addition, by referring a patient to a local stop smoking service, they are four times more likely to stop smoking.\(^{21}\)

Research shows that 95% of patients expect to be asked about smoking and a short intervention can make all the difference.\(^{22,23}\) The ‘3 A’s’ 30 second approach to giving ‘very brief advice’ are as follows:

**ASK** and record smoking status

**ADVISE** the patient of the personal health benefits of stopping smoking

**ACT** on the patient’s response
- prescribe NRT for patients in withdrawal
- monitor withdrawal and adjust pharmacotherapy accordingly
- refer to local stop smoking service

How was this information sheet put together?

This information is a summary of the current scientific evidence on the association between cigarette smoking and hospitalisation. Studies were found by searching MEDLINE and EMBASE using combined exploded subject headings of ‘hospitalisation’ and ‘tobacco use cessation’ from 01/1945 – 07/2011. Evidence has been included in this summary from large population based studies, cohort studies, randomised controlled trials and reviews only.
References