

## Supporting Smoking Cessation at Your Practice

As Mouth Cancer Action Month (MCAM) comes into focus this November, healthcare professionals across the country will be turning their thoughts to raising awareness of the disease and supporting patients. However, with one of the most significant causes of mouth cancer – smoking - still a common habit for many patients, Denplan’s Lil Niddrie looks at the role of the dentist and the important part they play in smoking cessation.

As a dentist, you will undoubtedly have seen the direct effects of smoking during your career, with periodontal diseases, oral mucosal conditions and tooth loss as some of the most common consequences, and oral cancer as one of the most serious.

Mouth cancer causes one death every five hours in the UK<sup>1</sup>, but awareness of the disease and its causes and symptoms is still very low. The risk of developing many smoking-related diseases, including oral cancer, can be significantly reduced by giving up smoking, so dental professionals should be keen to promote smoking cessation at their practices. So, how can you implement the process?

The tips below provide an insight into how your practice can establish smoking cessation support for patients, as well as the positive benefits that such a service can have upon your patient and practice team relationships.

### **The role of the dental team in smoking cessation**

Research has proven that smoking cessation support from a dental team can be just as effective as any other healthcare professional.<sup>2</sup> In fact, when you consider how often people visit the dentist in comparison to their GP, you can understand how dentists are in a very favourable position to provide structured and positive cessation support.

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<sup>1</sup> Cancer Research UK

<sup>2</sup> Macgregor I D M. (1996) (cited in Johnson, N.W. and Bain, C.A. Tobacco and oral disease. British Dental Journal 2000; 189: 200-206)

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 CPD when undertaken in accordance with GDC requirements. This type of training can 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.

With this in mind, you'll find that implementing a smoking cessation service at the practice can be easy to do and very rewarding. However, in order to achieve the best results, you'll need to build a structured cessation process for the whole practice team to follow and be committed to.<sup>3</sup> You may even like to appoint certain areas of responsibility to team members which can raise your own staff morale by giving them a new challenge and skill.

The four A's model<sup>4</sup> is perhaps one of the most familiar smoking cessation structures and allows the whole team to follow a process:

### **Ask**

As a matter of course, each patient should have their smoking status reviewed at each appointment and their clinical notes updated. You may find that some patients prefer not to be questioned too directly about their smoking habits and whether they ever intend to quit, so the below questions make a softer approach:

- From your medical notes, I can see that you've confirmed yourself as a smoker. Is this still correct or can we update your notes?

Then, if the patient confirms that they still smoke, follow with the next question:

- How interested are you in stopping? Would you be interested in receiving support from the practice?

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<sup>3</sup> Smith *et al.*, 1998 (in Beaglehole, R., and Watt, R. (2004). Helping smokers stop: a guide for the dental team. Health Development Agency)

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## **Advise**

For patients who confirm they smoke, you can give advice on the health risks of smoking (Table 1), point out the benefits of quitting (Table 2) and offer smoking cessation support. Remember that some patients can be sensitive about receiving cessation advice, so be factual and informative but avoid overloading the patient with too many frightening stories. Instead, try to find positive and relevant reasons for each patient to quit. For example, if you're presented with a young adult patient, point out the aesthetic repercussions of smoking such as stained teeth and hands, wrinkles, and halitosis. With so many young adults today aspiring to achieve the perfect 'celebrity smile', this should provide great motivation for quitting!

For patients that are still undecided about whether to quit, don't push the issue, but just relate your dental advice to the visible effects that smoking has already had on their mouth, such as: "You can see in the mirror that smoking has started to stain your teeth and your gums are feeling tender, so it might be worth booking an extra appointment with the Hygienist to help with stain removal and improving the health of your gums." This can help patients to understand the effects of smoking first hand, and may help to plant a seed of thought for them to quit in the near future.

## **Assist**

Once a patient has expressed an interest in quitting, you can equip them with all of the necessary tools for smoking cessation. This can be done either through you or you could refer the patient to a designated nurse or oral health advisor at your practice. Whatever you decide, ensure the same pattern is followed for each patient visit. The following are useful starting points for discussion:

- Agree on a 'quit date' for the patient. This will give them time to prepare and avoid any procrastination tactics when the quit date arrives!
- Discuss any potential problems on the horizon that may throw them off track, such as a stressful period at work or even a large social gathering where other smokers will be present. Give them the goals and tools to deal with such situations
- If they've tried to quit unsuccessfully in the past, discuss what hindered them before and suggest new tactics

- Tell patients about the value of local NHS support groups, smoking cessation charities such as QUIT, and Nicotine Replacement Therapy (NRT), which are proven to increase success rates<sup>5</sup>
- Recommend that patients enlist the help of their friends and family for extra support - giving up smoking can be a challenge but is made much easier with a strong support network.
- If you have limited time, consider compiling smoking cessation packs to give away to patients. These can include support and information leaflets, as well as the contact details of local hypnotherapists and acupuncturists who could provide additional support for patients.

### **Arrange**

Once a patient has committed to smoking cessation, you could arrange a catch-up consultation a couple of weeks after their arranged quit date and keep further regular dates in the appointment book. Heavy smokers or patients that are struggling could be referred to a local NHS smoking support group for counselling and Nicotine Replacement Therapy (NRT) – patients can visit [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk) or call 0800 022 4332 for more details.

During your catch-up consultation, you should praise and encourage patients for their progress and set new goals to keep motivation levels high. You could also consider sending patients congratulation cards when they reach certain milestones (e.g. one month smoke-free) and give them dental goodie-bags with complimentary brushes, toothpaste and floss. This level of support won't go unnoticed by the patient who will appreciate the time your practice has invested in them and can promote patient loyalty in the longer term.

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<sup>5</sup> Raw, M., McNeill A., West, R. (1998) (cited in Watt, R.G., and Daly, B. (2003). Smoking cessation advice within the general dental practice. British Dental Journal; 194: 665 – 668.)

### **Dealing with relapse**

It's not unusual for even the most dedicated of patients to relapse. In fact, two thirds of smokers who stop, start again - so don't feel 'let down' by relapsed patients, it's all part of the cessation process. It's important that the patient doesn't get despondent either and 'give up giving up', so keep encouraging them and talking through their daily routine to recognise what causes a 'trigger' for needing a cigarette. For example, if a patient associates smoking with going to the pub, they may need to avoid the pub for a while! And, during Mouth Cancer Action Month, the fact that people who both smoke and drink are at an even higher risk of developing the disease should provide an even greater reason for alcohol drinkers to quit smoking.

Some patients also relapse due to over-confidence. They may go through a very successful smoke-free period and assume they've overcome the addiction, so think that they can smoke the odd cigarette without any repercussions. In reality, the neural pathways that created the smoking habit in the first place are just dormant and have not disappeared. Just one cigarette is therefore enough to reignite the smoking addiction. In this situation, you may like to recommend cessation aids for moments when they feel tempted.

### **Cessation aids**

With research showing that Nicotine Replacement Therapy (NRT) and support clinics can double the chances of success<sup>6</sup>, you might like to discuss cessation aids with patients. Each patient is different and together you can identify the most appropriate form of NRT for them, depending upon what they 'miss' about smoking. For example, if a patient craves the hand-to-mouth action of smoking, they may benefit from an inhalator to mimic the action until they feel confident to kick the habit for good. There are a huge range of other NRT products available including gums, patches, nasal sprays, tablets, and lozenges, as well as non nicotine treatments such as Champix (Varenicline) and Zyban (Bupropion Hydrochloride) – available from GPs and NHS Stop Smoking Services by prescription.

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<sup>6</sup> TTURC (2004)

It's important to remind the patient that cessation aids are great as an additional source of help to boost confidence, ease nicotine withdrawal and lessen the urge to smoke, but they can't actually do the quitting for the patient. Only the patient can utilise the support at hand and combine this with their own willpower to achieve success.

It's clear that giving up smoking can be challenging for many patients but, with the right support and encouragement, the process is made much easier for them. It's also evident that your practice can offer a vital service that can strengthen the patient-practice relationship, as well as providing your practice team with a rewarding new skill.

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<b>Table 1 - Health risks of smoking</b>
Smoking significantly increases chances of developing mouth cancer, which kills one person every five hours in the UK. In fact, 75% of all mouth cancer cases are attributed to tobacco
In 2009, 81,400 people in the UK died from smoking related diseases <sup>7</sup> .
Smoking can cause at least 50 different diseases with many cancers, heart disease, strokes, and chronic lung conditions as some of the most common.
A smoker's lifespan is reduced by five minutes for every cigarette smoked
Smoking causes unpleasant side effects including halitosis, staining on the teeth, and facial wrinkles
Smoking increases the prevalence of severe gum disease which, in turn, can cause tooth loss
There is a higher chance of dental implant failure in smokers

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<sup>7</sup> The NHS Information Centre, Lifestyle Statistics (August 2010)

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<b>Table 2 – Benefits of giving up smoking</b>
Reduce risk of developing mouth cancer and other serious diseases
Improve overall oral health by reducing gum disease – and improve chances of retaining natural teeth
Save money
Lead an overall healthier lifestyle
Improve appearance – reduce tooth staining and facial wrinkles, and improve on staining on fingers and bad breath