

6. What are the common side-effects of the medications?

Nicotine Replacement Therapy:

- **Nicotine Patches:** local skin allergy
- **Nicotine Gum:** oral or jaw pain, indigestion (especially due to improper chewing), hiccups
- **Nicotine Inhalers:** oral or throat discomfort
- **Bupropion:** insomnia, dry mouth, headache, shivering, nausea, anxiety

7. Which is the best medication?

It is like asking “what is one’s most favourite food?”, to which the answer is different from one person to another. Other considerations include the presence of contraindication, the quitters’ past experiences and preferences.

8. Are the medications addictive?

In theory, they are not addictive.

9. What is meant by success?

The goal is to stop smoking for at least a year. Beware of slipping back to your smoking habit when you achieve this milestone. You may return to square one and need to go through the whole cessation process again.

10. Will quitters gain weight after smoking cessation?

Quitters will often gain weight because:

- Appetite increases without nicotine
- The sense of taste improves thereafter, thus increasing appetite and food consumption
- Smoking quitters prefer snacks to cigarettes
- Rate of metabolism decreases after cessation

Quitters could control their weight gain with improved eating habits and lifestyle. For more information, please consult our registered dietitians.

11. How can I help my family member if he/she refuses to quit smoking?

Try to find out why he / she does not want to quit, e.g. he / she thinks quitting, instead of smoking, is harmful to health, or it might be too difficult a habit to kick. They may come around to your thinking if presented with strong evidence. Otherwise, consult a certified psychologist for assistance.



Our Smoking Cessation Programme

1. The 1st Consultation.
2. The 1st Follow-Up (2 weeks after the first consultation).
3. The 2nd Follow-Up (6 weeks after the first consultation).
4. The 3rd Follow-Up (12 weeks after the first consultation) for preliminary evaluation.
5. The 4th Follow-Up (52 weeks after the first consultation) for evaluating the one-year effort.

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Service Hours

Monday to Friday: 9:00 am – 5:00 pm
Saturday: 9:00 am – 1:00 pm
Closed on Sundays and Public Holidays
Consultation by Appointment



Smoking Cessation Service



For enquiries and appointments,
please contact us

Smoking Cessation

While food additives like malachite green and SudanI continue to arouse public fear, cigarettes manage to slip through the radar over all these years. In fact, cigarettes contain more than 60 carcinogens. Though buttressed by strong government regulations, widespread medical attention and continuous family support, the number of people who successfully quit smoking is still far from satisfactory. In fact, most smoking cessation clinics see no more than a few patients everyday. In general, it can be attributed to a number of misconceptions and lack of planning.

Misconception

Asked “Is smoking an illness or just a bad habit?”, most doctors, smokers and non-smokers would probably agree that smoking is a bad habit. It is something one can just conquer with enough willpower, and failures are for the weak-minded.

The above idea may hold water as long as smoking is not addictive. However, today even cigarette companies admit on their websites that smoking is addictive and can cause cancer, respiratory and cardiovascular diseases. The addictiveness associated with smoking is in fact a disease, which means most long-time smokers are suffering from an illness no different than pneumonia or high blood pressure. How can one expect to cure an illness with nothing but willpower? While there have been some successful cases using willpower alone, treatments of nicotine dependence can be far more effective with a combination of drugs and specialist support. The most updated American Smoking Cessation Guidelines state that, if no contraindication occurs, medication is the first-line treatment in smoking cessation.

Proven Medication

- 1. Nicotine Replacement Products:** They are offered in different forms and packages, including gums, transdermal patches, and inhalers, to mitigate withdrawal symptoms and cravings. They are supposed to be used for 2 to 3 months after quitting until one feels not compelled to smoke again.
- 2. Bupropion:** Nicotine stimulates the release of dopamine by the central nervous system, making smokers feel good and developing nicotine dependence. Bupropion can promote dopamine secretion, thereby relieving withdrawal symptoms and kicking nicotine dependence at last. Medication usually begins in 1 week before smoking cessation. The recommended dose is 150 mg twice daily for 2 to 3 months.

Without a detailed follow-up plan, smokers may find it difficult early on. Progress should be first followed up 1 week after cessation began so as to strengthen one's resolve and preempt any possible difficulties. The 2nd and 3rd follow-ups should be held in the 3rd and 6th week after quitting. To prevent a possible “relapse”, long-term follow-up is a must.



Q & A

1. Is smoking really that harmful?

Cigarette contains about 4000 chemicals, among them 70 are carcinogens. Long-time smokers are susceptible to different kinds of cancer (lung cancer, laryngeal cancer, esophageal cancer, kidney cancer, etc.), vascular sclerosis (heart disease, stroke, peripheral vascular disease, etc.), respiratory diseases (chronic obstructive pulmonary disease, pneumonia, etc.), osteoporosis, cataract, etc. Scientific data reveals that, on average, the lifespan of a smoker is shorter than that of a non-smoker by 5 to 8 years. In Hong Kong, the common causes of death, including heart disease, pneumonia, lung cancer, stroke and chronic obstructive pulmonary disease are all related to smoking. As highlighted by the World Health Organization (WHO), smoking is the single greatest cause of preventable illness and death. Long-term smoking is also defined as a disease, not a lifestyle.

2. Is it detrimental to health to quit smoking?

Most long-time smokers may feel deterred by the symptoms associated with immediate cessation. It might have something to do with their discomfort during the cessation process or the symptoms they witnessed in their friends. One may feel discomfort early on (mostly first 2 to 3 months). Withdrawal symptoms include dizziness, headache, anxiety, bad temper, difficulty in concentration, fatigue, depression, insomnia, etc. Most of them may subside over time, and completely disappear 3 months after successful quitting. If cancer or heart disease occurs after quitting, it is due to belated cessation. The risk of heart disease may return to half of that of the smoking period after a year, while the risk of cancer may begin to drop only after a decade. In short, the benefits of smoking cessation far outweigh the discomfort induced by the cravings. The earlier one quits smoking, the earlier one enjoys the health benefits.

3. When will the benefits surface after quitting?

After 3 months: Improved lung function, less coughing, reduced shortness of breath. Improved vitality

After 1 year: Risk of heart disease is reduced by 50%

After 5 years: Risk of stroke equals that of those who have never smoked before

After 10 years: Risk of lung cancer is 50% to 70% lower than that of smokers

After 15 years: Risk of heart disease is equal to those who have never smoked before

4. Is it difficult to quit smoking?

One of the main causes of long-term smoking is addiction to nicotine. Withdrawal symptoms may appear as soon as one ceases smoking, sometimes in quick succession within a single day. Only 5% of quitters can live through the persistent onslaught of withdrawal symptoms, hence it is unreasonable that willpower be the only crucial factor in smoking cessation.

5. Is there any medication that helps quit smoking?

Yes. Currently smoking quitters are free to choose one of the following 2 medications, which are nicotine replacement products and Bupropion, where Bupropion must be prescribed by doctors. Nicotine replacement products include various kinds of nicotine patches, gums and inhalers. Bupropion and Varenicline are orally taken twice every day. Both products can relieve the withdrawal symptoms, making it easier for smokers to quit. In general, smoking quitters are required to take the medication for 3 months, during which withdrawal symptoms are most likely to occur.