

Urologist's Guide to Promoting Smoking Cessation

Prepared by the World Urologic Oncology Federation (WUOF)

Smoking is the greatest single risk factor for bladder cancer¹. However, most patients are not well educated on the effects of smoking on bladder cancer². Urologists can play an important role in education. Bladder cancer patients who were informed about tobacco by their urologist were 2.8 times more likely to believe that smoking caused their cancer³.

A specialist discussing smoking cessation with patients has been demonstrated to be effective; indeed, it is likely the single most cost effective health intervention in all of medicine. Advising patients on smoking cessation can dramatically increase their likelihood of quitting.⁴

The following steps are guidelines to aid patients with smoking cessation. This can take as little as 3 minutes.

1. Assess how the patient feels about smoking cessation

- Ask all patients if they smoke or have ever smoked
 - Record the results in a clear place in the patient's chart
- For patients who smoke, ask them how they feel about quitting, and determine what stage of the quitting process they are at.

Stages of quitting smoking

- i. Precontemplation
 - The patient is thinking about quitting
 - The patient may feel that the pros of smoking outweigh the cons
- ii. Contemplation
 - The patient is interested in quitting, but not quite ready to quit
 - The patient feels that their smoking is a problem which should be resolved
- iii. Preparation
 - The patient is ready to quit smoking
- iv. Action



- The patient is actively trying to quit
- v. Maintenance
- The patient is no longer a smoker and is aiming to avoid relapse

2. Determine strategies to help the patient with smoking cessation

The strategies that will often be most useful depend on what stage the patient is at.

i. Precontemplation

Goal: Help the patient understand the many negative impacts that smoking has on them and those around them

- Provide the patient with educational material
- Bring up each of the patient's smoking related health problems to demonstrate the negative effects
- Educate the patient on health effects that they may not know about (e.g. smoking is the greatest risk factor for bladder cancer¹)
- Encourage the patient to not smoke in their house to minimize the effects of second-hand smoke on those living with them

ii. Contemplation

Goal: Help the patient reach the point where they are ready to begin an attempt to quit

- Discuss with your patient how they feel about quitting
- Ask them what is holding them back
- Emphasize the benefits of smoking cessation
- Offer to help create a plan once they are ready to quit

iii. Preparation

Goal: Help the patient put together a plan to successfully quit smoking

- Consider the level of nicotine dependence as well as past quitting attempts
- Encourage the patient to also use family and friends for support
- Educate the patient in withdrawal symptoms so that they are ready for them
- Tell the patient to determine their triggers for smoking, and find ways to avoid the situations or find alternate activities to do instead of smoking
- Discuss strategies such as nicotine patches and prescription medication



iv. Action

Goal: Support the patient through the quitting process

- Discuss the challenges and successes that have taken place so far in the quitting attempt
- Modify the patient's plan to help minimize the challenges
- Focus on methods that have been successfully used to fight the temptation to smoke, and encourage the patient to continue using these methods

v. Maintenance

Goal: Prevent relapses and maintain a healthier lifestyle in the patient

- Congratulate the patient for successfully quitting
- Encourage them to continue using methods that have worked well in the past
- Tell the patients not to try having a casual smoke, as it is likely to lead to a relapse
- In the case of a lapse, try to understand why it happened, and use it as a learning opportunity so that it does not happen again
- Encourage the patient to continue improving their health through exercise and diet

For every patient, a personalized approach should be taken for maximum effectiveness⁵. Try to best understand the patient's attitude towards smoking cessation through discussion. For a patient with severe nicotine dependence who has attempted but is unable to quit, referral to a smoking cessation specialist is recommended⁶.

Increasing Patient Motivation

- Encourage patients to focus on reasons to quit and the cons of smoking
- Be encouraging and increase the patient's self-confidence
- Show empathy towards the patient's struggles
- Ask open questions that allow a patient to express their thoughts on quitting



Overview of Medications⁷

Medication	Treatment Time	Pros	Cons	Cost
Nicotine Patch	8-12 weeks, or as long as withdrawal symptoms continue	-Easy to use -Long Acting -Can be used with other aids for smoking cessation	-Cannot quickly increase the amount of nicotine used in case of a sudden craving -Can cause sleep problems and nightmares -Can cause skin irritation	\$4-\$5 per day
Nicotine Gum	Up to 12 weeks	-Can control sudden cravings -Can be used with other aids for smoking cessation	-Must be used repeatedly -Can cause jaw soreness, mouth irritation, and excess saliva	\$2-\$5 per day
Buproprian (Zyban)	12 weeks, and can be used for an extra 3-6 months to reduce risk of relapse	-Easy to use -Can be used with other aids for smoking cessation	-May cause insomnia, dry mouth, and headache -May cause serious mental health issues, and mood changes should be reported to a doctor	\$2-\$3 per day
Varenicline (Chantix)	12 weeks, and can be used for an extra 12 weeks to reduce risk of relapse	-Easy to use -Can be used with other aids for smoking cessation	-May cause nausea, bad vision, fainting, skin irritation, vivid dreams, and impaired driving ability -May cause serious mental health issues, and mood changes should be reported to a doctor	\$3-\$4 per day



Withdrawal Symptoms⁷

Symptom	How to Handle It
Anger and Mood Swings	Talk to friends and family about feelings as supposed to suppressing them.
Constipation, gas, stomach pain	Drink lots of fluids. Eat lots of fruits and vegetables.
Cough, dry throat, nasal drip	Drink lots of fluids. Use cough drops or gum if needed.
Craving for a cigarette	The strong urge only lasts for 3-5 minutes. Stay busy, have a snack, or do relaxing exercise.
Depression	Use rewards for remaining abstinent. Talk to friends and family. Use positive self-talk. Talk to a doctor if needed.
Dizziness	Go for a walk to get fresh air.
Fatigue	Get extra sleep. Drink lots of fluids.
Headaches	Do more physical activity. Drink less coffee.
Insomnia	Avoid caffeine at night. Use relaxation techniques.
Weight Gain	Understand that gaining 5-10 pounds is far less harmful than continuing smoking.

References

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