

EDITORIAL

WHY SHOULD DOCTORS GET INVOLVED IN TOBACCO CONTROL ?

<http://www.lebanesemedicaljournal.org/articles/56-4/editorial.pdf>



In July 2008, the Lebanese Order of Physicians (LOP) declared Beit-Al-Tabib a nonsmoking institution. This is a wise decision which deserves our compliance and support because doctors have important obligations in the struggle to reduce the use of tobacco and its deleterious health effects. These obligations include not only the provision of a smoke-free environment to protect nonsmokers but also the provision of active support for smokers in their quitting process. This needs to be the concern of everyone working, dealing or visiting the premises of the LOP.

Successful implementation of a tobacco control policy is dependent on clearly defined decisions on policy, comprehensive information and the participation of all staff – not least the smokers ! – and the establishment of a long-term evaluation procedure. The greater the participation, the less need to constrain.

Doctors should get involved in tobacco control because a recent study in Lebanon showed that there is a high incidence of smoking among physicians and other health professionals. The smoking rate among doctors is as high as among the general population.

Getting involved in tobacco control, as an individual doctor or as part of an anti-smoking association, offers an unparalleled opportunity to address *the* big public health issue of our time. Several interlinked qualities give doctors their special effectiveness as for :

- Detailed knowledge about disease
- Reputation as independent and caring experts on health
- Positions as advisers on health issues to individuals, to public, to private organizations, and to communications media
- Unique opportunities to give advice on a one-to-one basis and in a clinical setting, where patients may be most receptive
- Lines of access to decision-makers
- Generally secure and respected position in society.

Concerning tobacco, for any doctor it is evident that :

• Tobacco is the major health problem in our country and worldwide. It is the largest preventable cause of premature death. The average loss of life expectancy of smokers is eight years ; however, for those who die in middle age (35-69), this is as much as 22 years.

• A lot of a doctor's time can be taken up dealing with patients who are suffering from smoking-induced disease. Doctors are faced every day with a large amount of misery and suffering due to smoking, more than from any other preventable cause. Among the types of disease tobacco causes are :

Cardiovascular

Cancer

Pulmonary

Spontaneous abortion, premature birth, and other reproductive health problems

Cancer and other diseases from oral tobacco use.

• In addition to diseases caused to smokers themselves, cancer, cardiovascular and childhood respiratory diseases can be induced by exposure to other people's tobacco smoke – also known as *passive smoking*, or *environmental tobacco smoke* (ETS).

The most direct and personal way in which **doctors can help reduce the harm caused by tobacco** is by helping their patients to stop smoking.

- Doctors have a unique ability to help smokers to stop smoking.
- Many smokers want to stop smoking, and others may be receptive to encouragement to stop.
- A brief intervention by a doctor has been shown to increase the chances that a smoker will successfully stop smoking.
- Nicotine replacement therapy can increase the success rate of more dependent smokers ; other techniques may also have a role.

Doctors are regarded as the **most reliable source of advice and information on health issues**, and are exemplars to the rest of the community. Any smoking at all among doctors may strike a cynical outsider as evidence of hypocrisy when doctors seek to encourage the general public to quit.

But a significantly lower smoking rate among doctors than among the general population can be used to reinforce other messages about the harmfulness of smoking, and to increase the climate of opinion in favor of stopping.

The **Lebanese Order of Physicians** decided to adopt the policy on a smoke-free institution environment starting August 2008. Doctors have to be leaders in promoting the implementation of **Smoke-free Institutions in Lebanon**.

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EDITORIAL COMMENT

Smoking : Unknown cardiovascular risks factors

<http://www.lebanesemedicaljournal.org/articles/56-4/comment1.pdf>

Smoking is one of the most important remediable risk for a large number of diseases. In this issue of the journal, the editorial of Dr. Michael Daher is an excellent review of the major ailments associated with chronic heavy regular smoking and nicotine. In this article Dr. Daher points out the benefits of smoking cessation and making every effort for the success of smoking cessation campaigns.

However, less well known are the cardiovascular implications of acute regular smoking and nicotine which is the subject of this brief comment.

Studies in which both intra-arterial and indirect blood pressure recordings were made have shown that the acute effects of smoking a cigarette include increases in both blood pressure and heart rate, which may last for up to one hour [1]. The height of the increase in both parameters is roughly proportionate to nicotine content of the cigarette. However, the pressor effects of acute smoking are often missed because of the almost universal practice of having smokers abstain from smoking for sometime before measuring their blood pressure in the usually smoke-free medical facilities. The significant, immediate and repetitive effects of acute smoking has been missed because it lasts for only 15 to 30 minutes after each cigarette.

Studies comparing ambulatory blood pressure monitoring in chronic heavy smokers and nonsmokers revealed that smokers had significantly higher ambulatory blood pressures during the day (when they

were presumably smoking) but not during the night (when they were presumably not smoking). However, the day/night blood pressures differences were greater in older patients often aged 55 years or more. In contrast, a more consistent finding is that heart rate is persistently higher in smokers than in nonsmokers throughout the day and night, and decreases after one week of abstinence [2].

What are the cardiovascular implications of acute smoking ? Acutely there is a pronounced increase of blood pressure and heart rate, which gradually tapers off, but when a second cigarette is smoked, the levels are still elevated, and there is a smaller increment in both. This has implications regarding the phenomenon of cardiovascular events peaking in the morning hours. After overnight abstinence from cigarettes, the first smoke of the day will produce a much greater increase in cardiovascular events than subsequent smokes. This may plausibly contribute to rupture of vulnerable plaques causing strokes and acute coronary events.

In addition to the acute pressor effects of acute cigarette smoking, it is well established that chronic smoking accelerates the formation of atheromatous plaques in carotid, intracerebral and coronary arteries.

What are the therapeutic options for hypertensive smokers ? Every effort should be made to persuade smokers to quit smoking. Nicotine patches seem to have little adverse effect on the cardiovascular system, and can be recommended to smokers with hypertension [3].

If the hypertensive patient continues to smoke, any antihypertensive medications except nonselective β blockers may attenuate the smoking-induced rise in blood pressure. Further, in the hypertensive smokers, it would appear reasonable to aim at a somewhat higher target blood pressure than for nonsmokers with respect to antihypertensive regimen in order to avoid cardiovascular complications reported with recommended lower blood pressure levels.

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 3. Pikerling TG. The effects of smoking and nicotine replacement therapy on blood pressure. *Journal of Clinical Hypertension* 2001 ; 3 : 319-21.